SECRETARY



INTEROFFICE MEMORANDUM

Date:

10/6/2015

To:

Gay L. Munyon, Bureau Chief Office of Contract Management

T

From:

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement

Subject:

Rate Change Forms

Retro Rate Adjustment

Provider Type: (68) FQHC MCM: 78031-15

Attached are (412) FQHC rate change form(s). If you have any questions, please contact Princess Shell at 850-412-4109.





000801300 - 2015/10

106.96 / 10/01/2015

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

Morth	Florida	Medical Centers.	Inc
vorm	rionoa	Medical Centers.	HHC.

Baker Family Medical Center

1321 Georgia Avenue

Baker, FL 325312605

Provider Number: 000801300

Date: 10/01/2015

Fiscal Year End: N/A

105.91

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

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

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W.Rydell Samuel, Administrator





000835600 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Dept of Health d/b/a Osceola Co. Health Dept.

Provider Number: 000835600

Date: 10/01/2015

105 Doverplum Ave.

Fiscal Year End: N/A

Kissimmee, FL 347583309

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

131.81

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

133.12 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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000952900 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida	Depai	rtment	of	Health
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Citrus County Health Department

3700 W. Sovereign Path

Lecanto, FL 34461

Provider Number: 000952900

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

111.40 112.52 **✓** 10/01/2015

	Basis :	
		Budget
		Unaudited costs
		Desk audited costs
		Field audited costs
		Medicare - Prospective
	×	Payment System Rate
		Average Nursing Home Rate
1		

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	
	 Interim
	Total Interim
	Settlement based on costs

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Medicaid Cost Reimbursement Analysis

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001182600 - 2015/10

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

FoundCare, Inc.	Provider Number : 001182600

Date: 10/01/2015

2330 S. Congress Ave. Fiscal Year End: N/A

Palm Springs, FL 334067608 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 130.62 131.93 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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001276200 - 2015/10

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

Tampa Family Health Centers, Inc. #20

Provider Number: 001276200

Date: 10/01/2015

4422 E. Columbus Drive

Fiscal Year End: N/A

Tampa, FL 336043233

Audit Status: N/A

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			-		ve.

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

122.25

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

123.47 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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001718300 - 2015/10

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

Heart	of	Florida	ŀ	-lealth	Center,	Inc
I ICCII I	O.	i ioniua	ı	16aiti i	Conton,	nio.

Provider Number: 001718300

Date: 10/01/2015

1025 SW 1st Ave.

Fiscal Year End: N/A

Ocala, FL 344710900

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

111.39

112.51 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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W.Rydell Samuel, Administrator

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001718302 - 2015/10

112.51 10/01/2015

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

	D 11 11 1 00/2/000
Heart of Florida Health Center	Provider Number : 001718302

Date: 10/01/2015

1025 SW 1st Ave.

Fiscal Year End: N/A

Ocala, FL 344710900

Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 111.39

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Ν.	Rvdell	Samuel.	Administrator
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001718304 - 2015/10

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

eart of Florida Health Center - Reddick	Provider Number : 001718304

Date: 10/01/2015

1025 SW 1st Ave.

Fiscal Year End: N/A

Ocala, FL 344710900

Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 111.39 112.51 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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001718306 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center -	Belleview	Provider Number: 001718306

Date: 10/01/2015

1025 SW 1st Ave. Fiscal Year End: N/A

Ocala, FL 344710900 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 111.39 112.51 √ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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001718308 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Fiscal Year End: N/A

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Medicaid Cost Reimbursement Analysis

Heart of Florida Health Center - Ocala East	Provider Number : 001718308
Marion County Health Department	Date: 10/01/2015

1025 SW 1st Ave.

Ocala, FL 344710900 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 111.39 112.51 √ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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001718311 - 2015/10

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

Heart of Florida Health Center - Marion Oaks

Provider Number: 001718311

Date: 10/01/2015

1025 SW 1st Ave

Fiscal Year End: N/A

Ocala, FL 344710900

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

111.39

112.51 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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001718313 - 2015/10

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

Heart of Florida Health Center

Ocala West Family Medicine

1025 SW 1st Ave

Ocala, FL 344710900

Provider Number: 001718313

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status : N/A

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Ρ	rav	/ide	er Type:	

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

111.39 112.51 / 10/01/2015

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

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W.Rydell Samuel, Administrator





001718315 - 2015/10

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

Tallallassee, Tiolida 52500

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Joort of Clorida Haalth Contag 17th Ct	Descrides Number : 00171021E
Heart of Florida Health Center-17th St	Provider Number : 001718315

Date: 10/01/2015

1025 SW 1st Ave Fiscal Year End: N/A

Ocala, FI 34471 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 111.39 112.51 √ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Cost Reimbursement Analysis

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003407900 - 2015/10

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

Tallahassee, Florida 32308

		-	Medicaid Reimbursement Per	Diem R	Rates for Nor	-Institu	tional Provide	<u>ers</u>		
Сс	Community AIDS Resource, Inc.				Provider Number: 003407900					
Ca	are Res	ource			Date : 1	0/01/201	5			
87	'1 West	Oakland	Park Blvd.		Fiscal Year End : N/A					
Fo	ort Laud	erdale, FL	. 33311		Audit St	atus : N/	Α			
Pr	ovider	Туре:			Curre	nt Rate	New Rate	Eff	ective Date	
		Rural H	lealth clinic							
		Swing-	Bed provider							
X Federally Qualified Health Centers						143.78	3 145	.22	10/01/2015	
Hospice Provider										
		#65	1 Routine Home Care							
		#65	2 Continuous Home Care							
		#65	5 Inpatient Respite Care							
		#65	6 General Inpatient Care							
		#65	8 Room and Board							
_										
	В	asis :			Rate Type :					
			Budget		X	Prosp	ective			
			Unaudited costs			— Total	Prospective			
	***************************************		Desk audited costs			— Prosp	ective Adjuste	ed for N	lew costs	
			Field audited costs			_				
	***************************************		– Medicare - Prospective			 Interi	m			
		Χ	Payment System Rate			— Total	Interim			
			Average Nursing Home Rate			— Settle	ement based o	n costs	3	

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W.Rydell Samuel, Administrator





003407902 - 2015/10

145.22 / 10/01/2015

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 AIDS Resource, In

Care Resource

3510 Biscayne Blvd, Ste 300

Miami, FL 33137

Provider Number: 003407902

143.78

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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003407905 - 2015/10

145.22 10/01/2015

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 AIDS Resource
Comm Health Ctr @ Little Havana
3510 Biscayne Blvd., Suite 300

Miami, FL 33137

Provider Number: 003407905

143.78

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

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Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

udited costs	X	<	Prospective Total Prospective Prospective Adjusted for New costs
audited costs			<u>-</u>
			Prospective Adjusted for New costs
.Pg			
audited costs			-
care - Prospective			Interim
nent System Rate			Total Interim
age Nursing Home Rate	•		Settlement based on costs
	nent System Rate	nent System Rate	nent System Rate

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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003407907 - 2015/10

145.22 10/01/2015

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 AIDS Resource	
Care Resource at Oakland Park	

3510 Biscayne Blvd Ste 300

Miami, FL 33137

Provider Number: 003407907

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

Basis: Rate Type: Χ Budget Prospective **Total Prospective** Unaudited costs Desk audited costs Prospective Adjusted for New costs Field audited costs Interim Medicare - Prospective Х Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

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W.Rydell Samuel, Administrator





003407909 - 2015/10

145.22 10/01/2015

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

Commi	inity	AIDS	Resource	
COHILI	41 II L Y	$\Delta U \cup \Delta U$	116300106	

Care Resource at Meridian Ave

3510 Biscayne Blvd

Miami, FL 33137

Provider Number: 003407909

143.78

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Budget

Current Rate New Rate Effective Date

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

Distribution:

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Basis:

Fiscal Agent

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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006558500 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Network of Monroe County	Provider Number : 006558500

Date: 10/01/2015

1200 Kennedy Drive, Suite 2011

Key West, FL 330404023

Fiscal Year End : N/A

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

137.18 138.55 **√** 10/01/2015

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

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Program Development:

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006608600 - 2015/10

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

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Provider Number: 006608600

Date: 10/01/2015

564 E. Woolbright Road

Fiscal Year End: N/A

Boynton Beach, FL 334356033

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic Swing-Bed provider

Х **Federally Qualified Health Centers** 130.62

131.93 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:

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006608601 - 2015/10

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

Genesis Community Health - Boca	Provider Number : 006608601

Date: 10/01/2015

564 E. Woolbright Road

Fiscal Year End: N/A

Boynton, FL 334356033

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 130.62

131.93 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :	
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
4	Field audited costs	- Hilling	
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
***************************************	Average Nursing Home Rate		Settlement based on costs

Distribution:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:

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006608603 - 2015/10

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

Genesis Community Health Inc. - Delray

Provider Number: 006608603

Date: 10/01/2015

564 E Woolbright Road

Fiscal Year End: N/A

Boynton Beach, FL 334356033

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

131.93

131.93 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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008037100 - 2015/10

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

Health Care District of Palm Bead	ch County	Provider
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HCD Lantana Primary Care Clinic

1250 Southwinds Drive

Lantana, FL 334621459

Provider Number: 008037100

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

130.62 131.93 10/01/2015

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

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008037102 - 2015/10

131.93 / 10/01/2015

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

Health Care District of Palm Beach County

HCD West Palm Beach Primary Care Clinic

2601 10th Avenue North, Suite 100

Palm Springs, FL 334613133

Provider Type:

Current Rate New Rate Effective Date

Date: 10/01/2015

Audit Status: N/A

Fiscal Year End: N/A

Provider Number: 008037102

130.62

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Fiscal Agent

Contract Management

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008037104 - 2015/10

131.93 10/01/2015

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

Health Care District of Palm Beach County

HCD Belle Glade Primary Care Clinic

2601 10th Avenue North, Suite 100

Palm Springs, FL 334613133

Provider Number: 008037104

130.62

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

Basis: Rate Type: **Budget** Χ Prospective **Unaudited costs Total Prospective** Desk audited costs Prospective Adjusted for New costs Field audited costs Medicare - Prospective Interim Payment System Rate Total Interim Х Average Nursing Home Rate Settlement based on costs

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008037106 - 2015/10

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

Health Care District of Palm Beach Count	tv F
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HCD Delray Primary Care Clinic

2601 10th Avenue North, Suite 100

Palm Springs, FL 334613133

Provider Number: 008037106

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

130.62 131.93 🗸 10/01/2015

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

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008037108 - 2015/10

Effective Date

10/01/2015

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	ict	rint	Clinia	Holdings	Inc
IJ	IST	rict	Cilnic	Holomos	inc.

C L Brumback Primary Care Clinic

2601 10th Ave N Ste 100

Palm Springs, FL 33461

Provider Number: 008037108

Current Rate New Rate

130.62

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

131.93

Basis :		Rate Type :	7
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
***************************************	Medicare - Prospective		Interim
X	Payment System Rate	***************************************	Total Interim
	Average Nursing Home Rate		Settlement based on costs

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008037110 - 2015/10

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

District Clinic Holding	Provider Number: 008037110
District Chiric Holding	Flovidel Nullibel . 00003/ 110

Date: 10/01/2015

2601 10th Ave N Fiscal Year End: N/A

Palm Springs, FL 33461 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 130.62 131.93 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Program Development:

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2601 10th Ave N Ste 100

Florida Agency for Health Care Administration

008037112 - 2015/10

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

Fiscal Year End: N/A

District Clinic Holdings Inc	Provider Number: 008037112

C.L. Brumback Primary Care Clinics Date: 10/01/2015

West Palm Beach, FI 33461 Audit Status: N/A

Effective Date Provider Type: Current Rate New Rate

Rural Health clinic

Swing-Bed provider

131.93 / 10/01/2015 X **Federally Qualified Health Centers** 130.62

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		- Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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Medicaid Cost Reimbursement Analysis

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008037114 - 2015/10

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

District Clinic Holdings-State Rd 80

Provider Number: 008037114

Date: 10/01/2015

2601 10th Ave North

Fiscal Year End: N/A

Palm Springs, Fl 33461

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 130.62

131.93 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:

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008037118 - 2015/10

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

District Clinic Holdings-10th ave

CL Brumback Primary Care Clinics

2601 10th Ave North

Palm Springs, FI 33461

Provider Number: 008037118

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status : N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

130.62 131.93 / 10/01/2015

Basis :	
1	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
×	Payment System Rate
	Average Nursing Home Rate

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
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	Interim
	— Total Interim

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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008560700 - 2015/10

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

Florida Department of Health	Provider Number: 008560700
Lake County Health Department	Date: 10/01/2015

PO Box 1305 Fiscal Year End : N/A

Tavares, FL 32778 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic Swing-Bed provider

X Federally Qualified Health Centers 111.82 112.94 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Contract Management

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W.Rydell Samuel, Administrat	ITOL
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010433900 - 2015/10

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

FL Dept of Health in Sarasota	
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Provider Number: 010433900

Date: 10/01/2015

2200 Ringling Blvd

Fiscal Year End: N/A

Sarasota, FL 342376102

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

128.05

Medicaid Cost Reimbursement Analysis

129.33 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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Program Development:

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010739700 - 2015/10

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

center 234B	Provider Number Date: 10/01/2019 Fiscal Year End: Audit Status: N/A Current Rate	5 : N/A	Effective Date
e 234B	Fiscal Year End : Audit Status : N/A	: N/A A	Effective Date
	Audit Status : N/A	Ą	Effective Date
th clinic			Effective Date
th clinic	Current Rate	New Rate	Effective Date
th clinic			Elicotive Date
tii CiiiiiC			
l provider			
Qualified Health Centers	138.31	139.69	10/01/2015
rovider			
outine Home Care			
ontinuous Home Care			
patient Respite Care			
eneral Inpatient Care			
oom and Board			
	d provider Qualified Health Centers Provider Routine Home Care Continuous Home Care npatient Respite Care Seneral Inpatient Care Room and Board	Qualified Health Centers 138.31 Provider Coutine Home Care Continuous Home Care Inpatient Respite Care General Inpatient Care	Qualified Health Centers 138.31 139.69 Provider Routine Home Care Continuous Home Care Inpatient Respite Care General Inpatient Care

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

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Fiscal Agent

Contract Management

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Program Development:

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V١	/ Kvaeii	Samuel	- Aarnini	sıratol





010762300 - 2015/10

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

Com	munity F	lealth of South Florida	Provider Number : 010762300
_		 .	

Coconut Grove Elementary Date : 10/01/2015

10300 SW 216th Street Fiscal Year End : N/A

Miami, FL 331901003 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Fiscal Agent

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010762301 - 2015/10

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

Tallahassee, Florida 32308

	Medicald Reimbursement Per	Diem Rates for Non-Institutional Providers			
Community Health of South Florida Tavernier		Provider Number: 010762301			
		Date : 10/01/2015			
10300 SW	2016th Street	Fiscal Year End : N/A			
Miami, FL	331901003	Audit Status : N/A			
Provider '	Туре:	Current Rate New Rate Effective Date			
	Rural Health clinic				
	Swing-Bed provider				
X	Federally Qualified Health Centers	147.89 149.37 🖌 10/01/2015			
	Hospice Provider				
	#651 Routine Home Care				
	#652 Continuous Home Care				
	#655 Inpatient Respite Care				
	#656 General Inpatient Care				
	#658 Room and Board				
R	asis:	Rate Type :			
	Budget	X Prospective			
	Unaudited costs	Total Prospective			
	Desk audited costs	Prospective Adjusted for New costs			
	Field audited costs				
	Medicare - Prospective	Interim			
	X Payment System Rate	Total Interim			
	Average Nursing Home Rate	Settlement based on costs			
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W.Rvdell Samuel, Administrat	muel Adminis	trator
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Medicaid Cost Reimbursement Analysis



10300 SW 216th Street

Florida Agency for Health Care Administration

010762302 - 2015/10

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

Fiscal Year End: N/A

Community Health of South Florida	Provider Number: 010762302

Beckford/Richmond Elementary Date : 10/01/2015

Miami, FL 331901003 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell	Samuel,	Administrato)
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Medicaid Cost Reimbursement Analysis

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010762303 - 2015/10

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	Health	of South	Florida
-----------	--------	----------	---------

Coral Gables Senior High School

10300 SW 216th Street

Miami, FL 331901003

Provider Type:

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 010762303

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate

Effective Date

147.89

149.37 10/01/2015

Basis :		lſ
t	Budget	_
	Unaudited costs	-
	Desk audited costs	-
	Field audited costs	-
	Medicare - Prospective	-
X	Payment System Rate	-
	Average Nursing Home Rate	-
	-	-

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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010762306 - 2015/10

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	Health	of	South	Florida	

10300 SW 214th Street

Sylvannia Heights Elementary

Miami, FL 331901003

Wilallii, I E 331901003

Provider Number: 010762306

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 10/01/2015

Basis :		Rate Type :	
	Budget	X	Prospective
***************************************	Unaudited costs		Total Prospective
***************************************	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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10300 SW 216th Street

Florida Agency for Health Care Administration

010762307 - 2015/10

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

Fiscal Year End: N/A

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Community Health of South Florida	Provider Number: 010762307

Irving & Beatrice Peskoe K-8 Center Date: 10/01/2015

Miami, FL 331901003 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number: 010762309
South Miami Middle	Date: 10/01/2015
10300 SW 216th Street	Fiscal Year End : N/A

Miami, FL 331901003 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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010762310 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number: 010762310

South Miami Senior High Date: 10/01/2015

10300 SW 216th Street Fiscal Year End : N/A

Miami, FL 331901003 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Basis :			Rate Type :	
I		Budget	L	Χ	Prospective
		Unaudited costs			Total Prospective
		Desk audited costs			Prospective Adjusted for New costs
		Field audited costs	-		-
		Medicare - Prospective	***************************************		Interim
	X	Payment System Rate	-		Total Interim
		Average Nursing Home Rate			Settlement based on costs
		_	*******		

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number: 010762311
Sunset Elementary	Date: 10/01/2015

10300 SW 216th Street Fiscal Year End : N/A

Miami, FL 331901003 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37

✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
·	Desk audited costs		Prospective Adjusted for New cost
	Field audited costs		_
	Medicare - Prospective		 Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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010762312 - 2015/10

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2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Commu	ınitv	Health	of Soi	ıth	Florida
	JI IILY	Health	01 001	uuı	ııoılda

Ludlam Elementary

10300 SW 216th Street

Miami, FL 331901003

Provider Number: 010762312

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Eff

Effective Date

147.89

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

149.37 🗸 10/01/2015

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

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010762313 - 2015/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Tallallassee, Florida 32306

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number: 010762313
G W Carver Middle	Date: 10/01/2015

10300 SW 216th Street Fiscal Year End: N/A
Miami, FL 331901003 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Cost Reimbursement Analysis





010762314 - 2015/10

Effective Date

149.37 🗸 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate
Miami, FL 331901003	Audit Status : N/A
10300 SW 216th Street	Fiscal Year End : N/A
Ponce de Leon	Date: 10/01/2015
Community Health of South Florida	Provider Number: 010762314

Р	ro	vi	de	r T	ур	e:	

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Fiscal Agent

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W	.Rydell	Samuel,	Ad	lmir	าโร	tra	tor
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147.89



Medicaid Cost Reimbursement Analysis



010762315 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Fiscal Year End: N/A

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Community Health of South Florida	Provider Number: 010762315
Gateway Environmental K-8 Center	Date: 10/01/2015

Gateway Environmental K-8 Center

10300 SW 216th Street

Miami, FL 33190 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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010762316 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number: 010762316
Francis L Tucker Elementary	Date: 10/01/2015
10300 SW 216th Street	Fiscal Year End : N/A

Miami, FL 331901003 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers of South Florida			Provider Number: 010762317							
Silver Bluff				Date : 10/01/2015						
10:	300 SV	V 216th Str	reet	F	iscal Yea	r End	N/A			
Mia	ami, FL	. 3319010	03	A	Audit Statu	us : N //	Ą			
Pro	ovider	Type:			Current	Rate	New Rate	Ef	fective Date	
		Rural H	ealth clinic							
		Swing-I	Bed provider						,	
	X	Federal	ly Qualified Health Centers			147.89	14	9.37 🗸	10/01/2015	
		Hospice	e Provider							
		#65 ⁻	1 Routine Home Care							
		#652	2 Continuous Home Care							
		#65	5 Inpatient Respite Care							
		#650	6 General Inpatient Care							
		#658	8 Room and Board							
ı			1			1				
	в	asis :]	Rate 1						
			Budget	×		Prosp				
			Unaudited costs		_	•	Prospective			
			Desk audited costs			Prosp	ective Adjus	ted for	New costs	
			Field audited costs							
			Medicare - Prospective			Interir				
		Х	Payment System Rate			-	Interim			
			Average Nursing Home Rate			Settle -	ment based	on cost	S	
				1.0	i Dudali G	Samue	, Administra	tor		
	Dist	tribution:					eimburseme		/sis	

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010762326 - 2015/10

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 Health of South Florida	Provider Nu
Zora Neale Hurston Elementary	Date : 10/0

10300 SW 216th Street

Miami, FL 331901003

umber : 010762326

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

1/2015

Fiscal Year End: N/A

Audit Status: N/A

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Pro	via	er i	vpe:	

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate **Effective Date**

> 149.37 10/01/2015 147.89

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

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010930500 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Center for Family & Child Enrichment, Inc.

Provider Number: 010930500

Date: 10/01/2015

1825 NW 167th Street, Suite 102

Fiscal Year End : N/A

Miami Gardens, FL 330564838

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

139.17

140.56 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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010946400 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

F	L	D	O	Н	Unior	n Co	unty

New River Community Health Care

495 East Main Street

Lake Butler, FL 320541731

Provider Number: 010946400

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

105.55 106.60 / 10/01/2015

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

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010946402 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FI	DOH	Union	County-	Temple
_	DOL	UHILUH	County-	16111016

Provider Number: 010946402

Date: 10/01/2015

1801 N Temple Ave

Fiscal Year End: N/A

Starke, FL 320911960

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic Swing-Bed provider

X **Federally Qualified Health Centers** 105.55

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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013881900 - 2015/10

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

Banyan Community Health Center Inc-Coral Gables

Provider Number: 013881900

Date: 10/01/2015

6100 Blue Lagoon Dr Ste 400

Fiscal Year End: N/A

Miami, FL 331262080

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

137.18

138.55 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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013881902 - 2015/10

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

Banyan Community Health Center #2

Banyan Health Systems, Inc

6100 Blue Lagoon Dr Suite 400

Miami, FL 331262080

Provider Number: 013881902

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

137.18 138.55 10/01/2015

	Basis :	
'		Budget
		Unaudited costs
		Desk audited costs
		Field audited costs
		Medicare - Prospective
	×	Payment System Rate
		Average Nursing Home Rate
l		•

Rate Type :	
X	Prospective
	Total Prospective
	 Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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013881903 - 2015/10

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

Banyan Community Health Center

Banyan Health Systems

6100 Blue Lagoon Dr

Miami, FL 331262080

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 013881903

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate

Effective Date

137.18

138.55 🗸 10/01/2015

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

W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis

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014789100 - 2015/10

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

Los Mamarial Haalth Cristons	Provider Number: 014789100
Lee Memorial Health System	Provider Number . 014709100

Date: 10/01/2015

16451 Healthpark Commons Dr Ste 200 Fiscal Year End : N/A

Ft. Myers, FI 33908 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 108.19 109.27 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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027937411 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando County Health Dept

Nature Coast Community Health Center

7551 Forest Oaks Boulevard

Spring Hill, FL 34606

Provider Number: 027937411

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 Géneral Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

123.05 124.28 10/01/2015

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

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029152803 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services	- Marion F. Fether	Provider Number : 029152803

Date: 10/01/2015

1454 Madison Avenue

Fiscal Year End: N/A

Immokalee, FL 33934

Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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٨١	Didall	Comusi	Administrator
W	RVAPII	Samuel	Administrator

Medicaid Cost Reimbursement Analysis





029152805 - 2015/10

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

Collier Health Services - East Naples Medical Ctr

Provider Number: 029152805

Date: 10/01/2015

1454 Madison Avenue

Fiscal Year End: N/A

Immokalee, FL 33962

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

147.89

149.37 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029152806 - 2015/10

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

Collier HIth Svc-Golden Gate Pediatrics	Provider Number : 029152806

Date: 10/01/2015

1454 Madison Ave

Immokalee, Fl 34116

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 10/01/2015

Bas	sis :		
		Budget	
<u></u>		Unaudited costs	-
***************************************		Desk audited costs	
		Field audited costs	-
		Medicare - Prospective	•
;	X	Payment System Rate	•
	*	- Average Nursing Home Rate	-
	*	=	-

Rate Type :	
Χ	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	 Interim
	— Total Interim

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W.Rydell Samuel, Administrator



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier	Hith	Sun	-Childrens	Hith	Mohwark
Comer	mun	SVC	-Canillarens	HIII	Network

Provider Number: 029152807

Date: 10/01/2015

1454 Madison Ave

Fiscal Year End: N/A

Immokalee, FI 34103

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Х **Federally Qualified Health Centers** 147.89

149.37

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier HIth Svc-Marco Island	The all a table t	Provider Number : 029152809
Collier Hith SVC-Marco Island	Pediatrics	Provider Number 1079157809

Date: 10/01/2015

1454 Madison Ave

Fiscal Year End: N/A

Immokalee, FI 34145

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

147.89

149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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029152810 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	m
Collier Hith Svc- Immokalee FCC	Provider Number : 029152810

Date: 10/01/2015

1454 Madison Ave

Immokalee, Fl 34142

Fiscal Year End : N/A

Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029506001 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center, Inc.	Provider Number : 029506001

Date: 10/01/2015

911 S. Main St Fiscal Year End: N/A

Trenton, FL 32693 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 95.80 96.75 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New cost
	Field audited costs		
	Medicare - Prospective	WIIIII	Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

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029506007 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Bradford	Provider Number : 029506007

Date: 10/01/2015

911 S. Main St

Trenton, FL 32693

Fiscal Year End : N/A

Audit Status : N/A

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

95.80 96.75 10/01/2015

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs	AND THE RESERVE OF THE PERSON	Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

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	Medicaid Reimbursement Per Dien	Rates for Non-Institutional P	oviders
Trenton f	Medical Center - Pediatrics	Provider Number: 02950)6009
TMC Ped	diatrics	Date: 10/01/2015	
2010 N. `	Young Blvd.	Fiscal Year End : N/A	
Chiefland	d, FL 326261951	Audit Status : N/A	
Provider	т Туре:	Current Rate New R	ate Effective Date
	Rural Health clinic		•
	Swing-Bed provider		1
X	Federally Qualified Health Centers	95.80	96.75 10/01/2015
	Hospice Provider		
	#651 Routine Home Care		
	#652 Continuous Home Care		
	#655 Inpatient Respite Care		
	#656 General Inpatient Care		
	#658 Room and Board		

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

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Medicaid Cost Reimbursement Analysis



029506011 - 2015/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per I	<u>Diem Rates for Non-Institut</u>	<u>ional Providers</u>
Trenton I	Medical Center - Healthcare	Provider Number	r : 029506011
TMC Hea	althcare	Date : 10/01/201	5
630 N. M	Main Street	Fiscal Year End :	: N/A
Williston,	, FL 326961705	Audit Status : N/A	A
Provider	r Type:	Current Rate	New Rate Effective Date
	Rural Health clinic		
	Swing-Bed provider		1
X	Federally Qualified Health Centers	95.80	96.75 10/01/2015
	Hospice Provider		
	#651 Routine Home Care		
	#652 Continuous Home Care		
	#655 Inpatient Respite Care		
	#656 General Inpatient Care		
	#658 Room and Board		
E	Basis :	Rate Type :	1

Basis :		Rate Type :	7
***************************************	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective		 Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W.Rydell Samuel, Administrator

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029506013 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Palms Pediatrics	Provider Number : 029506013
Palms Pediatrics	Date: 10/01/2015
PO Box 640	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Current Rate New Rate Effective Date

Federally Qualified Health Centers

95.80

96.75 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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۸I	Rydell	Samuel	Admi	inistrator
/V.	RVORII	Samuel	AOIII	mismaior



Medicaid Cost Reimbursement Analysis



029506015 - 2015/10

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center
Palms Medical Group

PO Box 640

Trenton, FL 32693

Provider Number: 029506015

95.80

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

X

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

96.75 10/01/2015

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

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V.Rydell \$	Samuel,	Admir	nistrator
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Medicaid Cost Reimbursement Analysis





029506017 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Frenton Medical Center Provide	Number : 029506017
--------------------------------	--------------------

Palms Medical Group - High Springs Date : 10/01/2015

911 S Main Street Fiscal Year End : N/A

Trenton, FL 326933239 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 95.80 96.75 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Basis :]	Г	Rate Type :	7
l		J Budget	L	X	_l Prospective
,		Unaudited costs	_		– Total Prospective
•		Desk audited costs			Prospective Adjusted for New costs
,		Field audited costs			_
		Medicare - Prospective			_ Interim
	Χ	Payment System Rate			Total Interim
•		Average Nursing Home Rate	******		Settlement based on costs
•		-			_

w.Rydeli Samuel, Administrato

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029506019 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center Inc.-Live Oak

Palms Medical Group

911 S. Main St

Trenton, FL 326933239

Provider Number: 029506019

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Pate	Effective Date
Provider i ype:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

96.75 / 10/01/2015 Х **Federally Qualified Health Centers** 95.80

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

		- -,
	Rate Type :	
Budget	X	Prospective
Unaudited costs		Total Prospective
Desk audited costs	***************************************	Prospective Adjusted for New costs
Field audited costs		_
Medicare - Prospective		Interim
Payment System Rate	***************************************	Total Interim
Average Nursing Home Rate	***************************************	Settlement based on costs

Distribution:

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Basis:

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W.Rydell Samuel, Administrator



029506021 - 2015/10

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	s for Non-I	<u>nstitut</u>	ional Pro	<u>oviders</u>		
Trenton N	Medical Center-Orange Park		Provider N	lumber	: 02950	6021		
Palms Me	edical Group		Date : 10/	01/201	5			
23343 NV	V County Rd 236		Fiscal Yea	ar End	: N/A			
High Spri	ngs, FI 32643		Audit Stat	us : N//	4			
Provider	Type:		Current	Rate	New Ra	ate	Effe	ective Date
	Rural Health clinic							
	Swing-Bed provider						,	
X	Federally Qualified Health Centers			95.80)	96.75	V	10/01/2015
	Hospice Provider							
	#651 Routine Home Care							
	#652 Continuous Home Care							
	#655 Inpatient Respite Care							
	#656 General Inpatient Care							
	#658 Room and Board							
В	Basis :	Rate	Type:]				
	Budget		Х	Prosp -	ective			

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

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Fiscal Agent

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Program Development:

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M	Rydall	Samuel	Administr	ator
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029523001 - 2015/10

144.59 10/01/2015

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

Suncoast Community Health Center - Dover Health

Center

14618 State Road 574

Dover, FL 33527

Provider Number: 029523001

143.16

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

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Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Current Rate New Rate Effective Date

Rate Type:

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

Distribution:

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Basis:

Fiscal Agent

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W.Rydell Samuel, Administrator



029540000 - 2015/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Flamingo

Provider Number: 029540000

Date: 10/01/2015

700 S. Royal Poinciana Blvd, Suite 300

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

128.83

130.12 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Fiscal Agent

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Fr



029541800 - 2015/10

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

Jessie	Trice	Community	/ Health	Center	- Main
20010	11100	Committee	, i i cairi i		19164111

Provider Number: 029541800

Date: 10/01/2015

700 S. Royal Poinciana Blvd, Suite 300

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit Status: N/A

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	~ # 1 ~	~ .	7 2	•

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

128.83

130.12 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029541802 - 2015/10

130.12 / 10/01/2015

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

Jessie Trice Community Health Center - North Provider Number : 029	9541802
--	---------

Date: 10/01/2015

700 S. Royal Poinciana Blvd

Miami Springs, FL 33166

Audit Status : N/A

Fiscal Year End: N/A

Audit Status . N/A

128.83

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

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

Distribution:

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⊢or	information	Only (No.	Change	in rate)



029541804 - 2015/10

130.12 / 10/01/2015

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

Jessie Trice Community Health Center - Cope North Provider Number: 029541804

Date: 10/01/2015

700 S. Royal Poinciana Blvd Suite 300

Miami Springs, FL 33166

Fiscal Year End : N/A

128.83

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Budget

Rate Type :	
X	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	 Interim
	Total Interim
	Settlement based on costs

Distribution:

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Basis:

Fiscal Agent

Contract Management

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W.Rydell Samuel, Administrator





029541806 - 2015/10

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

lessie Tri	ce Community	Health Center	- Northshore	Provider Number	020541806
Jessie III	Ce Community	nealli Ceillei	- NOTUISHOLE	Flovider Number	. UZ904 1000

Date: 10/01/2015

700 S. Royal Poinciana Blvd

Miami Springs, FL 33166

Fiscal Year End : N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

rs	128.83	130.12	10/01/2015

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

F

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Program Development:



029541808 - 2015/10

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

Jessie Trice Community Health Center - Norland HCC Provider Number : 029541808

Date: 10/01/2015

700 S. Royal Poinciana Blvd

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

128.83

130.12 📝 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

F

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029541810 - 2015/10

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

Jessie Trice Community Health	Center - Charles Drew

Elem

700 S. Royal Poinciana Blvd

Miami Springs, FL 33166

Provider Number: 029541810

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

128.83 130.12 🗸 10/01/2015

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

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029541812 - 2015/10

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

Jessie Trice Community Health Center - Lillie C Evans

Provider Number: 029541812

Date: 10/01/2015

700 S. Royal Poinciana Blvd

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 128.83

130.12 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:



029541846 - 2015/10

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

Jessie Trice Communit	v Health Center	Provider Number :	02954
ressie Trice Community	y rieaith Center	FIOVIDEI NUITIDEI .	02304

Norland Primary Health

5607 NW 27th Ave, Ste 1

Miami, FL 33142

1846

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Provider Type.	Current Rate	New Rate	Ellective Date

Rural Health clinic

Swing-Bed provider

130.12 10/01/2015 X **Federally Qualified Health Centers** 128.83

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administra

Distribution:

Fiscal Agent

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For information Only (No Change in rate



Provider Type:

Florida Agency for Health Care Administration

029541848 - 2015/10

130.12 10/01/2015

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

lessie Tr	rice Community	Health Center -	NW 37th Ave	Provider Number	02954184
769916 11	ICE COMMUNICIA	Health Center *	MAN SUUL WAR	FIONIGE NUMBER	. 023041040

Date: 10/01/2015

Audit Status: N/A

Fiscal Year End: N/A

128.83

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

5607 NW 27th Avenue

Miami, FL 331422826

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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For	information	Only ((No	Change	in rate)



029541850 - 2015/10

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

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JESSICA I	ince Com		eann ca	erner- /:	יכי וווכ	пеег

Provider Number: 029541850

Date: 10/01/2015

5607 NW 27th Ave, Suite 1

Fiscal Year End: N/A

Miami, FL 331422826

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

128.83

130.12 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

F

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029542600 - 2015/10

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

Jessie Trice Community Health Center - James Scott

Satellite

700 S. Royal Poinciana Blvd, Suite 300

Miami Springs, FL 33166

Provider Number: 029542600

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

128.83 130.12 10/01/2015

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

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029543400 - 2015/10

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

Rural Health Care - Main	Provider Number : 029543400

Date: 10/01/2015

P.O. Box 817

Palatka, FL 32178

Audit Status: N/A

Fiscal Year End: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

122.31

123.53 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:

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Program Development:

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W.Rydell Samuel, Administrator





029543401 - 2015/10

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

Rural Health Care - Palatka F	amily Medical Center	Provider Number: 029543401

Date: 10/01/2015

P.O. Box 817

Palatka, Fl 32178

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

122.31 123.53 10/01/2019

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective	411111111111111111111111111111111111111	Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
		***************************************	_

Distribution:

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Contract Management

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Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Re



029543402 - 2015/10

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

Rural Health Care - Interlachen Famil	v Med. Center	Provider Number:	029543402
tarar ricatar bare intertaction rathin	Y IVICU. OCITICI	I IOVIGOI INGILIDOI .	· ULUUTUTUL

Date: 10/01/2015

P.O. Box 817

Fiscal Year End: N/A

Palatka, Fl 32178

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 122.31

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

123.53 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Fiscal Agent

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029543403 - 2015/10

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

Rural Health Care - Crescent City Family Med. Center Provider Number : 02	UZ93434U
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Date: 10/01/2015

P.O. Box 817 Fiscal Year End: N/A

Palatka, FI 32178 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 122.31 123.53 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Fiscal Agent

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029543405 - 2015/10

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

Rural Health Care - Keystone Family Med. Center

Provider Number: 029543405

Date: 10/01/2015

P.O. Box 817

Fiscal Year End: N/A

Palatka, Fl 32178

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

122.31

123.53 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029543406 - 2015/10

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

Rural Health Care	 Hawthorne F 	amily Med. Center	Provider Number :	029543406

Date: 10/01/2015

P.O. Box 817 Fiscal Year End: N/A

Palatka, FI 32178 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 122.31 123.53 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Fiscal Agent

Contract Management

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Program Development:

_____ For information Only (No Change in rate)

N.R	vdell	Samuel	Administrator
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029543407 - 2015/10

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

Rural Health Care - Palatka Family Medical Center

Provider Number: 029543407

Date: 10/01/2015

P.O. Box 817

Fiscal Year End: N/A

Palatka, FL 32178

Audit Status: N/A

Pro	vide	r Type:	

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 122.31

123.53 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:



029543409 - 2015/10

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

Rural Health Care - Family Medical & Dental Centers

Provider Number: 029543409

Date: 10/01/2015

P.O. Box 817

Fiscal Year End: N/A

Palatka, FL 32178

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 122.31

123.53 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7		Rate Type :	7
	J Budget	<u> </u>	Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs	_		Prospective Adjusted for New costs
	Field audited costs	_		_
	Medicare - Prospective			Interim
x	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	_			-

Distribution:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Fiscal Agent

Contract Management

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Program Development:



029543411 - 2015/10

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

Street

P.O. Box 817

Palatka, FL 32177

Provider Number: 029543411

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

		_	
Dra	VICA	r Type	•
FIU	VIUC	IIANG	-

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Effective Date Current Rate New Rate

122.31

123.53 10/01/2015

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

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Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator



029543413 - 2015/10

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

Rural Health Care	. Inc.
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Eastside Family Dental Center

PO Drawer 817

Palatka, FL 321780817

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 029543413

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate E

Effective Date

122.31

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

123.53 / 10/01/2015

Basis :	\neg	Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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029543414 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care Corp Pro	ovider Number : 029543414
----------------------------	---------------------------

Family Medical & Dental Centers Date: 10/01/2015

PO Box 817 Fiscal Year End: N/A

Palatka, FL 32178 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 122.31 123.53

✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis	:	Rate Type :]
1	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs	-	Prospective Adjusted for New costs
***************************************	Field audited costs	*****	_
	Medicare - Prospective		_ Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate	***************************************	Settlement based on costs
		49449	_

W.Rydell Samuel, Administrator

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029543416 - 2015/10

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Tallahassee, Florida 32308

	Medicaid Reimbursement Per Diem	Rates for Non-Institut	ional Providers	<u>s</u>		
Rural Hea	Ith Care Inc	Provider Number: 029543416				
Family Me	edical & Dental - Clay Co.	Date: 10/01/201	5			
PO Box 8	17	Fiscal Year End : N/A				
Palatka, F	L 32178	Audit Status : N/A	4			
Provider ⁻	Туре:	Current Rate	New Rate	Effective Date		
	Rural Health clinic					
	Swing-Bed provider			/		
X	Federally Qualified Health Centers	122.31	123.5	3 10/01/2015		
	Hospice Provider					
	#651 Routine Home Care					
	#652 Continuous Home Care					
	#655 Inpatient Respite Care					
	#656 General Inpatient Care					
	#658 Room and Board					
R	acic ·	Pate Type :				

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

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029543418 - 2015/10

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

Rural Health Care In	IC.
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Family Medical & Dental Ctrs - Green Cove

PO Box 817

Palatka, FL 321780817

Provider Number: 029543418

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

Χ **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate **Effective Date**

> 123.53 10/01/2015 122.31

Basis :	
	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
X	Payment System Rate
	Average Nursing Home Rate

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	

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029543422 - 2015/10

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care-Azalea Health	Provider Number : 029543422

Date: 10/01/2015

1302 River St

Fiscal Year End: N/A

Palatka, Fl 32177

Audit Status: N/A

Р	ro	vi	der	Τv	pe:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 122.31

123.53

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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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

Miami	Beach	Community	Health	Center -	- Stanley C.
14		-			=

Myers

710 Alton Road

Miami, FL 33139

Provider Number: 029544200

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

129.86 131.16 10/01/2015

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

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Provider Type:

Florida Agency for Health Care Administration

029544201 - 2015/10

131.16 10/01/2015

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

Miami Rosch Communit	ty Hoolth Contor	Royarly Proce	Provider Number	020544204
Miami Beach Communi	iv Health Center -	- Beveriv Press	Provider Number :	. 029544201

Date: 10/01/2015

Audit Status: N/A

Fiscal Year End: N/A

129.86

710 Alton Road

Miami, FL 33139

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

et dited costs audited costs audited costs	X	Prospective Total Prospective Prospective Adjusted for New costs
audited costs		<u> </u>
		Prospective Adjusted for New costs
audited costs		
addited costs		
are - Prospective		Interim
ent System Rate		Total Interim
ge Nursing Home Rate		Settlement based on costs
		·

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Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Community Health Center - Nanay Health	Provider Number : 029544207
Center	Date: 10/01/2015

Fiscal Year End : N/A
Audit Status : N/A

710 Alton Road

Miami, FL 33139

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic
Swing-Bed provider

X Federally Qualified Health Centers 129.86 131.16 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

	W.Rydell Samuel, Administrator	FL
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Comm	Health Center	- North Suite 309	Provider Number: 029544214
viiaiiii beacii Cuiiiii	i mealin Center	- North Suite 308	FIOVICEI NUITIDEL . UZBS44Z 14

Date: 10/01/2015

11645 Biscayne Blvd, Suite 207

Miami, FL 331813138

Fiscal Year End : N/A

Audit Status: N/A

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date
Cullell Nate	HEW NAIE	Lifective Date

129.86 131.16 🗸 10/01/2015

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

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach	Comm	Health	Ctr	- North	Suite	301,	305
1.007							

and 307

11645 Biscayne Blvd, Suite 207

Miami, FL 331813138

Provider Number: 029544215

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

129.86 131.16 10/01/2015

Basis :		Rate Type :	7
<u> </u>	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
•	Field audited costs		-
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
•	Average Nursing Home Rate		Settlement based on costs
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131.16 / 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Reach Comm	n Health Ctr - North Suite 308	Provider Number: 029544217
viiami beach Comir	n meainn Cir - North Suite 300	Provider Number: 029544217

Date: 10/01/2015

11645 Biscayne Blvd, Suite 207

Miami, FL 331813138

Fiscal Year End : N/A

129.86

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs
Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	 Interim
	Total Interim
	Settlement based on costs

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Basis:

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc. Provider Number :	r : 029545100
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Date: 10/01/2015

P.O. Box 1249 Fiscal Year End: N/A

Apopka, FL 32704 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 140.44 141.84 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029545108 - 2015/10

141.84 🖋 10/01/2015

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 Health Centers, Inc Winter Garden Child	Provider Number : 029545108
Hith	Date : 10/01/2015

WG Childrens Health
P.O. Box 2329

Apopka, FL 32704

Audit Status : **N**/A

Fiscal Year End: N/A

140.44

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell	Samuel,	Administrator

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029545110 - 2015/10

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers	- Southlake Fmly Hith	Provider Number: 029545110

Southlake Family Health

P.O. Box 2329

Apopka, FL 32704

Date: 10/01/2015

Fiscal Year End: N/A

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Audit Status: N/A

Descides Types	Current Data	Name Data	Effective Date
Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 140.44 141.84 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029545111 - 2015/10

141.84 10/01/2015

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Date: 10/01/2015

Audit Status: N/A

Fiscal Year End: N/A

140.44

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Community Health Centers - Winter Garden Fmly Hlth	Provider Number: 029545111
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WG Family Health Center

P.O. Box 2329

Provider Type:

Apopka, FL 32704

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029545112 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Leesburg	Provider Number: 029545112
Leesburg Community	Date : 10/01/2015
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health clinic			
	Swing-Bed provider			
X	Federally Qualified Health Centers	140.44	141.8	4 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Cost Reimbursement Analysis



029545113 - 2015/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	<u>Medicaid Reimbursement Per Di</u>	em Rates for Non-Institution	nal Providers				
Communi	ity Health Centers - Apopka Fmly Hlth	Provider Number :	029545113				
Apopka F	amily Health	Date : 10/01/2015					
P.O. Box	2329	Fiscal Year End : N/A					
Apopka, F	FL 32704	Audit Status : N/A					
Provider	Туре:	Current Rate N	lew Rate Effective Date				
	Rural Health clinic						
	Swing-Bed provider		/				
X	Federally Qualified Health Centers	140.44	141.84 10/01/2015				
	Hospice Provider						
	#651 Routine Home Care						
	#652 Continuous Home Care						
	#655 Inpatient Respite Care						
	#656 General Inpatient Care						
	#658 Room and Board						

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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For	information	Only (No	Change	in rate)



029545114 - 2015/10

141.84 / 10/01/2015

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health	Centers,	Inc Apopka	Childrens

Hlth

P.O. Box 2329

Apopka, FL 32704

Provider Number: 029545114

140.44

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Rate Type :	7
X	 Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim

Medicaid Cost Reimbursement Analysis

		<i>i</i> 1			
	Budget	•		Χ	Prospective
	Unaudited costs	-			Total Prospective
	Desk audited costs	-			Prospective Adjusted for New costs
	Field audited costs	_			
	Medicare - Prospective	_			Interim
Χ	Payment System Rate	_		***************************************	Total Interim
	Average Nursing Home Rate	_		***************************************	Settlement based on costs
	_	-			_
	X	Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate	Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate	Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate	Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate

W.Rydell Samuel, Administrator

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Basis:

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029545115 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health	Centers.	Inc.	- Pine	Hills
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Provider Number: 029545115

Date: 10/01/2015

P.O. Box 2329

Fiscal Year End: N/A

Apopka, FL 32704

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

140.44

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

141.84 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029545117 - 2015/10

141.84 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Date: 10/01/2015

P.O. Box 2329

Apopka, FL 32704

Fiscal Year End: N/A

140.44

Audit Status: N/A

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	TIV		. V.	σ.

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

Basis: Rate Type: **Budget** Х Prospective **Unaudited costs Total Prospective** Desk audited costs Prospective Adjusted for New costs Field audited costs Medicare - Prospective Interim Χ Total Interim Payment System Rate Average Nursing Home Rate Settlement based on costs

W.Rydell Samuel, Administrator

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029545119 - 2015/10

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 Health Centers - Lake Ellenor	Provider Number: 029545119
---	----------------------------

Date: 10/01/2015

P.O. Box 2329 Fiscal Year End: N/A

Apopka, FL 32704 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 140.44 141.84

✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029545121 - 2015/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per Diem	n Rates for Non-Instituti	onal Providers			
Communit	ty Health Centers, Inc.	Provider Number: 029545121				
Apopka D	ental	Date : 10/01/2015	5			
PO Box 2:	329	Fiscal Year End :	N/A			
Apopka, F	FL 32704	Audit Status : N/A				
Provider '	Туре:	Current Rate	New Rate Effective Date			
	Rural Health clinic					
	Swing-Bed provider					
X	Federally Qualified Health Centers	140.44	141.84 / 10/01/2015			
	Hospice Provider					
	#651 Routine Home Care					
	#652 Continuous Home Care					
	#655 Inpatient Respite Care					
	#656 General Inpatient Care					
	#658 Room and Board					

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

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W.Rydell Samuel, Administra	ator
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Medicaid Cost Reimbursement Analysis



029545123 - 2015/10

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

Tallahassee, Florida 32308

	Medicaid Reimbursement Per D	iem Rates for Non-Institut	tional Providers	
Communit	ty Health Centers	Provider Numbe	r : 029545123	
Bithlo Family Health Center Date : 10/01/2015				
PO Box 23	329	Fiscal Year End : N/A		
Apopka, F	L 32704	Audit Status : N/A		
Provider ⁻	Туре:	Current Rate	New Rate Effective Date	
	Rural Health clinic			
	Swing-Bed provider		<i>y</i>	
X	Federally Qualified Health Centers	140.44	141.84 10/01/2015	
	Hospice Provider			
	#651 Routine Home Care			
	#652 Continuous Home Care			
	#655 Inpatient Respite Care			
	#656 General Inpatient Care			
	#658 Room and Board			
Ва	asis:	Rate Type :		

Basis :			Rate Type :	1
	Budget		X	Prospective
	Unaudited costs	_		Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs	_		_
	Medicare - Prospective	_		 Interim
X	Payment System Rate	_		 Total Interim
	Average Nursing Home Rate	_		Settlement based on costs
	_			_

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V.Rydell Samuel,	Administrator
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Medicaid Cost Reimbursement Analysis



029545125 - 2015/10

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

Meadow Woods Childrens Health Center

110 South Woodland Street

Winter Garden, FL 347873546

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Provider Number: 029545125

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate

Effective Date

140.44

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

141.84 🖊 10/01/2015

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

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029545129 - 2015/10

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 He	ealth Centers-Tavares	Provider Number: 029545129
JUILIIII LUI IILY I IT	callii Ceilleis-Favales	FIGURE NUMBER DESCRIPTION

Date: 10/01/2015

110 S Woodland St

Fiscal Year End: N/A

Winter Garden, Fl 34787

Audit Status: N/A

Provider Type:

Current Rate New Rate **Effective Date**

Rural Health clinic

Swing-Bed provider

Χ **Federally Qualified Health Centers** 140.44

141.84 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

<	
Rate Type :	
X	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs

Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hea	lth Centers-Orlando	Provider Number : 029545131
/ M. / O.O		Date : 09/24/2015
I10 S Woodland		Fiscal Year End : N/A
Winter Garden,	FI 34787	Audit Status : N/A
Provider Type:		Current Rate New Rate Effective Date
	al Health clinic	
Swi	ng-Bed provider	
	erally Qualified Health Centers	140.44 141.84 10/01/2015
25 - 1111 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14	spice Provider	
	#651 Routine Home Care	
*****	#652 Continuous Home Care	
· · · · · · · · · · · · · · · · · · ·	#655 Inpatient Respite Care	
	#656 General Inpatient Care	
;	#658 Room and Board	
D'-		Data Tomas
Basis :	Dudget	Rate Type : X Prospective
	Budget Unaudited costs	<u> </u>
		Total Prospective
	Desk audited costs	Prospective Adjusted for New costs
	Field audited costs	Interim
V	Medicare - Prospective	
X	Payment System Rate	Total Interim Settlement based on costs
	Average Nursing Home Rate	Settlement based on costs
		W.Rydell Samuel, Administrator
		Medicaid Cost Reimbursement Analysis
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029547700 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Thomas E. Langley Medical Center

Provider Number: 029547700

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

1425 S. U.S. Hwy 301

Sumterville, FL 33585

Provider Type:

Rural Health clinic Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

128.98 130.27 / 10/01/2015

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

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029547702 - 2015/10

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

Fa	mily	Medical	Center	at the	Shores
- 6	THILL	wedicai	Center	at me	Shores

Provider Number: 029547702

Date: 10/01/2015

1425 S. U.S. Hwy 301 Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Sumterville, FL 33585

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers Х

128.98

130.27 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029548500 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

1	amna (Community	Health	Cantar -	Patar D	

Provider Number: 029548500

Date: 10/01/2015

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Χ **Federally Qualified Health Centers**

Medicaid Cost Reimbursement Analysis

122.25 123.47 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029548502 - 2015/10

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

Tampa Community Health Center - Salvation Army Provider Number : 029548502

Date: 10/01/2015

PO Box 82969 Fiscal Year End: N/A

Tampa, FL 33682 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 122.25 123.47 🖌 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	1	Rate Type :	
	 Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	_		

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029548503 - 2015/10

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Sine Domus

Provider Number: 029548503

Date: 10/01/2015

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

122.25

123.47 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :	
	Budget	X	Prospective
	Unaudited costs	4	Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs	***************************************	_
411	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W.Rydell Samuel, Administrator

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029548504 - 2015/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Т	amna	Commi	inity	Health	Center -	Lee Davis	0
ı	ampa	Commi	ATHILY.	neamn	Center -	Lee Davi	5

Provider Number: 029548504

Date: 10/01/2015

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 33682

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

122.25

123.47 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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029548505 - 2015/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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Tampa (Community	/ Health Center- 131st Ave		Number : 029548505 0/05/2015	
PO Box	82969		Fiscal Ye	ear End : N/A	·
Tampa,	FI 33682		Audit Sta	itus : N/A	
Provide		the transfer and the transfer of the transfer	Curren	t Rate New Rate	Effective Date
	Rural	Health clinic			
	Swing	-Bed provider			
X	Federa	ally Qualified Health Centers		122.25 123.4	10/01/2015
	Hospi	ce Provider			
	#6	51 Routine Home Care			
	#6	52 Continuous Home Care	•		
	#6	55 Inpatient Respite Care			
	#6	56 General Inpatient Care			
-	#6	58 Room and Board			
I	Basis :		Rate Type :		
		Budget	×	Prospective	
		Unaudited costs		Total Prospective	
		Desk audited costs		Prospective Adjusted	for New costs
		Field audited costs		_	
		Medicare - Prospective		Interim —	
	X	Payment System Rate		Total Interim —	
		Average Nursing Home Rate —		Settlement based on —	costs
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			Medicaid	Cost Reimbursement	Analysis
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029548506 - 2015/10

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

Tampa Community	Health Center - Rome Ave	Provider Number : 029548506

Date: 10/01/2015

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 33682

Audit Status : N/A

Prov	vider	Type:
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Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

122.25

123.47 **V** 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029548513 - 2015/10

123.47 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Waters Ave	Provider Number : 029548513
	Date: 10/01/2015
PO Box 82969	Fiscal Year End : N/A

Tampa, FL 33682 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
riovidei iype.	Can ent Nate	IACM IVALE	FILECTIAE Date

Rural Health clinic Swing-Bed provider

Χ

Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

w.rkydeii	Samuel,	Admin	istrato

Medicaid Cost Reimbursement Analysis

122.25

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029548516 - 2015/10

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			Medicaid Reimbursement Per D	iem Rates	for Non-I	<u>nstitut</u>	ional Provider	<u>'S</u>
Tampa Community Health Center				Provider Number : 029548516				
Мо	bil Der	ntal Van			Date : 10/	01/201	5	
PC	Box 8	2969			Fiscal Yea	ar End	: N/A	
Tai	mp, FL	33682			Audit Stat	us : N /.	A	
Pro	ovider	Type:			Current	Rate	New Rate	Effective Date
		Rural	Health clinic					
		Swin	g-Bed provider					
	X	Fede	rally Qualified Health Centers			122.25	5 123.4	7 🖊 10/01/2015
		Hosp	ice Provider					
		#(551 Routine Home Care					
		#6	552 Continuous Home Care					
		#(655 Inpatient Respite Care					
		#(656 General Inpatient Care					
		#(558 Room and Board					
ſ	B	asis :		Rate	Type :	1		
L			 Budget		X] Prosn	ective	
	***************************************		Unaudited costs			<u> </u>	Prospective	
-			Desk audited costs			_	ective Adjusted	I for New costs
			Field audited costs			-		
-			Medicare - Prospective			- Interir	n	
		Х	Payment System Rate			- Total	Interim	
•			Average Nursing Home Rate	-		- Settle	ment based on	costs
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					W.Rydell \$	Samue	I, Administrator	FV

Medicaid Cost Reimbursement Analysis

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029548517 - 2015/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center #11

Provider Number: 029548517

Date: 10/01/2015

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 336822969

Audit Status: N/A

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Current Rate New Rate

Effective Date

Rural Health clinic Swing-Bed provider

Federally Qualified Health Centers

122.25

10/01/201

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		F	Rate Type :	7
	Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	— Average Nursing Home Rate			Settlement based on costs
	<u> </u>			_

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Medicaid Cost Reimbursement Analysis

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029548519 - 2015/10

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

Compo Eamily	. Hoalth	Contor #27	Drovidor	Number:	020549540
「ampa Family	/ Health	Center #21	Provider	number:	029548519

Date: 10/01/2015

PO Box 82969

Tampa, FL 33682

Fiscal Year End : N/A

Audit Status: N/A

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Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

122.25 123.47 10/01/2015

	Basis :	
1		Budget
		Unaudited costs
		Desk audited costs
		Field audited costs
		Medicare - Prospective
	X	Payment System Rate
		Average Nursing Home Rate

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	— — Interim
	Total Interim
	Settlement based on costs

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Medicaid Cost Reimbursement Analysis

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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

Гатра Family Health center #26	Provider Number: 029548520

Date: 10/01/2015

Fiscal Year End: N/A

PO Box 82969

Audit Status : N/A

Tampa, FL 33682

Provider Type: Current Rate New Rate

w Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

122.25

123.47 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029548521 - 2015/10

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

Tampa Family Health Centers #25

Provider Number: 029548521

Date: 10/01/2015

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 33682

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

122.25

123.47

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
L	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	_		_

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029548522 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Tampa Family Health Centers #24	Provider Number : 029548522
--	---------------------------------	-----------------------------

Date: 10/01/2015

PO Box 82969 Fiscal Year End: N/A

Tampa, FL 33682 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 122.25 123.47 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029548527 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center #23 Provider Number : 029548527

Date: 10/01/2015

PO Box 82969 Fiscal Year End: N/A

Tampa, FL 336822969 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 122.25 123.47 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center Inc 28

Provider Number: 029548529

Date: 10/01/2015

PO Box 82969

Fiscal Year End: N/A

Tampa, FL 336822969

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 122.25

123.47 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective	-	Interim
X	Payment System Rate		Total Interim
	— Average Nursing Home Rate		Settlement based on costs
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029548531 - 2015/10

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2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

3	Famna	Family	Health	Centers	_ #31
ı	ı allıba	ranniv	пеани	Cemers	- #31

Provider Number: 029548531

Date: 10/01/2015

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 336822969

Audit Status: N/A

P	ro	vi	d	er	T١	/n	e	•
	. •	¥ .	-	••			•	

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

122.25

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

123.47 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :]	Rate Type :]
<u> </u>	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	_		•

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029549300 - 2015/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care - Frostproof Provider Number : 02

Date: 10/01/2015

109 West Wall Street Fiscal Year End: N/A

Frostproof, FL 33843 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

$\overline{}$	ontrol	Elorida	Hoalth	Caro	- Wachula
	enirai	FIORIGA	Meann	CALE	- *************************************

Provider Number: 029549301

Date: 10/01/2015

204 E. Palmetto Street

Fiscal Year End: N/A

Wauchula, FL 33873

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

147.89

149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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029549304 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Date: 10/01/2015

400 South Lake Avenue

Fiscal Year End: N/A

Avon Park, FL 33825

Audit Status: N/A

Provider Type:	Current

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 147.89

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Rate New Rate

149.37 🗸 10/01/2015

Effective Date

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :]
	⊐ Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective	 	Interim
X	Payment System Rate	 	Total Interim
	Average Nursing Home Rate		Settlement based on costs
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Center - Hardee	Provider Number: 029549305
ochila Florida Floatin Ochici Flaracc	1 10 1 1 C 1 1 C 1 C 2 3 C 1 3 3 0 C

Date: 10/01/2015

950 County Road 17A West Fiscal Year End: N/A

Avon Park, FL 33825 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029549307 - 2015/10

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

Central Florida Health Care -NW 9th Ave

Provider Number: 029549307

Date: 10/01/2015

950 County Rd 17A West

Fiscal Year End: N/A

Avon Park, FL 33825

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Χ **Federally Qualified Health Centers** 147.89

149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029550700 - 2015/10

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

Promier Community HC Croup Boses	Provider Number : 029550700
Premier Community HC Group - Pasco	Provider Nulliber . 029550700

Date: 10/01/2015

37946 CHURCH AVE

Fiscal Year End: N/A

Dade City, FL 33525

Audit Status : N/A

Provider Type:	Pı	ov	ider	Typ	e:
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Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

144.49

145.93 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	1
L	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
X	Payment System Rate		 Total Interim
	Average Nursing Home Rate		Settlement based on costs
	_		_

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029550701 - 2015/10

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

Premier Community HC Group - Zephyrhills	
--	--

Provider Number: 029550701

Date: 10/01/2015

37946 CHURCH AVE

Fiscal Year End: N/A

Dade City, FL 33525

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Х **Federally Qualified Health Centers** 144.49

145.93 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
Budg	et	Х	Prospective
Unau	dited costs		Total Prospective
Desk	audited costs		Prospective Adjusted for New costs
Field	audited costs		•
Medic	care - Prospective		Interim
X Paym	ent System Rate		Total Interim
Avera	age Nursing Home Rate		Settlement based on costs

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029550702 - 2015/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community H	IC Group - Summit	Provider Number: 029550702

Date: 10/01/2015

37946 CHURCH AVE Fiscal Year End: N/A

Dade City, FL 33525 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 144.49 145.93 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

	W.Rydell Samuel, Administrator	Fr
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029550703 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community Healthcare Group - New Port		Provider Number: 029550703
Richey		Date : 10/01/2015
PO Box 2	222	Fiscal Year End : N/A
Dade City, FL 33526 Audit Status : N/A		Audit Status : N/A
Dage Cit	y, FL 33526	
Provider	· Type:	Current Rate New Rate Effective Date
	Rural Health clinic	
	Swing-Bed provider	
Х	Federally Qualified Health Centers	144.49 145.93 10/01/2015
	Hospice Provider	
	#651 Routine Home Care	
	#652 Continuous Home Care	
	#655 Inpatient Respite Care	
	#656 General Inpatient Care	
	#658 Room and Board	
E	Basis :	Rate Type :
	Budget	X Prospective
	Unaudited costs	Total Prospective
	Desk audited costs	Prospective Adjusted for New costs
	Field audited costs	
	Medicare - Prospective	Interim
	X Payment System Rate	Total Interim

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Settlement based on costs

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Average Nursing Home Rate



029550704 - 2015/10

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dramiar Community Haalthaa	ro. Dodo City	Provider Number: 029550704
Premier Community Healthcar	re - Dage City	Provider Number : 029000704

Date: 10/01/2015

PO Box 232

Fiscal Year End: N/A

Dade City, FL 33526

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

144.49

145.93 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs	-	_
	Medicare - Prospective	***************************************	Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate	and the second s	Settlement based on costs

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029550707 - 2015/10

145.93 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Date: 10/01/2015

Audit Status: N/A

Fiscal Year End: N/A

144.49

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Premier Community Health Care Group,	Inc. Pro	ovider Number: 029550707

Premier Community Health Care - Hudson

PO Box 232

Dade City, FL 33526

Provider Type:

Effective Date Current Rate New Rate

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029550714 - 2015/10

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community Healthcare-Pasco Co	Provider Number: 029550714

Date: 10/01/2015

P.O.Box 232 Fiscal Year End: N/A

Dade City, FL 33526 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 144.49 145.93 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Cost Reimbursement Analysis



029550716 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Comm Health Care Group-Denton Ave	Provider Number: 029550716
r remer commit realth care Group-Denton Ave	TOVIDEL NUMBER . 0200001 TO

Date: 10/01/2015

P.O Box 232

Fiscal Year End: N/A

Dade City, Fl 33526

Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 144.49 145.93 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	·		_

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For information Only (No Change in rate	Fo	r information	Only (No.	Change	in rate
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Medicaid Cost Reimbursement Analysis

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029551500 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Migrant & Community Health Center, Inc Provider Number: 029551500

Date: 10/01/2015

2400 State Road 415

Sanford, FL 327716012

Fiscal Year End : N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

110.34 111.45 / 10/01/2015

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

Distribution:

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Medicaid Cost Reimbursement Analysis





029551502 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health-Alafava	Provider Number : 029551502

Date: 10/01/2015

18501 Washington Ave

Fiscal Year End: N/A

Bithlo, Fl 32820

Audit Status: N/A

Р	r	O'	V	id	er	Tv	pe:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

110.34

111.45 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029551504 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health - Underhill Road	Provider Number: 029551504
Sentral Florida Family Health - Onderniii Road	Provider Nuttiber , 02955 1504

Date: 10/01/2015

2400 County Rd 415-A

Sanford, FL 32771

Fiscal Year End : N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

110.34 111.45 / 10/01/2015

	Basis :	
_	·······	Budget
-		Unaudited costs
-		Desk audited costs
-		Field audited costs
-		Medicare - Prospective
	Х	Payment System Rate
_		Average Nursing Home Rate

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
***************************************	_ _
	Interim
	Total Interim
	Settlement based on costs

Distribution:

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For information Only (No Change in rate)
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029551506 - 2015/10

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

Central Florida Family Health Center - Lake Elle	ke Elleno	- Lake	Center -	/ Health	Family	Florida	entral I	C
--	-----------	--------	----------	----------	--------	---------	----------	---

Provider Number: 029551506

Date: 10/01/2015

2400 County Rd 415-A

Fiscal Year End: N/A

Sanford, FL 32771

Audit Status: N/A

Pro	vid	er	Typ	e:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 110.34

111.45 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	D !! !! ! 000554540
Central Florida Family Health Center - Forsyth	Provider Number : 029551513

Date: 10/01/2015

2400 County Rd 415-A

Sanford, FL 32771

Fiscal Year End : N/A

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Audit Status: N/A

Pr	ΌV	id	er	T١	/D	e:
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Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

110.34 111.45 10/01/2015

osts	Х	Prospective Total Prospective
		Total Prospective
		i otal i roopoolito
d costs	***************************************	Prospective Adjusted for New costs
d costs		-
Prospective		Interim
stem Rate		Total Interim
rsing Home Rate		Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Control Elevisia Especific Univide Control	Cilcon Chan	Daniel des Niverbers : 0000004040
Central Florida Family Health Center -	Sliver Star	Provider Number: 029551515

Date: 10/01/2015

2400 State Road 415 Fiscal Year End : N/A

Sanford, FL 327716012 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 110.34 111.45 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029552300 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Center of Columbia County, Inc.

Provider Number: 029552300

Date: 10/01/2015

P.O. Box 249

Fiscal Year End: N/A

Lake City, FL 32056

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 98.53

99.52 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs	***************************************	Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
***	Field audited costs		_
	Medicare - Prospective	1	Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

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029554000 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Roringuen	Health Care	Center	Inc F
DUIHUUUUH	nealli Cale	Center.	HIG.

Provider Number: 029554000

Date: 10/01/2015

3601 Federal Highway 3rd Floor

Fiscal Year End: N/A

Miami, FL 33137

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

124.91

126.16 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Number: 029554002

Date: 10/01/2015

3601 Federal Highway 3rd Floor

Fiscal Year End: N/A

Miami, FL 33137

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

124.91

126.16 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Designation Health Care Contag	CM Oth Ctroot	Dravidor Number - 000554000
Boringuen Health Care Center	. Svv om Street	Provider Number: 029554003

Date: 10/01/2015

3601 Federal Highway, 3rd Floor Finance

Miami, FL 331373795

Audit Status: N/A

Fiscal Year End: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 124.91

126.16 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room'and Board

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

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen Health Care Center	Provider Number: 029554008
Domingacii i ioditii Odio Odittoi	I TO FIGOR I VOLUCE : OF COO TOO

Boringuen - Paul W. Bell Middle School Date : 10/01/2015

3601 Federal Highway Fiscal Year End: N/A

Miami, FL 331757595 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 124.91 126.16 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

w.Rydeii Samuei, Administrai

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Program Development:

For information	Only (No	Change in rate	9)
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029554010 - 2015/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen Health Care Center	Provider Number : 029554010

Brent Tree Elementary Date : 10/01/2015

3601 Federal Highway Fiscal Year End : N/A

Miami, FL 331757595 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 124.91 126.16 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Г	Rate Type :	7
	□ Budget	_	Χ	Prospective
	Unaudited costs			Total Prospective
***************************************	Desk audited costs	_		Prospective Adjusted for New costs
	Field audited costs	_		-
	— Medicare - Prospective			 Interim
X	Payment System Rate	_		Total Interim
	Average Nursing Home Rate			Settlement based on costs
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Contract Management

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Program Development:

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W	.Rydell	Samuel,	Ac	lmiı	nistra	ator
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Medicaid Cost Reimbursement Analysis





029554012 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen	Health	Care	Center	
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Howard A Doolin Middle School

3601 Federal Highway

Miami, FL 331373795

Provider Number: 029554012

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

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Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

124.91 126.16 10/01/2015

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

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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

Borinquen Health Care Center	Provider Number: 029554014
MS Douglas Elementary	Date: 10/01/2015
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 331757595	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 124.91 126.16 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen Health Care Center	Provider Number: 029554016
Sonnauen meann Gare Genier	Provider Number , UZ95540 FO

Date: 10/01/2015

3601 Federal Hwy, 6th Floor Fiscal Year End: N/A

Miami, FL 331373795 Audit Status: N/A

Provider Type: Current Rate New Rate **Effective Date**

Rural Health clinic

Swing-Bed provider

124.91 126.16 10/01/2015 X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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W.Rydell Samuel, Administr	trator
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Darianiuna	Linalih	0	Cantan	40
Boringuen	Health	Care	Center -	19

Provider Number: 029554019

Date: 10/01/2015

3601 Federal Highway

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status: N/A

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Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

124.91

126.16 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029554021 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen	Hoolth	Cara	Contor	24
Borinauen	Health	Care	Center	- 21

Provider Number: 029554021

Date: 10/01/2015

3601 Federal Highway, 6th Floor

Fiscal Year End : N/A

Miami, FL 331373795

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

124.91

126.16 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Cost Reimbursement Analysis

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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

P	oringuen	Health	Care	Center -	. 23
_	orinauen	rieaiin	Care	Center -	·ZJ

Provider Number: 029554023

Date: 10/01/2015

3601 Federal Highway

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

124.91

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

126.16 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs	100000000	Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

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029554025 - 2015/10

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

Boringuen Health Care Center - 25	Provider Number : 029554025

Date: 10/01/2015

3601 Federal Highway Fiscal Year End: N/A

Miami, FL 331373795 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 124.91 126.16 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Cost Reimbursement Analysis





029554027 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinauen	Llaalth	~~~	Cantan	27
VOR 10 10 11 10 10 10 1	- mealin	1	Lene	- / /

Provider Number: 029554027

Date: 10/01/2015

3601 Federal Hwy, 6th Floor

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 124.91

126.16 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029554029 - 2015/10

126.16 10/01/2015

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

Boringuen Health Care Center - 29	Provider Number : 029554029

Date: 10/01/2015

124.91

3601 Federal Highway, Suite 200 Fiscal Year End: N/A

Miami, FL 331373795 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic Swing-Bed provider

X Federally Qualified Health Centers

redefaily waaimed fleatili Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen Health Care Center - 31	Provider Number : 029554031

Date: 10/01/2015

3601 Federal Highway

Miami, FL 331373795

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

124.91 126.16 10/01/2015

Basis :	
	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
X	Payment System Rate
	Average Nursing Home Rate

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs

Distribution:

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Program Development:

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Medicaid Cost Reimbursement Analysis





029554033 - 2015/10

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

Roringuen	Health	Care	Center -	Cottonwood	Cir
JULILIQUULL	1 ICCITI	July		COLLOINIOUG	\sim 11

Provider Number: 029554033

Date: 10/01/2015

3601 Federal Highway

Fiscal Year End: N/A

Miami, FL 331373795

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

124.91

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

126.16 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029554035 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen Health Care Center	- North Bay Village	Provider Number: 029554035
boiniquent nearth oare ochies	1401th Day Village	1 TOVIGET TRAINING . OZOGOTOGO

Date: 10/01/2015

3601 Federal Highway

Miami, FL 331373795

Fiscal Year End : N/A

Audit Status: N/A

Provider Ty	מי	e:
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Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

124.91 126.16 10/01/2015

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

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - Miami Beach Provider Number : 02955	1037
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Date: 10/01/2015

3601 Federal Highway

Miami, FL 331373795

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Medicaid Cost Reimbursement Analysis

124.91 126.16 10/01/2015

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Boringuen Health Care Center -	Bay Harbor Islands	Provider Number: 029554039
Dominacin ricanin Gare Genter	Day Harbor Islands	1 TO VIGO I TUITIDO . 02000-000

Date: 10/01/2015

3601 Federal Highway Fiscal Year End: N/A

Miami, FL 331373795 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 124.91 126.16 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Daringuan Haalth Care Contar 7th Street	Descridos Numbras - 000EE4044
Boringuen Health Care Center - 7th Street	Provider Number : 029554041

Date: 10/01/2015

3601 Federal Highway Fiscal Year End: N/A

Miami, FL 331373795 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 124.91 126.16 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029554043 - 2015/10

Effective Date

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center	Provider Number: 029554043
Kendall Regional	Date: 10/01/2015
3601 Federal Highway	Fiscal Year End : N/A
Miami, FL 331373795	Audit Status : N/A

Pro	vider	Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate

124.91 126.16 10/01/2015

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast	Commu	nity HCC	- Ruskin
Juliouasi	Commu		- Muskiii

Provider Number: 029557400

Date: 10/01/2015

P.O. Box 1349

Fiscal Year End: N/A

Ruskin, FL 33570

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

143.16

144.59 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Effective Date

144.59 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Current Rate New Rate

143.16

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

-	
Suncoast Community Health Centers	Provider Number : 029557401
Women and Children Community Health Center	Date: 10/01/2015
PO Box 2096	Fiscal Year End : N/A
Plant City, FL 33563	Audit Status : N/A

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	X	l Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective		Interim
Χ	Payment System Rate	MM	Total Interim
	Average Nursing Home Rate	***************************************	Settlement based on costs

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community HCC- Plant City	Provider Number: 029557402
- minormor community rive in min city	1 1011401 114111201 1 020001 102

Date: 10/01/2015

P.O.Box 2096 Fiscal Year End: N/A

Plant City, FI 33566 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 143.16 144.59 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029557403 - 2015/10

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

Suncoast Community HCC - Mobley Street	Provider Number : 029557403

Date: 10/01/2015

P.O. Box 1349 Fiscal Year End: N/A

Ruskin, FL 33575 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 143.16 144.59 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number: 029557405

Joyce Ely Community Health Center Date: 10/01/2015

PO Box 1349 Fiscal Year End: N/A

Ruskin, FL 33575 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 143.16 144.59 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Provider Type:

Florida Agency for Health Care Administration

029557408 - 2015/10

144.59 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Date: 10/01/2015

Audit Status: N/A

Fiscal Year End: N/A

143.16

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Suncoast Community Health Centers	Provider Number: 029557408

Suncoast Mobile Dental Van

PO Box 1349

Ruskin, FL 33575

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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PO Box 40

Florida Agency for Health Care Administration

029557409 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Fiscal Year End: N/A

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Suncoast Community Health Centers, Inc.	Provider Number : 029557409
Brandon Community Health Center	Date: 10/01/2015

Dover, FL 33527 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 143.16 144.59 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers

Oakfield Community Health Center

13110 Elk Mountain Drive

Riverview, FL 33579

Provider Number: 029557412

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

D	rov	rid	or	Type:
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Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

143.16 144.59 10/01/2015

Basis :	
	Budget
	Unaudited costs
-	Desk audited costs
	Field audited costs
	Medicare - Prospective
X	Payment System Rate
	Average Nursing Home Rate
	•

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim

Distribution:

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Program Development:

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Medicaid Cost Reimbursement Analysis

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029557414 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast	Community	Health	Centers
Junicoast	Community	Health	Centers

Oakfield Community Dental Care

13110 Elk Mountain Drive

Riverview, FL 33579

Provider Number: 029557414

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate

Effective Date

143.16

144.59 10/01/2015

	Basis :	
,		Budget
		Unaudited costs
		Desk audited costs
		Field audited costs
		Medicare - Prospective
	X	Payment System Rate
,		Average Nursing Home Rate
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Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	— — Interim
	Total Interim
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Program Development:

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Medicaid Cost Reimbursement Analysis



029557416 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Supposet	Community	Hoolth	Contare	Inc
Suncoasi	Community	neann	Centers	Inc.

SCHC Womens Care of Lakeland

13110 Elk Mountain Dr.

Riverview, FL 33579

Provider Number: 029557416

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status : N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

143.16 144.59 🗸 10/01/2015

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

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029557417 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Center	Provider Number : 0295574

Suncoast Mobile Medical Bus Date : 10/01/2015

13110 Elk Mountain Drive Fiscal Year End : N/A

Riverview, FL 33579 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 143.16 144.59 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wimauma Community Health Center Date : 10/01/2015

13110 Elk Mountain Drive Fiscal Year End : N/A Riverview, FL 33579 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 143.16 144.59 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	٦	Rate Type :	7
	 Budget	x	□ Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	_		_

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029557422 - 2015/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Communit	y Health Centers	Provider Number: 029557422
	,	

Palm River Community Health Center Date : 10/01/2015

13110 Elk Mountain Drive Fiscal Year End : N/A

Riverview, FL 33579 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 143.16 144.59 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029561200 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manataa	County	Rural	Health	Services
vianatee	County	Rurai	neann	Services

Provider Number: 029561200

Date: 10/01/2015

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

121.76

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

122.98 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Counti	/ Rural Health Ser	vices. Ravehore	Provider Number : 029561201

Date: 10/01/2015

P.O. Box 499 Fiscal Year End: N/A

Parrish, FL 34221 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 121.76 122.98 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :	
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New cost
	Field audited costs		_
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

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Medicaid Cost Reimbursement Analysis





029561202 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Svcs. - Hwy 301

Provider Number: 029561202

Date: 10/01/2015

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

121.76

122.98 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective		Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate	***************************************	Settlement based on costs

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029561203 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Annatas County Dural Hoolth Con	Laudan Chilos	Descrides Number - 000E01000
Manatee County Rural Health Ser	- Lawton Chiles	Provider Number: 029561203

Date: 10/01/2015

P.O. Box 499 Fiscal Year End: N/A

Parrish, FL 34219 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 121.76 122.98

✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

w.Rydeli Samuel, Administra

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

٨	lanatee	County	Rural	Health	Ser -	Southeast FHCC	
ıv	iaiiaiee	Country	Nulai	ı ıcaııı	OCI -	OUULICASELLIOO	

Provider Number: 029561204

Date: 10/01/2015

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34203

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 121.76

Medicaid Cost Reimbursement Analysis

122.98 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Mar	natee	County	Rural	Health	Ser -	East	Manatee	•

Health

P.O. Box 499

Parrish, FL 34208

Provider Number: 029561205

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Prov	∕ider	Type:
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Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

121.76 122.98 10/01/2015

Basis :		
	Budget	
	Unaudited costs	
	Desk audited costs	
	Field audited costs	
	Medicare - Prospective	
Χ	Payment System Rate	
	Average Nursing Home Rate	
		ı —

Rate Type :	
Х	Prospective
	Total Prospective
	 Prospective Adjusted for New costs
	_
	 Interim
	Total Interim
	— Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hith Svc-My	/akka	FHCC
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Provider Number: 029561206

Date: 10/01/2015

P.O.Box 499

Fiscal Year End: N/A

Parrish, Fl 34251

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

121.76

122.98 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	~ .	— 1.1111		n: 0:
Manatee.	County	Rural Hith	Svc-Infectious	Disease Ctr

Provider Number: 029561207

Date: 10/01/2015

P.O. Box 499

Fiscal Year End: N/A

Parrish, Fl 34203

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

121.76 122.98 10/01/2015

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rura	Health Ser	- North CHC Medical	Prov
ivianalee County Rura	ıı neaiin ser.	- NOLLI CITC MEDICAL	PIUV

Provider Number: 029561210

Date: 10/01/2015

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

121.76

122.98 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

l costs	X	Prospective
l costs	##	–
		Total Prospective
ited costs		Prospective Adjusted for New costs
ted costs	***************************************	_
- Prospective		Interim
System Rate		Total Interim
Nursing Home Rate		Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

FV

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manate	e Co Rural	Health Sev-Health Park OBGYN		Number : 029561212 0/05/2015
P.O. Box 499		\$	ear End : N/A	
Parrish, FI 34219				atus : N/A
Drovid	er Type:		Curror	nt Rate New Rate Effective Date
rioviu		Health clinic	Carren	it Nate New Nate Ellective Date
	an analysis was	-Bed provider	entre de la companya	
 X		ally Qualified Health Centers		121.76 122.98 10/01/2015
^		ce Provider	:	121.70 122.90 10/01/2013
		51 Routine Home Care		
		52 Continuous Home Care		
		and the second of the second o		
		55 Inpatient Respite Care	; ;	
		56 General Inpatient Care		
	#0	58 Room and Board		
	Basis :		Rate Type :	
		Budget	X	Prospective
		Unaudited costs		Total Prospective
		Desk audited costs		Prospective Adjusted for New costs
		Field audited costs		
		Medicare - Prospective		Interim
	X	Payment System Rate		Total Interim
		Average Nursing Home Rate		Settlement based on costs
			W.Rvdell	Samuel, Administrator
				Cost Reimbursement Analysis
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122.98 🕻 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		B	B 11 M 1 000501011
∕lanatee Countv Ru	ral Health Ser -	Palametto FHC	Provider Number : 029561214

Date: 10/01/2015

121.76

P.O. Box 499 Fiscal Year End: N/A

Parrish, FL 34221 Audit Status : N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current	Rate	New	Rate	Effective	Date
Julioni	itute	11611	itato	LIIGOLIVE	~~~

Rate Type :

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manataa	County Rural	Health Services	. Westnate	Provider Number: 029561218	Ω
vianalee	County Rura	i meaiin Services ·	- vvestoate	Provider Number . U29301216	0

Date: 10/01/2015

P.O. Box 499 Fiscal Year End: N/A

Parrish, FL 34219 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 121.76 122.98 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Ν	Rydell	Samuel	Administrator

Medicaid Cost Reimbursement Analysis





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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Mana	atee	County	Rural	Health	Services	- Commu	nity
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P.O. Box 499

Parrish, FL 34219

Provider Number: 029561220

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type: Current Rate New Rate **Effective Date**

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

122.98 / 10/01/2015 121.76

Basis:		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective	4	Interim
X	Payment System Rate		Total Interim
***************************************	Average Nursing Home Rate		Settlement based on costs

W.Rydell Sar	nuel, Adn	ninistrator
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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manaton County Pural Health Services - Lakewood	Provider Number: 029561222
Manatee County Rural Health Services - Lakewood	Provider Nuttiber , 029301222

Date: 10/01/2015

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status : N/A

Pro	ovi	der	Type	
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X

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

121.76

122.98 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :	7
L	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
x	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	MARINE.		_

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Medicaid Cost Reimbursement Analysis



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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

Manatee Rural County Health Services - Riverview Provider Number : 029561224

Date: 10/01/2015

P.O. Box 499 Fiscal Year End: N/A

Parrish, FL 34219 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 121.76 122.98 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health	Center - Bradenton Chiropractic	Provider Number: 029561226

Date: 10/01/2015

P.O. Box 499 Fiscal Year End: N/A

Parrish, FL 34219 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 121.76 122.98 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
L	 Budget	X	□ Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
×	Payment System Rate	-	Total Interim
	Average Nursing Home Rate		Settlement based on costs
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W.Rydell Samuel, Administrator

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029561228 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	D I	1116-	A	14/1-1-	OF REL	Daniel and and
Manatee	Rural	Health	Center	- Whole	(Child	Pediatrics

Provider Number: 029561228

Date: 10/01/2015

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type	P	ro	νi	de	r T	άν	e	:
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Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

121.76

122.98 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health Center - General S

Provider Number: 029561230

Date: 10/01/2015

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider 1	Fvpe:
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Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

121.76

122.98 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Cost Reimbursement Analysis

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029561232 - 2015/10

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2727 Mahan Drive - Mail Stop 23 Tallahassee. Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services,	Inc	Provider Number: 029561232
vialiatee County Rural Health Services,	IIIC.	Flovider Number . 029301232

Readi-Care Plus

PO Box 499

Parrish, FL 34219

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

121.76 122.98 🗸 10/01/2015

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

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W.Rydell	Samuel,	Administrator	FL

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029561233 - 2015/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rual Health Services	Provider Number : 029561233
River Landings OB/GYN	Date: 10/01/2015
PO Box 499	Fiscal Year End : N/A

Parrish, FL 34219 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health clinic			

Swing-Bed provider

Federally Qualified Health Centers 121.76 122.98 10/01/20

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029561236 - 2015/10

122.98 / 10/01/2015

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

Manatee.	County	Rural	Health	Services

North County Family Vision Center

PO Box 499

Parrish, FL 34219

Provider Number: 029561236

121.76

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

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

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029561238 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ma	nataa	County	Rural	Health	Services.	Inc
VIC	llatee	County	ı vulal	i icaiui	OCI VICCO.	1110.

Provider Number: 029561238

Date: 10/01/2015

PO Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic Swing-Bed provider

X Federally Qualified Health Centers

121.76

122.98 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029561240 - 2015/10

122.98 🗸 10/01/2015

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health	Services	Provider Number :	029561240

Bradenton Family Medical

PO Box 499

Parrish, FL 34219

121.76

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate **Effective Date Provider Type:**

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	 Interim
	Total Interim
	Settlement based on costs

Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Х Payment System Rate Average Nursing Home Rate

W.Rydell Samuel, Administrator

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029561242 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health	Services	Provider Number: 029561242

Arcadia Childrens Health Care

PO Box 499

Parrish, FL 34219

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 121.76 122.98 ¹ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Rate Type :	
Х	Prospective Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Basis:

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029561249 - 2015/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Annual Committee Description of	la Calantana Disamble Da	Daniel dan Mercala and	000004040
∕lanatee County Rural Healt	n Services-Riverside Dr	Provider Number :	UZ9561Z49

Date: 10/01/2015

PO Box 997 Fiscal Year End: N/A

Palmetto, FL 342200997 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 121.76 122.98

✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029565500 - 2015/10

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

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	miter		Cantara
JUHHH	JI III V	пеашп	Centers

Johnnie Ruth Clarke Health Center

1344 22nd Street S.

St. Petersburg, FL 33705

Provider Number: 029565500

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

110.13 111.23 / 10/01/2015

Basis :	
	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
X	Payment System Rate
	Average Nursing Home Rate
	-

Rate Type :	7
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	-
	Interim
	— Total Interim
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Medicaid Cost Reimbursement Analysis





029565501 - 2015/10

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 Health Centers - Clearwater	Provider Number : 029565501
---------------------------------------	-----------------------------

Date: 10/01/2015

707 Druid Rd E Fiscal Year End: N/A

Clearwater, FL 337563951 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 110.13 111.23 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Program Development:

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Medicaid Cost Reimbursement Analysis



029565503 - 2015/10

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 Health Center at Pinellas Park	Provider Number : 029565503

Date: 10/01/2015

7550 43rd Street N

Fiscal Year End: N/A

Pinellas Park, FL 337813601

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

110.13 111.23 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Com	munity	Health	Center	_	Largo
COIII	munity	i icaiiii	COLLECT		mai go

Provider Number: 029565512

Date: 10/01/2015

12420 - 130th Ave

Fiscal Year End: N/A

Largo, FL 337741950

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

110.13

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

111.23 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029565514 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers @ Tarpon	

Provider Number: 029565514

Date: 10/01/2015

247 S. Huey Avenue

Fiscal Year End: N/A

Tarpon Springs, FL 346894205

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 110.13

111.23 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029565516 - 2015/10

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 Health Centers at Bayfront

Provider Number: 029565516

Date: 10/01/2015

PO Box 10549

Fiscal Year End: N/A

St. Petersburg, FL 337330549

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

110.13

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

111.23 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029565519 - 2015/10

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 Health Centers of Pinellas	Provider Number: 02956551
Continuously incatti ociticis of i inclide	1 TOVIGET TAUTIDET : 0200001

Clearwater Dental

PO Box 10549

St Petersburg, FL 337330549

9

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Effective Date Current Rate New Rate

> 111.23 10/01/2015 110.13

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029565521 - 2015/10

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 Health Centers of Pinellas- St Petersburg

Provider Number: 029565521

Date: 10/01/2015

PO Box 10549

Fiscal Year End: N/A

St Petersburg, FL 337330549

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 110.13

111 23 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Cost Reimbursement Analysis

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029568000 - 2015/10

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 Fl. Medical Ctr., Inc. - Wewahitchka Medical Ctr

Provider Number: 029568000

Date: 10/01/2015

2804 Remington Green circle

Fiscal Year End: N/A

Tallahassee, FL 32308

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 105.91

106.96 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029568001 - 2015/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medical Ctr. Inc Wakulla Medical Ctr						
	Medical Center						
804 Rei	mington Green circle	Fiscal Year End : N/A					
allahas	see, FL 32308	Audit Status : N/A					
Provider	Type:	Current Rate New Rate Effective Date					
	Rural Health clinic						
	Swing-Bed provider						
X	Federally Qualified Health Centers	105.91 106.96 10/01/2015					
	Hospice Provider	,					
	#651 Routine Home Care						
	#652 Continuous Home Care						
	#655 Inpatient Respite Care						
	#656 General Inpatient Care						
	#658 Room and Board						
E	Basis :	Rate Type :					
	Budget	X Prospective					
	Unaudited costs	Total Prospective					
	Desk audited costs	Prospective Adjusted for New costs					
	Field audited costs						
	Medicare - Prospective	Interim					
	X Payment System Rate	Total Interim					
	Average Nursing Home Rate	Settlement based on costs					
		W.Rydell Samuel, Administrator					
		Medicaid Cost Reimbursement Analysis					
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North F	I Mad	ical Ctr	Inc -	Tri C	ounty.	EHCC
INI II II I F	-ı ıvı⇔cı	ICHI CII.	. 1116: -	1111	21 33 31 11 V	

Tri County Family Health Care

2804 Remington Green circle

Tallahassee, FL 32308

Provider Number: 029568005

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

105.91 106.96 10/01/2015

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

W.Rydell Samuel, Administrator

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029568009 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc. - Mayo

Mayo Health Services

2804 Remington Green circle

Tallahassee, FL 32308

Provider Number: 029568009

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

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Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

105.91 106.96 / 10/01/2015

	Basis :	
		Budget
		Unaudited costs
		Desk audited costs
		Field audited costs
	***************************************	Medicare - Prospective
	×	Payment System Rate
		Average Nursing Home Rate
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Rate Type :	
X	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	 Interim
	Total Interim

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Fiscal Agent

Contract Management

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Program Development:

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Medicaid Cost Reimbursement Analysis

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106.96 10/01/2015

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Madison Medical Center

2804 Remington Green Cir Ste 2

Tallahassee, FL 323081550

Provider Number: 029568010

105.91

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

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

Distribution:

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106.96 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc. - Family Medical Practice Provider Number: 029568012

Date: 10/01/2015

2804 Remington Green circle

Tallahassee, FL 32308

Provider Type:

Audit Status : N/A

Fiscal Year End: N/A

105.91

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Current Rate New Rate Effective Date

Distribution:

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Basis:

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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 Fl. Medical Ctrs., Inc. - Gadsden Medical Center

Provider Number: 029568013

Gadsden Medical Center

Date: 10/01/2015

2804 Remington Green circle

Fiscal Year End: N/A

Tallahassee, FL 32308

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

105.91

106.96 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029568015 - 2015/10

106.96 / 10/01/2015

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 El	Modical	Cantar	Inc -	Gadeden	Dental	Cantar

North Fl. Medical Center, Inc. - Gadsden Dental Centei

Gadsden Dental

2804 Remington Green circle

Tallahassee, FL 32308

Provider Number: 029568015

105.91

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

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

W.Rydell Samuel, Administrator

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106.96 / 10/01/2015

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North FL. Medical	Center - Eastpoint Medical Center	Provider Number: 02956803

2804 Remington Green circle

Tallahassee, FL 32308

Eastpoint Medical Center

0

105.91

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs

Medicaid Cost Reimbursement Analysis

W.Rydell Samuel, Administrat

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

F	amily	Health	Centers	of SW	Florida	- Downtown	Ft
_	_						

Myers

P.O. Box 1588

Ft. Myers, FL 33902

Provider Number: 029570100

Date: 10/01/2015

Fiscal Year End: N/A

108.19

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Audit Status : N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

109.27 / 10/01/2015

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Lat	belle
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Provider Number: 029570101

Date: 10/01/2015

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 108.19

109.27 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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029570102 - 2015/10

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 Health Centers	of SW Florida	- Ronita Springs	Provider Number: 029570102
	OI SVV FIUNIUA	- Donila Sunnus	Flovidei Nullidei . 0295/0102

Date: 10/01/2015

P.O. Box 1588 Fiscal Year End: N/A

Ft. Myers, FL 33902 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 108.19 109.27 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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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

Family Health	Centers of SW Florida -	Fast Ft Myers
anniv ngaiur	Celleis Of Saar Indina -	Last i ivivats

Provider Number: 029570103

Date: 10/01/2015

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic Swing-Bed provider

Swing-bed provider

X Federally Qualified Health Centers

108.19

109.27 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
<u></u>	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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-amiiv	Health	Centers	OT	211	Florida	- L	_eian	Acres	

Provider Number: 029570105

Date: 10/01/2015

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 108.19

109.27 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family	Health	Centers	of SW	Florida -	North F	Myers
ганик	neami	Cemers	01 3 7 7	riui lua -	INOLLILE	LIVIVEIS

Provider Number: 029570106

Date: 10/01/2015

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

108.19

109.27 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of S.W. Florida - Paul Lawrence

Provider Number: 029570107

Date: 10/01/2015

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 108.19

109.27 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	· ·
	Interim
	Total Interim
	Settlement based on costs

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Basis:

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029570109 - 2015/10

109.27 / 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of S.W. Florida - Metro Parkway Provider Number: 029570109

Date: 10/01/2015

108.19

P.O. Box 1588 Fiscal Year End : N/A

Ft. Myers, FL 33902 Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Current Rate New Rate Effective Date

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

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Medicaid Cost Reimbursement Analysis





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State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Eamily Health Contara	of C.M. Florida Co	no Corol	Dravidar Number	020570440
Family Health Centers	. or S.w. Fiorida - Ca	ibe Corai	Provider Number :	029570110

Date: 10/01/2015

P.O. Box 1588 Fiscal Year End: N/A

Ft. Myers, FL 33902 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 108.19 109.27

✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029570111 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of S.W. Florida - Broadway	Provider Number: 029570111
Dental	

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

P.O. Box 1588

Ft. Myers, FL 33902

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate	New Rate	Effective Date

108.19 109.27 10/01/2015

Medicaid Cost Reimbursement Analysis

Basis :		Rate Type :]
<u>L, </u>	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers	of SIM Florida Inc.	Dort Charlotte	Provider Number :	· 020570112
anniviricani Center	S OF SAA LIGHTIGA HIC	" FULL CHAHULE	FIUVIUEI INUITIDEI	. 023310112

Date: 10/01/2015

P.O. Box 1588 Fiscal Year End: N/A

Ft. Myers, FL 33902 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 108.19 109.27 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
Budget		X	Prospective
Unaudit	ed costs		Total Prospective
Desk au	udited costs		Prospective Adjusted for New costs
Field au	idited costs		
Medica	re - Prospective		Interim
X Paymer	nt System Rate		Total Interim
Average	e Nursing Home Rate		Settlement based on costs

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vv	RVOEIL	Samilei	Admin	ISTRATOR

Medicaid Cost Reimbursement Analysis





029570115 - 2015/10

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 Hlth Ctr of SW Florida - Pine Island Provider Number : 029570115

Date: 10/01/2015

P.O. Box 1588

Ft. Myers, FL 33902

Fiscal Year End : N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

108.19 109.27 10/01/2015

Basis:		
	Budget	*
	Unaudited costs	_
	Desk audited costs	
	Field audited costs	_
	Medicare - Prospective	_
×	Payment System Rate	_
	Average Nursing Home Rate	_
		-

Rate Type :	
Χ	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
***************************************	Interim
***************************************	Total Interim
	Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029570117 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Tamiami Trail

Provider Number: 029570117

Date: 10/01/2015

PO Box 1357

Fiscal Year End: N/A

Fort Myers, FL 339021357

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

108.19

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

109.27 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida	Provider Number : 029570118
anning meanin Centers of SW monda	Provider Number , 029570110

South Fort Myers Medical Center Date: 10/01/2015

PO Box 1588 Fiscal Year End: N/A

Fort Myers, FL 33902 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 108.19 109.27 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :			Rate Type :	
	Budget	•	Х	Prospective
	Unaudited costs			Total Prospective
***************************************	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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For	information	Only (No	Change in	rate)



029570120 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Hlth	Cantara	of CIM		Danita	Caringa
-аншу пшт	Cemers	ω	гь -	DOIMA	SUHHUS

Provider Number: 029570120

Date: 10/01/2015

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

108.19

109.27 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rat	 e Type :	7
	Budget	<u> </u>	Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
				_

Distribution:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029570122 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Hith	Cts of CIM	Florido	Prooduce	A.,
-amiiv Hith	CIF OF SVV	Fiorida -	Broadway	Ave

Provider Number: 029570122

Date: 10/01/2015

P.O. Box 1588

Fiscal Year End: N/A

Ft. Myers, FL 33902

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

108.19

109.27 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Cost Reimbursement Analysis





029570125 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida	Provider Number: 029570125
Cape Coral Health Center	Date : 10/01/2015

PO Box 1357 Fiscal Year End: N/A

Fort Myers, FL 33902 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

109.27 / 10/01/2015 X **Federally Qualified Health Centers** 108,19

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :]
L	⊒ Budget	X	Prospective
 	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	_		-

W.Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysis

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029570127 - 2015/10

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 Health Centers of SW Florida - Kings Hwy #210

Provider Number: 029570127

Date: 10/01/2015

PO Box 1357

Fiscal Year End: N/A

Fort Myers, FL 339021357

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

108.19

109.27 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family	/ Hlth	Ctr	of	SW	Florida	-Hagie	Dr

Provider Number: 029570129

Date: 10/01/2015

P.O. Box 1357

Fiscal Year End: N/A

Fort Meyers, FI 33902

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

108.19

109.27 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	D '
Community Health of South Florida	Provider Number : 029572800

Date: 10/01/2015

10300 S.W. 216th Street

Fiscal Year End: N/A

Miami, FL 33190

Audit Status: N/A

Provider Tv	ne:	
LIOVIUEI IV	NG.	

Rural Health clinic

Swing-Bed provider

Χ **Federally Qualified Health Centers** 147.89

Current Rate New Rate

149.37 10/01/2015

Effective Date

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Date: 10/01/2015

810 West Mowry Street Fiscal Year End: N/A

Homestead, FL 33030 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 ✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:

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029572804 - 2015/10

149.37 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

W. Perrine Health Ctr

17623 Homestead Avenue

Perrine, FL 33157

147.89

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Effective Date Provider Type: Current Rate New Rate

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Rate Type :	7
Х	Prospective
-	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs
	_

Distribution:

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Basis:

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Program Development:

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W.Rydell Samuel, Administrator





029572805 - 2015/10

149.37 / 10/01/2015

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number : 029

Naranja Health Center

13890 S.W. 264 Street

Homestead, FL 33030

9572805

147.89

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
ICTIMOI I PPO,	Julion Nato	11011 11410	- III OUIT C DUIL

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	¬	ı	Rate Type :	7
		l		
	Budget		X	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs	•		Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate	•		Settlement based on costs
		•		

W.Rydell Samuel, Administrator

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029572809 - 2015/10

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

th of S. Florida- Everglades	Provider Number	: 029572809	
th Ctr	Date: 10/01/201	5	
St	Fiscal Year End	: N/A	
3030	Audit Status : N//	4	
	Current Rate	New Rate	Effective Date
al Health clinic			
ng-Bed provider			ý.
erally Qualified Health Centers	147.89	149.37	10/01/2015
pice Provider			
651 Routine Home Care			
652 Continuous Home Care			
655 Inpatient Respite Care			
656 General Inpatient Care			
658 Room and Board			
	St 3030 al Health clinic ng-Bed provider erally Qualified Health Centers pice Provider 651 Routine Home Care 652 Continuous Home Care 655 Inpatient Respite Care 656 General Inpatient Care 6658 Room and Board	Current Rate al Health clinic ng-Bed provider erally Qualified Health Centers pice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care	Current Rate New Rate al Health clinic ng-Bed provider erally Qualified Health Centers 147.89 149.37 pice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care

Basis :	7	Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
•	_	*************************************	_

	W.Rydell Samuel, Administrator
stribution:	Medicaid Cost Reimbursement Analysis
and Agent	

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029572810 - 2015/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	·			
Comm Hith of S. Florida-S Dade	Provider Number: 029572810			
South Dade Health Center	Date : 10/05/2015 Fiscal Year End : N/A			
3600 SW 312th St				
Homestead, Fl 33090	Audit Status : N/A			
Provider Type:	Current Rate New Rate Effective Date			
Rural Health clinic				
Swing-Bed provider				
X Federally Qualified Health Centers	147.89 149.37 10/01/2015			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospective			
Unaudited costs	Total Prospective			
Desk audited costs	Prospective Adjusted for New costs			
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs			
	W.Rydell Samuel, Administrator			
	Medicaid Cost Reimbursement Analysis			
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029572815 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health of	South	Florida -	Laura	Saunders

Elem

10300 SW 216 Street

Miami, FL 33190

Provider Number: 029572815

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 10/01/2015

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

W.Rydell Samuel, Administrator

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health	of	South	Florida	_	Homestead Senior
Llimb						

High

10300 SW 216 St

Miami, FL 33190

Provider Number: 029572817

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 🗸 10/01/2015

Basis:		Rate Type :	
••••••••••••	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New cost
	Field audited costs		_
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
***************************************	Average Nursing Home Rate		Settlement based on costs

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029572819 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		D 11 N 1 000 mm 00 40
Community Health of Sout	h Florida - Cope South	Provider Number: 029572819

Date: 10/01/2015

10300 SW 216 St Fiscal Year End: N/A

Miami, FL 33190 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029572821 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - CHI Doris Ison	Provider Number : 029572821

Date: 10/01/2015

15790 SW 307 Street

Homestead, FL 33035

Fiscal Year End : N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 **√** 10/01/2015

Prospective
Total Prospective
Prospective Adjusted for New costs
-
Interim
Total Interim
Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029572824 - 2015/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health	of South	Florida -	Marathon	Health

Center

10300 S.W. 216th Street

Miami, FL 33190

Provider Number: 029572824

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 🗸 10/01/2015

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

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029572826 - 2015/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health	of South	Florida -	Moton	Elementary
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Sch

10300 S.W. 216th Street

Miami, FL 33190

Provider Number: 029572826

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 / 10/01/2015

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

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W.Rydell Samuel, Administrator



029572827 - 2015/10

149.37 🖸 10/01/2015

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

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Middle

10300 S.W. 216th Street

Miami, FL 33190

Provider Number: 029572827

Date: 10/01/2015

Fiscal Year End: N/A

147.89

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
i iovidei Type.	Current Nate	HEW IZALE	FILECTIAE DUTE

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Rate Type :	
X	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	Interim
	Total Interim
	Settlement based on costs

W.Rydell Samuel, Administrator	
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Medicaid Cost Reimbursement Analysis

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Basis:

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029572828 - 2015/10

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 Health of South Florida - Cold	onial Drive Provid	er
man a		

Elem

10300 S.W. 216th Street

Miami, FL 33190

Provider Number: 029572828

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 10/01/2015

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

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Contract Management

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029572829 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health	of	South	Florida	-	H.A	Ammon	S

Middle

10300 S.W. 216th Street

Miami, FL 33190

Provider Number: 029572829

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 10/01/2015

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

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Fiscal Agent

Contract Management

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Program Development:

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029572830 - 2015/10

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2727 Mahan Drive - Mail Stop 23 Tallahassee. Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Cor	nm	ıunit	y Health	of	South	Florida	-	Bowman	Ashe
_									

Doolin 6-8

10300 S.W. 216th Street

Miami, FL 33190

Provider Number: 029572830

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 / 10/01/2015

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective	***************************************	Interim
Χ	Payment System Rate		Total Interim
•••	Average Nursing Home Rate		Settlement based on costs

Distribution:

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Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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029572831 - 2015/10

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 Health of	South	Florida -	John	A.	Ferguson
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Senior

10300 S.W. 216th Street

Miami, FL 33190

Provider Number: 029572831

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

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Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 🗸 10/01/2015

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

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Fiscal Agent

Contract Management

Permanent File

Program Development:

For	information	Only	(No	Change	in rate	١
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029572832 - 2015/10

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

\sim	ommunity	Hoolth	of South	Elorido	South	Dodo	Sonior
U	ommunity	Health	or South	- Fiorida -	Soum	Dage	Senior

Provider Number: 029572832

Date: 10/01/2015

10300 S.W. 216th Street

Fiscal Year End : N/A

Miami, FL 33190

Audit Status: N/A

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	, ,	AIL	(V)	Ty	JÇ.

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

147.89

149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution	on:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W	Rydell	Samuel.	Admir	nistrator
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029572833 - 2015/10

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 Health of South	Florida - W.A.	Chapman
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Elem

10300 S.W. 216th Street

Miami, FL 33190

Provider Number: 029572833

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 **¥** 10/01/2015

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

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Fiscal Agent

Contract Management

Permanent File

Program Development:

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029572835 - 2015/10

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 Health of South Florida - West Miami Middle

Provider Number: 029572835

Date: 10/01/2015

10300 S.W. 216th Street

Fiscal Year End: N/A

Miami, FL 33190

Audit Status: N/A

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•		•		••		Ρ-

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

147.89

149.37 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New cost
"	Field audited costs	***************************************	
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator





029572837 - 2015/10

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

\sim	ommunity Heal	th of South	Florida - Braddock Senid	or Provi
◡	unnunity near	นา ผะ อบนน	Fluida - Diaduuck Seili	וגו דוטעו

der Number : 029572837

Date: 10/01/2015

10300 S.W. 216th Street

Fiscal Year End: N/A

Miami, FL 33190

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 147.89

149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)



029572852 - 2015/10

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 Health of South Florida	- Flagami Flem	Provider Number: 029572852

Date: 10/01/2015

10300 SW 216th Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 147.89

149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Rate Type :	
	Χ	Prospective
		Total Prospective
_		Prospective Adjusted for New costs
		-
ctive		Interim
Rate		Total Interim
ome Rate		Settlement based on costs
C	ome Rate	ome Rate

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Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator





029572853 - 2015/10

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

Provider Number: 029572853

Date: 10/01/2015

10300 SW 216th Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 147.89

149.37 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Fiscal Agent

Contract Management

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Program Development:

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029572854 - 2015/10

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 Health of S. Florida - Airbase Elem	Provider Number: 029572854

Date: 10/01/2015

10300 SW 216 Street

reet Fiscal Year End: N/A

Miami, FL 331901003

Audit Status: N/A

Effective Date

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

147.89

Current Rate New Rate

149.37 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

V	Rvdell	Samuel	Administrator
٧.	IVACII	Carriaci.	Administrator





029572855 - 2015/10

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 Health of S. Florida - FL City Elem

Provider Number: 029572855

Date: 10/01/2015

10300 SW 216th Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 147.89

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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029572856 - 2015/10

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 Health of S.	. Florida - Homestead Middle	Provider Number: 029572856
JUHHHUHIN HEARIN OF S	. I luliua - I lulliesteau Mitutie	FIGURE NUMBER . 023372030

Date: 10/01/2015

10300 SW 216th Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status : N/A

Provider Type	Р	ľ	٢	•	T	١	V	p	e		:
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Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

147.89

149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



029572857 - 2015/10

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	/ Health	of S.	Florida -	McMillan	Middle
-----------	----------	-------	-----------	----------	--------

Provider Number: 029572857

Date: 10/01/2015

10300 SW 216th Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 147.89

149.37 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



029572858 - 2015/10

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

O THE STREET OF THE PROPERTY OF THE STREET	D 14 N 1 000570050
Community Health of S. Florida - Perrine Elem	Provider Number : 029572858

Date: 10/01/2015

10300 SW 216th Street Fiscal Year End : N/A

Miami, FL 331901003 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 🗸 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective	010111111111111111111111111111111111111	Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Fiscal Agent

Contract Management

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Program Development:

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029572859 - 2015/10

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 Health of S Florida - Redondo Elem

Provider Number: 029572859

Date: 10/01/2015

10300 SW 216th Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

147.89

149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :			Rate Type :	
	Budget	-	Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			Interim
Χ	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
				_

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

FL

Distribution:

Fiscal Agent

Contract Management

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Program Development:

_____ For information Only (No Change in rate)



029572868 - 2015/10

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 Health of S	. Florida - Roval Green Elem	Provider Number: 029572868
Jommunity Health of S	. Florida - Roval Green Elem	Provider inumber : 0295/2808

Date: 10/01/2015

10300 SW 216th Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

Х **Federally Qualified Health Centers** 147.89

Current Rate New Rate

149.37 10/01/2015

Effective Date

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type	:
<u>L.</u>	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs	***************************************	Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective		Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate	***************************************	Settlement based on costs
	·····	***************************************	

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

____ For information Only (No Change in rate)

W Rydell	Samuel	Administrator
44.1140011	Carrider.	Administrator





029572870 - 2015/10

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 Health of S Florida - South Wood Middle

Provider Number: 029572870

Date: 10/01/2015

10300 SW 216th Street

Fiscal Year End: N/A

Miami, FL 331901003

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

147.89

149.37 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

FV



029572875 - 2015/10

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 Health of South Florida	Provider Number: 029572875
South Miami Health Center	Date: 10/01/2015

10300 SW 216th Street Fiscal Year End : N/A
Miami, FL 331901003 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic
Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37

✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W	Rydell	Samuel	Δdm	inietr	ator
VV.	rvuen	Samuel	AUIII	111115114	-11 U JI





029572876 - 2015/10

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

Communit	v Health	of South	Florida
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West Homestead Elementary

10300 SW 216th Street

Miami, FL 331901003

Provider Number: 029572876

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

X

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate **Effective Date**

147.89

149.37 / 10/01/2015

Basis:	
	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
X	Payment System Rate
	Average Nursing Home Rate

Prospective Total Prospective
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Prospective Adjusted for New costs
•
Interim
Total Interim
Settlement based on costs

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

N.Rydell Samuel, A	Administrator
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029572890 - 2015/10

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 Health of South Florida	ommi	ınitv	Health	of So	uth	Florida
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Leisure City K-8 Center

10300 SW 216th Street

Miami, FL 331901003

Provider Number: 029572890

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 **√** 10/01/2015

Basis :	
	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
×	Payment System Rate
	Average Nursing Home Rate

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Chang	e in rate)
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029572895 - 2015/10

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 Health of South Florida	Provider Number: 029572895
West Kendall Health Center	Date: 10/01/2015

10300 SW 216th Street Fiscal Year End: N/A

Audit Status: N/A Miami, FL 331901003

Provider Type:	Current Pate	Now Date	Effective Date
Provider Type:	Current Rate	New Kate	Effective Date

Rural Health clinic

Swing-Bed provider

147.89 149.37 **√** 10/01/2015 Х **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Ty	ype:	
	Budget	X		Prospective
	Unaudited costs			Total Prospective
	Desk audited costs	:		Prospective Adjusted for New costs
	Field audited costs			-
	Medicare - Prospective		***************************************	Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	_			

Medicaid Cost Reimbursement Analysis

	W.Rydell Samuel, Administrator
Distribution:	Medicaid Cost Reimbursement A

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Contract Management

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029572897 - 2015/10

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 Health of South Florida	Provider Number : 029572897
Coconut Grove Health Center	Date : 10/01/2015

10300 SW 216th Street Fiscal Year End : N/A
Miami, FL 331901003 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic
Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Fiscal Agent

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029574400 - 2015/10

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

FL Community Health Ctrs- Okeechobee	Provider Number: 029574400
rt Community Health Cirs- Okeechobee	Provider Number . 029574400

Date: 10/01/2015

4450 South Tiffany Drive

Fiscal Year End: N/A

West Palm Beach,, FL 33407

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 121.39

122.60 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Distribution:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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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

FL Community Health Ctrs-Infectious Disease Center

Provider Number: 029574401

Date: 10/01/2015

4450 South Tiffany Drive

Fiscal Year End: N/A

West Palm Beach,, FL 33407

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

121.39

122.60 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Fiscal Agent

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Program Development:

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V.Rydell Samuel, Administrate	V.F	Rvdell	Samuel.	Administ	rator
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Medicaid Cost Reimbursement Analysis

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029574402 - 2015/10

122.60 🖋 10/01/2015

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

FL Community Health Ctrs- Clewiston	Provider Number : 029574402

Date: 10/01/2015

4450 South Tiffany Drive

West Palm Beach,, FL 33407

Fiscal Year End: N/A

121.39

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Effective Date Current Rate New Rate

Rate Type: Χ Prospective **Total Prospective** Prospective Adjusted for New costs Interim Total Interim Average Nursing Home Rate Settlement based on costs

Distribution:

Χ

Basis:

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W.Rydell Samuel, Administrator



029574403 - 2015/10

Effective Date

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 I In alth Ct	متنجلم مالمسا	Descrides Muselees	000574400
ᆫ	Community Health Ct	irs- ingiantown	Provider Number :	0295/4403

Date: 10/01/2015

4450 South Tiffany Drive

West Palm Beach,, FL 33407

Fiscal Year End : N/A
Audit Status : N/A

Current Rate New Rate

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

121.39 122.60 / 10/01/2015

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

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Program Development:

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Ν	Rydell	Samuel	Administrate	٥r
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029574404 - 2015/10

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

FL Community Health Ctrs-Ft. Pierce

Provider Number: 029574404

Date: 10/01/2015

4450 South Tiffany Drive

Fiscal Year End: N/A

West Palm Beach,, FL 33407

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Χ **Federally Qualified Health Centers** 121.39

122.60 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :			Rate Type :	
	Budget	-	X	Prospective
	Unaudited costs		,	Total Prospective
	Desk audited costs	:	,	Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective	_		Interim
X	Payment System Rate		***************************************	Total Interim
	Average Nursing Home Rate			Settlement based on costs
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W.Rydell Samuel, Administrator



029574406 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs- Lakeshore Medical

Provider Number: 029574406

Date: 10/01/2015

4450 South Tiffany Drive

Fiscal Year End: N/A

West Palm Beach,, FL 33407

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 121.39

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

122.60 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029574414 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs- 103 NE 19th Dr.

Provider Number: 029574414

Date: 10/01/2015

4450 S. Tiffany Drive

Fiscal Year End: N/A

West Palm Beach, FL 33407

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 121.39

122.60 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget Inaudited costs	X	Prospective Total Prospective
Inaudited costs	-	Total Prospective
		Total Trospective
esk audited costs		Prospective Adjusted for New costs
ield audited costs		
Medicare - Prospective		Interim
ayment System Rate		Total Interim
verage Nursing Home Rate		Settlement based on costs
	ield audited costs Medicare - Prospective Payment System Rate	Medicare - Prospective

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W.Rydell Samuel, Administrator

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029574416 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs- North Palm Beach	Provider Number : 029574416
L Community Health Ons- North Faith Deach	1 10/1061 140111061 . 02:001 77 10

Date: 10/01/2015

4450 S. Tiffany Drive Fiscal Year End: N/A

West Palm Beach, FL 33407 Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

121.39 122.60 10/01/2015

Basis :		Rate Type :	
<u> </u>	Budget	X	Prospective
•	Unaudited costs		Total Prospective
	Desk audited costs	-	Prospective Adjusted for New costs
	Field audited costs	-	_
	Medicare - Prospective		Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
•			_

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029574418 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL	Community	/ Health	Centers	- Pahokee
Г∟	COMMINIUM	/ nealin	Centers	- ranukei

Provider Number: 029574418

Date: 10/01/2015

4450 S. Tiffany Drive

Fiscal Year End: N/A

West Palm Beach, FL 33407

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

121.39

122.60 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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029574420 - 2015/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee. Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Center - Moore Haven

Provider Number: 029574420

Date: 10/01/2015

4450 S. Tiffany Drive

Fiscal Year End: N/A

West Palm Beach, FL 334073241

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

121.39

122.60 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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029574422 - 2015/10

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

Florida Community Health Centers - Stuart

Provider Number: 029574422

Date: 10/01/2015

4450 South Tiffany Drive

Fiscal Year End: N/A

West Palm Beach, FL 334073241

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

121.39

122.60 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Ft. Pierce OB

Florida Agency for Health Care Administration

029574424 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Center	Provider Number : 029574424

4450 South Tiffany Drive

West Palm Beach, FL 334073241

Provider Type:

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Current Rate New Rate

Effective Date

121.39

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

122.60 10/01/2015

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

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037527610 - 2015/10

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					
Premier (Community Healthcare Group, Inc	Provider Number: 037527610					
		Date : 10/01/2015					
PO Box 2	232	Fiscal Year End : N/A					
Dade City	y, FL 33526	Audit Status : N/A					
Provider	Туре:	Current Rate New Rate Effective Date					
	Rural Health clinic						
	Swing-Bed provider	:					
X	Federally Qualified Health Centers	144.49 145.93 🗸 10/01/2015					
	Hospice Provider						
	#651 Routine Home Care						
	#652 Continuous Home Care						
	#655 Inpatient Respite Care						
	#656 General Inpatient Care						
	#658 Room and Board						
В	Basis :	Rate Type :					
	Budget	X Prospective					
	Unaudited costs	Total Prospective					
	Desk audited costs	Prospective Adjusted for New costs					

Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Prospective
Prospective Adjusted for New costs
Interim
X Payment System Rate
Average Nursing Home Rate
Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



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060551401 - 2015/10

115.11

10/01/2015

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

Bond Community	/ Health Center	Provider Number: 060551401
	/ Health Center	FIUVICE NUMBER . 000001401

Date: 10/01/2015

1720 S. Gadsden St.

Tallahassee, FL 32314

Basis:

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Fiscal Agent

Permanent File

Fiscal Year End: N/A

113.97

Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	 Interim
	Total Interim
	Settlement based on costs

	W.Rydell Samuel, Administrator
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060551402 - 2015/10

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Bona.	Comm	Health	ASSOC-V	Vest Orange	

Provider Number: 060551402

Date: 10/01/2015

1720 S Gadsden St

Fiscal Year End: N/A

Tallahassee, FI 32310

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

113.97

115.11 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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060551404 - 2015/10

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

Bond Community Health Center	Provider Number : 060551404

Date: 10/01/2015

1720 S. Gadsden St.

Tallahassee, FL 32310

Fiscal Year End: N/A

Audit Status: N/A

Provider Type: Effective Date Current Rate New Rate

Rural Health clinic

Swing-Bed provider

115.11 / 10/01/2015 X **Federally Qualified Health Centers** 113.97

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Basis:

Contract Management

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Program Development:

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W.Rydell Samuel, Adm	inistrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Clinic

THA Health Center at Joe Louis

1720 S. Gadsden Street

Tallahassee, FL 323015506

Provider Number: 060551405

113.97

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Rate Type :	7
Χ	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	 Interim
	Total Interim
	Settlement based on costs

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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060551408 - 2015/10

115.11 / 10/01/2015

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

Bond Specialty and Wellness Center Provider Number: 060551408

Date: 10/01/2015

1720 S. Gadsden Street

Tallahassee, FL 323015506

Fiscal Year End : N/A

113.97

Audit Status: N/A

Provider Type	2	í	ŧ	o	t	,	١	١	T	•	r	e	ı	d	i	v	١	٥	٠	ľ	2	
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Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate

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Basis:

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Average Nursing Home Rate

W.Rydell Samuel, Administrator





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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers Provider Number : 060638308

Johnnie Ruth Clarke Health Center Date : 10/01/2015

PO Box 10549 Fiscal Year End: N/A

St Petersburg, FL 337330549 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 110.13 111.23

✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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For information	Only (No	Change in	rate)
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Tallahassee, Florida 32308

			Medicaid Reimbursement Per	Diem Rates	for Non-	Institu	<u>tional Prov</u>	<u>iders</u>		
Ne	ighborl	nood Me	dical Center	Provider Number : 262263706						
На	ivana M	liddle Sc	hool	Date : 10/01/2015						
43	8 West	Brevard	street	Fiscal Year End : N/A						
Та	llahass	ee, FL 3	2301		Audit Sta	tus : N/	Α			
Pr	ovider	Туре:			Current	t Rate	New Rate	•	Effe	ective Date
		Rural	Health clinic							
		Swing	g-Bed provider						,	
	X	Feder	ally Qualified Health Centers			110.29	9 1	11.39		10/01/2015
		Hospi	ice Provider							
		#6	51 Routine Home Care							
		#6	52 Continuous Home Care							
		#6	555 Inpatient Respite Care							
		#6	56 General Inpatient Care							
		#6	558 Room and Board							
				Bete		7				
	В	asis :	Budget	L	Type:		a a etiu a			
			Budget 		X		ective	_		
			Unaudited costs				Prospective		N1	
			Desk audited costs			– Prosp	ective Adju	istea to	or N	ew costs
			Field audited costs ——							
		V	Medicare - Prospective	***************************************		Interii - -				
		X	Payment System Rate			_	Interim		4	
		***************************************	Average Nursing Home Rate —			Settle –	ement base	d on c	osts	
					W.Rydell	Samue	ıl, Administr	ator	R	V

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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I١	ıeıa	nbor	nooa-	Medical	Center

Havana Elementary School

438 West Brevard Street

Tallahassee, FL 32301

Provider Number: 262263707

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate **Effective Date**

> 111.39 10/01/2015 110.29

Basis :	
	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
¥4000000	Medicare - Prospective
X	Payment System Rate
	Average Nursing Home Rate
	•

Rate Type :	
X	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	
	Interim
	Total Interim

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Tallahassee, Florida 32308

	Medicaid Reimbursement Per Dien	i Kates for Non-Institutional Provid	<u>ers</u>
Neighbo	rhood Medical Center	Provider Number : 262263708	3
Havana	Heights PH Clinic	Date: 10/01/2015	
438 Wes	st Brevard Street	Fiscal Year End : N/A	
Tallahas	see, FL 32301	Audit Status : N/A	
Provide	r Type:	Current Rate New Rate	Effective Date
	Rural Health clinic		
	Swing-Bed provider		,
X	Federally Qualified Health Centers	110.29 111	.39 10/01/2015
	Hospice Provider		
	#651 Routine Home Care		
	#652 Continuous Home Care		
	#655 Inpatient Respite Care		
	#656 General Inpatient Care		
	#658 Room and Board		

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

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262263709 - 2015/10

111.39 🗸 10/01/2015

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood	Medical	Center
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Lincoln Center

438 West Brevard Street

Tallahassee, FL 32301

Provider Number: 262263709

110.29

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Current Rate New Rate **Effective Date**

Rate Type: Х Prospective **Total Prospective** Prospective Adjusted for New costs Interim Total Interim Average Nursing Home Rate Settlement based on costs

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Basis:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighbor	rhood Medical Center	Provider Number : 262263710
Smith Wi	illiams Center	Date: 10/01/2015
438 Wes	t Brevard Street	Fiscal Year End : N/A
Tallahas	see, FL 32301	Audit Status : N/A
Provider	Type:	Current Rate New Rate Effective Date
	Rural Health clinic	
	Swing-Bed provider	
X	Federally Qualified Health Centers	110.29 111.39 10/01/2015
	Hospice Provider	
	#651 Routine Home Care	
	#652 Continuous Home Care	
	#655 Inpatient Respite Care	

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

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#656 General Inpatient Care

#658 Room and Board

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262263711 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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,		ı				110		18		MIL.	-01		

C V Butler Bldg

438 West Brevard Street

Tallahassee, FL 32301

Provider Number: 262263711

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

Х **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate **Effective Date**

110.29

111.39 / 10/01/2015

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

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern, Inc.	Provider Number : 680002500

Date: 10/01/2015

Fiscal Year End: N/A

336 N.W. Fifth Street
Miami, FL 331281616

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 10/01/201

Basis :	
	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
X	Payment System Rate
	Average Nursing Home Rate

Rate Type :	
X	Prospective
	Total Prospective
	 Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs

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W.Rydell	Samuel,	Administrator

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336 NW 5th Street

Florida Agency for Health Care Administration

680002505 - 2015/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Fiscal Year End: N/A

Camillus Health Concern	Provider Number: 680002505
Salvation Army	Date : 10/01/2015

Miami, FL 331281616 Audit Status : N/A

Rate Effective Date	New Rate	Current Rate	Provider Type:
₹at	New Rat	Current Rate	Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	1
D 4616 1			Bassastina
	Budget 	X	Prospective -
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
			_

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680002506 - 2015/10

Effective Date

149.37 10/01/2015

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern	Provider Number : 680002506
Camillus House	Date : 10/01/2015
336 NW 5th Street	Fiscal Year End : N/A
Miami, FL 331281616	Audit Status : N/A

Pro	ovi	dei	r Ty	pe	:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#65	52 Continuous Home Care		
#65	55 Inpatient Respite Care		
#6	56 General Inpatient Care		
#6	58 Room and Board		
-	_		
Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	-		_

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sted for New costs
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Medicaid Cost Reimbursement Analysis

Current Rate New Rate

147.89



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Fiscal Year End: N/A

Medicaid Cost Reimbursement Analysis

Camillus Health Concern	Provider Number : 680002508
Better Way of Greater Miami	Date: 10/01/2015

336 NW 5th Street

Miami, FL 331281616 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

	Basis :			Rate Type :	
-		Budget	l-	Χ	Prospective
		Unaudited costs	-		Total Prospective
***************************************		Desk audited costs			Prospective Adjusted for New costs
		Field audited costs			_
		Medicare - Prospective			Interim
	X	Payment System Rate			Total Interim
		Average Nursing Home Rate			Settlement based on costs
					_

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern	Provider Number : 680002510

Mother Theresa Sister of Charity Date: 10/01/2015

336 NW 5th Street Fiscal Year End : N/A

Miami, FL 331281616 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 √ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

· ·			
Camillus Health Concern - 7t	h Ave	Provider Number: 68	8000251

Date: 10/01/2015

336 NW 5th Street

Fiscal Year End: N/A

Miami, FL 331281616

Audit Status: N/A

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Pro	vin	ar	TVP	٠Δ٠
110	410		1 V L	,.

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 147.89

149.37 10/01/2015

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Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs	***************************************	Prospective Adjusted for New cost
	Field audited costs		_
	Medicare - Prospective	•	Interim
X	Payment System Rate		Total Interim
***********************	Average Nursing Home Rate		Settlement based on costs

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Community Health	Provider Number : 680005000
Fellsmere	Date: 10/01/2015
12196 CR 512	Fiscal Year End : N/A

Fellsmere, FL 32948 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

X Federally Qualified Health Centers 139.87 141.27 ✓ 10/01/2015

Hospice Provider

Swing-Bed provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure	Coast	Commun	ity Heal	lth - Va	rΛ
rreasure	CUasi	COMMINUM	шу пеа	IIII - VE	IU.

Provider Number: 680005001

Date: 10/01/2015

12196 CR 512

Fiscal Year End: N/A

Fellsmere, FL 32948

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

139.87 141.27 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Community Health - Vero2	Provider Number : 680005002
Trodoure deadt deminiating frount toron	1 10 11001 110111001 1 00000000

Date: 10/01/2015

12196 County Rd. 512

Fiscal Year End: N/A

Fellsmere, FL 32948

Audit Status: N/A

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Dr	~~/	idai	r Ty	na.
	U V I	IUC		ve.

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

139.87

Medicaid Cost Reimbursement Analysis

141.27 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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680005006 - 2015/10

141.27 / 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Freasure Coast Community Health.	Inc Sebastian	Provider Number : 680005006

Date: 10/01/2015

12196 County Road 512

Fellsmere, FL 32948

139.87

Fiscal Year End: N/A Audit Status: N/A

Provider Type: Current Rate New Rate **Effective Date**

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Basis:

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141.27 / 10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Comm. Health, Inc. Fellsmere2	Provider Number : 680005008
--	-----------------------------

Date: 10/01/2015

12196 County Road 512

Fellsmere, FL 32948

Fiscal Year End : N/A

139.87

Audit Status: N/A

D.		idar	Type:
	IUV	ıueı	I VUE.

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

Basis: Rate Type: **Budget** Х Prospective **Unaudited costs Total Prospective** Prospective Adjusted for New costs Desk audited costs Field audited costs Medicare - Prospective Interim Χ Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Comm & Family Health Centers, Inc	Provider Number: 680027100

Date: 10/01/2015

2518 N State Rd. 7

Fiscal Year End: N/A

Hollywood, FI 33021

Audit Status: N/A

Effective Date Provider Type: Current Rate New Rate

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 143.78

145.22 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Proword	Communi	6.7 EU	North	Powerline	Dood
browaru	Communi	ιν rm -	NOLLI	Powerline	Roau

Provider Number: 680027102

Date: 10/01/2015

168 North Powerline Road

Fiscal Year End: N/A

Pompano Beach, FL 33069

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

143.78

145.22 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		 Interim
X	Payment System Rate	MANUAL CONTRACTOR OF THE PROPERTY OF THE PROPE	Total Interim
	Average Nursing Home Rate		Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community	& Family Health -	- West Park	Provider Number :	680027104

Date: 10/01/2015

5010 Hollywood Blvd., Ste 100B

Fiscal Year End: N/A Audit Status: N/A

Hollywood, FL 33021

Provider Type:

Current Rate New Rate **Effective Date**

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 143.78

145.22 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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680027106 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community & Family Health Centers	Provider Number : 680027106

Central Broward Community Health Center

5010 Hollywood Blvd, Ste 100B

Hollywood, FL 330216557

Audit Status : N/A

Date: 10/01/2015

Fiscal Year End: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 143.78 145.22

✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural County Health Ser - Arcadia Fl	HC Provider Number : 680996100

Date: 10/01/2015

P.O. Box 499

Fiscal Year End: N/A

Parrish, FL 34219

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

121.76

Current Rate New Rate

122.98 🗸 10/01/2015

Effective Date

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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681471900 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Control Florida Haalth Cara Dundaa	Destides Number : 601471000
Central Florida Health Care-Dundee	Provider Number : 681471900

Date: 10/01/2015

950 CR 17A West Fiscal Year End: N/A

Avon Park, FI 33825 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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681969900 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc Eatonville Med/Dent

Center

P.O. Box 4099

Apopka, FI 32704

Provider Number: 681969900

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

P	ro	vi	A	er	T	'n	۵	
•	, ,	٧ł	u	CI		12	C	٠

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

140.44 141.84 10/01/2015

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

W.Rydell Samuel, Administrator

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682960100 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family	/ Health Center-Hoffner	Provider Number: 682960100
Sentral Florida Famili	nealth Center-Holliner	Provider Number: 002900100

Date: 10/01/2015

5449 South Semoran Blvd

Fiscal Year End: N/A

Orange, Fl 32822

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic Swing-Bed provider

X Federally Qualified Health Centers

110.34 1

Medicaid Cost Reimbursement Analysis

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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683710700 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Mobile Medical	Provider Number : 683710700
Center	D 1 40/04/0045

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

P.O. Box 82969

Tampa, FL 33682

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current	Rate	New Rate	Effective Dat	te
Current	1/016	HEW LAIC	LIECUIVE DO	

122.25 123.47 10/01/2015

Basis :		Rate Type :	1
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health	Services-Golden Gate Dental	Provider Number : 683955000						
		Date : 10/05/2015						
P.O Box 1222	9	Fiscal Year End : N/A						
Naples, FI 34	101	Audit Sta						
Provider Typ	e :	Curren	t Rate New	v Rate	Effective Date			
R	ural Health clinic							
S	wing-Bed provider							
X F	ederally Qualified Health Centers		147.89	149.37	10/01/2015			
Н	ospice Provider							
	#651 Routine Home Care	* * * * * * * * * * * * * * * * * * * *						
* 4	#652 Continuous Home Care	,						
	#655 Inpatient Respite Care	ì						
	#656 General Inpatient Care							
4.4	#658 Room and Board	•						
X	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	Rate Type :	– Interim – Total Interii	pective e Adjusted fo				
Permane	gent Management ent File			ninistrator 19				
Frogram	Development:							
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683955003 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Horizon PCC

Provider Number: 683955003

Date: 10/01/2015

P.O. Box 12229

Fiscal Year End: N/A

Naples, FL 34101

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

147.89

149.37

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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683955005 - 2015/10

149.37 10/01/2015

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier HIth Svc-Creekside Pediatrics	Provider Number: 683955005
Coller fill) Svc-Creekside Pediatrics	Provider number : 083955005

Date: 10/01/2015

P.O Box 12229

Naples, Fl 34101

Fiscal Year End : N/A

147.89

Audit Status: N/A

Provider Type:	Current Rate	Marri Data	Effective Date
riovidei i ype.	Current Nate	new rate	Ellective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Budget

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	 Interim
	Total Interim
	Settlement based on costs

Distribution:

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Basis:

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Medicaid Cost Reimbursement Analysis





683955006 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Co	llier Health Serv	rices - Ronald McDonald	Provider Date : 09	Number : 683	3955006		
Ρ.	O. Box 12229			ear End : N/A			
Na	ples, FL 34101		Audit Status : N/A				
Pr	ovider Type:		Curren	t Rate New	/ Rate Ef	fective Date	
	Rural	Health clinic		A WARE TO STATE OF	***		
	Swing	-Bed provider					
		ally Qualified Health Centers		147.89	149.37	10/01/2015	
		ce Provider					
		51 Routine Home Care	· · · · · · · · · · · · · · · · · · ·	0.000			
	#6	52 Continuous Home Care	:				
	#6	55 Inpatient Respite Care	· · · · · · · · · · · · · · · · · · ·				
		56 General Inpatient Care	:				
	#6	58 Room and Board	*				
		· · · ·	:				
	Basis :	_	Rate Type :	٦			
	DdSIS .	 Budget	X	_ Prospective	2		
		Unaudited costs		Total Prosp			
		— Desk audited costs		_	e Adjusted for I	Now costs	
		Field audited costs			e Aujusteu toi t	NEW COSIS	
		— Medicare - Prospective		– Interim			
	X	Payment System Rate		– Total Interir	m		
	^	— Average Nursing Home Rate		_	based on cost	e	
		— Average Nursing Florite Nate			based on cost		
L	-	L	W.Rydell	Samuel, Adn	ninistrator 7	_	
			-		rsement Analy	rsis	
	Distribution	<u>ı:</u>					
	Fiscal Agent	_					
	Contract Man	agement					
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	Program Deve	elopment:					
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683955010 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services, Inc - Countryside Childrens	Provider Number : 683955010
Dental	Date : 10/01/2015

Fiscal Year End : N/A

1454 Madison Avenue

Audit Status : N/A

Imokalee, FL 33934

Provider Type: Current Rate New F	late Effective D)ate
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Rural Health clinic
Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37

✓ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs	V.A 	Prospective Adjusted for New cost
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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683955012 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier	Health	Services,	Inc.	- FSU	Primary	v Care
---------	--------	-----------	------	-------	---------	--------

Provider Number: 683955012

Date: 10/01/2015

1454 Madison Avenue

Fiscal Year End: N/A

Imokalee, FL 33934

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Χ **Federally Qualified Health Centers** 147.89

149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :			Rate Type :]
1	Budget		Х	Prospective
	Unaudited costs	-		Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			Interim
×	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	••••			-

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

UF Pediatric Dental Center

1454 Madison Ave W

Immokalee, FL 341422200

Provider Number: 683955014

147.89

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status : N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

149.37**V**

10/01/2015

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

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683955017 - 2015/10

149.37 10/01/2015

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier	Health	Services	

Creekside Family Practice

PO Box 12229

Naples, FL 341012229

Provider Number: 683955017

147.89

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

Basis: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services

Womens Care Naples

1454 Madison Ave

Immokalee, FL 341422200

Provider Number: 683955019

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 **√** 10/01/2015

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs	The state of the s	Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Average Norsing Home Nate		—

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683955021 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Serv	vices	Provider Number: 683955021					
Total Womens Ca	re	Date : 10/01/2015					
1454 Madison Ave	· ···· · · · · · · · · · · · · · · · ·	Fiscal Year End : N/A Audit Status : N/A					
mmokalee, FI 34	142						
Provider Type:	N. J. State of the Control of the Co	Currer	nt Rate New Rate	Effective Date			
Rural	Health clinic			and the second of			
Swing	g-Bed provider						
X Feder	ally Qualified Health Centers		147.90 14	9.37 / 10/01/2015			
Hosp	ice Provider						
#6	51 Routine Home Care						
#6	552 Continuous Home Care						
#6	555 Inpatient Respite Care						
#6	556 General Inpatient Care						
#6	558 Room and Board						
,	e e service de la company de la company de la company de la company de la company de la company de la company	<i>ma</i>					
Basis:		Rate Type :					
	Budget	X	Prospective —				
	Unaudited costs	Management	Total Prospective				
***************************************	Desk audited costs		Prospective Adjus	sted for New costs			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Field audited costs						
	Medicare - Prospective		Interim —				
X	Payment System Rate		Total Interim				
	Average Nursing Home Rate		Settlement based	on costs			
		W.Rydell	Samuel, Administra	itor FV			
<u>Distribution</u>	<u>n:</u>	Medicaid	Cost Reimburseme	nt Analysis			
Fiscal Agent							
Contract Mar	nagement						
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684660200 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

El Community Hoalth Ctre St. Lucie	Provider Number : 684660200
FL Community Health Ctrs- St. Lucie	Provider Number : 664660200

Date: 10/01/2015

4450 South Tiffany Drive

West Palm Beach, FL 32407

Audit Status : N/A

Fiscal Year End: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 121.39 122.60 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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684660202 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs- Hillmoor Dr.	Provider Number : 684660202

Date: 10/01/2015

1701 S.E. Hillmoor Dr. Fiscal Year End: N/A

Port St. Lucie, FL 34952 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 121.39 122.60 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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684783800 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nor	th Florida	Medical	Center,	Inc	Taylor	Dental	Pr
	4						

Center

Taylor Dental Clinic

409 East Ash Street

Perry, FL 323472309

Provider Number: 684783800

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

105.91 106.96 10/01/2015

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

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686032000 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

I.M. Solzbacher Ctr for the Homeless	Provider Number : 686032000

Date: 10/01/2015

611 E. Adams St

Fiscal Year End: N/A

Jacksonville, FL 32202

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

117.94

119.12 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New cost
	Field audited costs		<u> </u>
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W.Rydell Samuel, Administrator

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686032002 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

I.M. Solzbacher	Provider Number : 686032002

Beaches Community Healthcare Date : 10/01/2015

611 E. Adams Street Fiscal Year End : N/A

Jacksonville, FL 32202 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 117.94 119.12 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Г	Rate Type :]
<u> </u>	Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs	_		Prospective Adjusted for New costs
	Field audited costs	_		-
	Medicare - Prospective	_		Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
				-

W.Rydell Samuel, Administrator

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686728600 - 2015/10

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Joseph Care of Florida - Garrison Ave

Provider Number: 686728600

Date: 10/01/2015

2475 Garrison Avenue

Fiscal Year End: N/A

Port St. Joe, FL 32546

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

102.96

103.99 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Joseph Care of Florida - Lake Avenue Provider Number : 686728602

Date: 10/01/2015

Fiscal Year End: N/A

Current Rate New Rate

2475 Garrison Avenue

Port St. Joe, FL 32546

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Audit Status : N/A

102.96 103.99√ 10/01/2015

Basis :		Rate Type :	7
L	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

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686728604 - 2015/10

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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Joseph Care of Florida - Fourth Street	Provider Number : 686728604

Date: 10/01/2015

2475 Garrison Avenue Fiscal Year End: N/A

Port St. Joe, FL 32546 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 102.96 103.99 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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687429100 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Harlib Cana Cambana familiana da na	Maratus analasa d	Dec. (date a Misses Inc.) - 007400400
Health Care Centers for Homeless	- wesunoreiano	Provider Number: 687429100

Date: 10/01/2015

234 N. Orange Blossom Trail

Orlando, FL 32805

Fiscal Year End : N/A

Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 137.05 138.42 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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687429102 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

-lealth	Care	Centers	for Home	- 229	Parramore
realu:	Cale	Centers	TOT TOTAL	- 6631	Canadia

Provider Number: 687429102

Date: 10/01/2015

234 N. Orange Blossom Trail

Fiscal Year End: N/A

Orlando, FL 32805

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Χ **Federally Qualified Health Centers** 137.05

138.42

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Date: 10/01/2015

232 N. Orange Blossom Trail

Fiscal Year End: N/A

32805, FL 328051612

Audit Status: N/A

Provider Type:

Current Rate New Rate

Provider Number: 687429104

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 137.05

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	1
	Budget	X	Prospective
	Unaudited costs	**************************************	Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
			_

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the H

Orange Blossom Family Health Center

232 N. Orange Blossom Trail

Orlando, FL 328051612

Provider Number: 687429106

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

135.29 138.42 10/01/2015

Basis :	
	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
×	Payment System Rate
	Average Nursing Home Rate
	•

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	— — Interim
	— Total Interim
	Settlement based on costs

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V.Rvdell	Samuel.	Administrator

Medicaid Cost Reimbursement Analysis





687429108 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Llocalth.	Cara	Contors	for the	Homeless
Health.	Care	Centers	tor the	Homeless

HTI, Orange Blossom Family Health

232 North Orange Blossom Trail

Orlando, FL 328051612

Provider Number: 687429108

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

137.05 138.42 10/01/2015

Basis :	
	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
X	Payment System Rate
	Average Nursing Home Rate
	-

Rate Type :	7
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	 Interim
	Total Interim
	Settlement based on costs
	_

Medicaid Cost Reimbursement Analysis

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687429110 - 2015/10

Effective Date

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Healthcare	C	C+- f	46.	Hamalana	
Healthcare.	Care	Citr ton	the	Homeless	

Orange Blossom Family Hlth Ctr

232 N. Orange Blossom Trail

Orlando, FL 328051612

Provider Number: 687429110

Current Rate New Rate

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

137.05 138.42 **J** 10/01/2015

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

W.Rydell Samuel, Administrator

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687429112 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

iloditii odio oomtoi ioi tiio ilomoiooo	Health	Care	Center	for	the	Homeless
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Orange Blossom Family Health Center #12

232 N. Orange Blossom Trail

Orange, FL 328051612

Provider Number: 687429112

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

137.05 138.42^J 10/01/2015

Budget Unaudited costs Desk audited costs			X	Р Т
				T
Desk audited costs	'			
Dook addited coole				Р
Field audited costs	'			
Medicare - Prospective				Ir
Payment System Rate	'			— т
Average Nursing Home Rate				— s
	Medicare - Prospective Payment System Rate	Medicare - Prospective Payment System Rate	Medicare - Prospective Payment System Rate	Medicare - Prospective Payment System Rate

Rate Type :	
X	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs
	_

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687429114 - 2015/10

138.42 10/01/2015

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Ctr for the Homeless	Provider Number : 687429114

Date: 10/01/2015

232 N Orange Blossom Trail

Orlando, FI 32805-1612

Fiscal Year End : N/A

137.05

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Flovidei i ybe,	Current Nate	HEW VALE	Ellective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Rate Type :	7
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	 Interim
	Total Interim
	Settlement based on costs
	_

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Orange Blossom Family Hlth Ctr

232 N Orange Blossom Trail

Orlando, FI 32805

Provider Number: 687429116

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

137.05 138.42 10/01/2015

Basis:		Rate Type
	Budget	X
	Unaudited costs	
	Desk audited costs	
	Field audited costs	
	Medicare - Prospective	
X	Payment System Rate	
	Average Nursing Home Rate	

Rate Type :	7
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs

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W.Ry	/dell	Samuel,	Adm	inistrator

Medicaid Cost Reimbursement Analysis





687955100 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast	Florida	Hoalth	SVC	Morth 1	Volucia A	vo
Normeasi	TIOH IOA	neaun	3VC: -	INDISII	VOIUSIA A	ve:

Provider Number: 687955100

Date: 10/01/2015

PO Box 527

Fiscal Year End : N/A

Pierson, FL 32180

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

117.94

119.12 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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687955102 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Svcs - West Plymouth Ave	Provider Number: 687955102
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Date: 10/01/2015

PO Box 527 Fiscal Year End: N/A

Pierson, FL 32180 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 117.94 119.12 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Services, Inc. - Deltona

Provider Number: 687955104

Date: 10/01/2015

PO Box 527

Fiscal Year End: N/A

Pierson, FL 321800527

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

117.94

119.12

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Services - Deland	Provider Number : 687955106

Date: 10/01/2015

Fiscal Year End: N/A

1015 N. Stone Street, Unit A

Audit Status: N/A Deland, FL 32720

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

Χ **Federally Qualified Health Centers**

117.94 119.12 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dinallas Caunty Board Mahila Mad Unit	Dravidar Number : 600412100
Pinellas County Board-Mobile Med Unit	Provider Number : 688412100

Date: 10/01/2015

647 1st Ave. North Fiscal Year End: N/A

St. Petersburg, FL 337013601 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 110.12 111.22 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network	Provider Number : 688571300
Lurus Heann Network	Provider Number in 8857 L300

Date: 10/01/2015

4175 W. 20th Avenue Fiscal Year End: N/A

Hialeah, FL 33012 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 136.53 137.89 J 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Ν.	Rvdell	Samuel.	. Admi	inistrator
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Medicaid Cost Reimbursement Analysis





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2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network	Provider Number : 688571302

Date: 10/01/2015

551 West 51st Street Place, Second Floor Fiscal Year End: N/A

Hialeah, FL 330123601 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 136.53 137.89 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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	Medicaid Reimbursement Per Dien	n Rates for Non-Institut	ional Providers	<u> </u>
Citrus Hea	alth Network	Provider Number	: 688571304	
		Date: 10/01/201	5	
4175 W. 2	20th Ave.	Fiscal Year End :	N/A	
Hialeah, F	FL 33012	Audit Status : N/A	A	
Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health clinic			
	Swing-Bed provider			1
X	Federally Qualified Health Centers	136.53	137.89	10/01/2015
	Hospice Provider			
	#651 Routine Home Care			
	#652 Continuous Home Care			
	#655 Inpatient Respite Care			
	#656 General Inpatient Care			
	#658 Room and Board			

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs	<u> </u>	Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network, Inc.	Provider Number : 688571
Citrus Health Network, Inc.	Provider Number : 66657 i

Date: 10/01/2015

4175 West 20th Ave.

Fiscal Year End: N/A

Hialeah, FL 33012

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

136.53

137.89 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis:		Rate Type :	1
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New cost
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate	-	Settlement based on costs

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network, E. 3rd St	Provider Number : 688571308
Cilius Health Nelwork, E. Siu Si	I IOVIGEI NUITDEL. 00007 1000

Date: 10/01/2015

4175 West 20th Ave. Fiscal Year End: N/A

Hialeah, FL 33012 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 136.53 137.89 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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2727 Mahan Drive - Mail Stop 23 Tallahassee. Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance, Inc	Provider Number : 688693100

Date: 10/01/2015

5270 Babcock St NE Fiscal Year End: N/A

Palm Bay, FL 329054616 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 139.44 140.83 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - Hickor	ry Provider Number : 6	88693102
--------------------------------------	------------------------	----------

Date: 10/01/2015

17 Silver Palm Ave. Fiscal Year End: N/A

Melbourne, FL 329013231 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 139.44 140.83 \(\sqrt{10/01/2015} \)

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Designed Hea	His Alliana - On the Clinia	Describes North and CO0000100
The brevard mea	alth Alliance - County Clinic	Provider Number : 688693106

Date: 10/01/2015

220 Barton Blvd, Unit C14

Rockledge, FL 32955

Fiscal Year End : N/A

139.44

Audit Status : N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Current Rate New Rate Effective Date

140.83

10/01/2015

Rate Type :

X Prospective

Total Prospective

Prospective Adjusted for New costs

Interim

Total Interim

Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - BHA Intl Mobile Unit

Provider Number : 688693108

Date: 10/01/2015

220 Barton Blvd, Unit C14

Fiscal Year End: N/A

Rockledge, FL 32955

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

139.44

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

140.83

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance -	N. Washington Ave	Provider Number : 688693112

Date: 10/01/2015

500 N. Washington Ave., Ste 105

Titusville, FL 32796

Fiscal Year End : N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

139.44 140.83 10/01/2015

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard	Health	Alliance	

Provider Number: 688693114

Date: 10/01/2015

775 Malabar Rd

Fiscal Year End: N/A

Malabar, FL 32950

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 139.44

140.83

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard Health Alliance, Inc. - Riverside Provider Number: 688693117

Date: 10/01/2015

PO Box 1137 Fiscal Year End: N/A

Melbourne, FL 329021137 Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 139.44 140.83 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	7
L	Budget	X	Prospective
	Unaudited costs	440	Total Prospective
	Desk audited costs	*****	Prospective Adjusted for New costs
	Field audited costs	44901-	_
	Medicare - Prospective		Interim
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard Health Alliance - Sarno	Provider Number : 688693119
Dictara ricalin Alliance - Carno	i lovidei radinbei . Googgo i is

Date: 10/01/2015

PO Box 1137

Fiscal Year End: N/A

Melbourne, FL 329021137

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 139.44

140.83 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida	Provider Number : 689693600
Pancare of Florida	Provider Number . 009093000

Date: 10/01/2015

2309 E. 15th Street

Fiscal Year End: N/A

Panama City, FL 32405

Audit Status: N/A

Provider Ty	pe:	
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Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 119.72

120.92 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Florida Agency for Health Care Administration

689693603 - 2015/10

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Tallahassee, Florida 32308

		Medicaid Reimbursement Per D	<u>iem Rates for N</u>	<u>Ion-Institu</u>	<u>tional Provide</u>	<u>:rs</u>
Pancare	of Florida	, Inc.	Provider Number : 689693603			
Dental			Date : 10/01/2015			
707 Jenk	ks Ave., Su	uite A	Fiscal Year End : N/A			
Panama	City, FL 3	324012586	Audit Status : N/A			
Provide	r Type:		Cur	rent Rate	New Rate	Effective Date
	Rural	Health clinic				
	Swing	-Bed provider				
X	Federa	ally Qualified Health Centers		119.7	2 120.	92/ 10/01/2015
	Hospi	ce Provider				
	#6	51 Routine Home Care				
	#6	52 Continuous Home Care				
	#6	55 Inpatient Respite Care				
	#6	56 General Inpatient Care				
	#6	58 Room and Board				
F	Basis :	۱ ا	Rate Type			
		l Budget	X		pective	
		Unaudited costs			Prospective	
***************************************		Desk audited costs			•	ed for New costs
		Field audited costs				
		Medicare - Prospective		 Interi	m	
	X	Payment System Rate		 Total	Interim	
		Average Nursing Home Rate			ement based o	n costs
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	cal Agent	<u>ı.</u>	Medic	caid Cost R	leimbursement	Analysis
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689693604 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Date: 10/01/2015

CHC - Walton County

361 Greenway Trail Fiscal Year End: N/A

Santa Rosa Beach, FL 32401 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 119.72 120.92 / 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :			Rate Type :]
	Budget	 	X	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida - Bruce	٥,	anC.	are	Ωf	Flo	rida	_	Bruce
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Provider Number: 689693605

Date: 10/01/2015

431 Oak Ave.

Fiscal Year End: N/A

Panama City, FL 32401

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

119.72 12

120.92√ 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida - Bristol	Provider Number: 689693607

Date: 10/01/2015

431 Oak Ave Fiscal Year End: N/A

Panama City, FL 32401 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 119.72 120.92 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

DanCare	of Florida	Blountstown	
Pancare	оп гюноа -	- mionnisiown	

Provider Number : 689693609

Date: 10/01/2015

431 Oak Ave

Fiscal Year End: N/A

Panama City, FL 32401

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 119.72

120.92

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Pancare	OT I	-iorida	- Bonifay	

Provider Number: 689693611

Date: 10/01/2015

431 Oak Ave

Fiscal Year End: N/A

Panama City, FL 32401

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

119.72

120.92

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Provider Number : 689693612

Date: 10/01/2015

431 Oak Ave

Fiscal Year End: N/A

Panama City, FL 32401

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

119.72

120.92

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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690595100 - 2015/10

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

Trenton Medical Center, Inc.	Bell Family Healthcare	Provider Number : 690595100

Date: 10/01/2015

1830 N. Main Street

Fiscal Year End : N/A

Bell, FL 32619

Audit Status: N/A

P	ro	vi	de	7	Γv	ne	٠.
	, ,	•	w		• •	~~	

Current Rate New Rate

95.80

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

96.75

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	Rate Type :	
	Budget	X	Prospective
· · · · · · · · · · · · · · · · · · ·	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective	-	Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate	***************************************	Settlement based on costs
	_		-

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:



690556100 - 2015/10

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

Agape	Commi	unity	Health	Cente
Auape	COIIIIII	umuv	пеаш	Cellle

Provider Number: 690556100

Date: 10/01/2015

1760 Edgewood Ave West

Fiscal Year End: N/A

Jacksonville, FL 32208

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 117.94

119.12 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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690556102 - 2015/10

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

FL Dept of Health

Agape Community Health Center

900 University Blvd, MC-75

Jacksonville, FL 32211

Provider Number: 690556102

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status : N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

117.94 119.12 / 10/01/2015

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs

Medicare - Prospective

X Payment System Rate

Average Nursing Home Rate

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	Total Interim
	Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



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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

FL Dept of Health Provi	ler Number	: 690556104
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Agape Community Health Center - University Date : 10/01/2015

900 University Blvd MC 75 Fiscal Year End : N/A

Jacksonville, FL 322119203 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 117.94 119.12 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	×	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New cost
	Field audited costs	***************************************	_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:

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690556105 - 2015/10

119.12 10/01/2015

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

FL Dept of Health	Provider Number : 690556105
rt Dept of Health	Flovider Number . 090550105

Agape Community Health Center - Timiquana

900 Universtiy Blvd, MC 75

Jacksonville, FL 32211

117.94

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Jurrent Rate	New Kate	Effective Date
	urrent Kate	Surrent Rate New Rate

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Rate Type :	7
X	Prospective
	Total Prospective
	Prospective Adjusted for New costs
	_
	Interim
	 Total Interim
	Settlement based on costs
	_

Basis :	
	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
×	Payment System Rate
	Average Nursing Home Rate

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



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Program Development:



691835200 - 2015/10

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

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Central Florida Health Care - OB/GYN	Provider Number : 691835200

Date: 10/01/2015

950 Co. Road 17A West

Fiscal Year End: N/A Audit Status: N/A

Avon Park, FL 33825

Provider Type:

Current Rate New Rate **Effective Date**

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers** 147.89

149.37√

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Cost Reimbursement Analysis

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Program Development:



691835202 - 2015/10

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

Central Florida Health Care - Lakeland	Provider Number : 691835202
Central Flunda Health Care - Lakeland	Provider Number . 09 1033202

Date: 10/01/2015

950 Co. Road 17A West Fiscal Year End: N/A

Avon Park, FL 33825 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Program Development:

For information	Only ((No C	Change in ra	ate)
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Medicaid Cost Reimbursement Analysis





691835204 - 2015/10

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

Central Florida Health Care Inc.	Provider Number: 691835204
ochiral i longa i leatin oare me.	TIONACI HAITIBCI . 00 1000207

CFHC - Winter Haven Center Date: 10/01/2015

1514 1st Street North Fiscal Year End: N/A

Winter Haven, FL 338812476 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 147.89 149.37 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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W.Rvdell Samuel. A	dm	inistrator
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691835206 - 2015/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central	Florida	Health	Care
oon a	i ionau	Hould	Ouro

Lake Wales Dental

225 Lincoln Ave

Lake Wales, FL 338533546

Provider Number: 691835206

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

147.89 149.37 10/01/2015

Basis :	
	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
×	Payment System Rate
	Average Nursing Home Rate
	_

Rate Type :	
Х	Prospective
	Total Prospective
	Prospective Adjusted for New costs
-	- -
	Interim
	Total Interim
	Settlement based on costs

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/v.Kyaeli	Samuel,	Administrator





692957500 - 2015/10

10/01/2015

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Should Mile 2de March Oter To the Marchael	D !- I
North Florida Med. Ctr - Taylor Medical	Provider Number : 692957500

Date: 10/01/2015

255 W. River Road

Wewahitchka, FL 32465

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 105.91 106.96

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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	W.	.Rvdell	Samuel.	Administrator
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692990700 - 2015/10

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

Escambia Community Clinics	Provider Number : 692990700

Date: 10/01/2015

Fiscal Year End: N/A

Medicaid Cost Reimbursement Analysis

2200 N. Palafox St

Pensacola, FL 32514 Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 102.74 103.77 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

W.Rydell Samuel, Administrator

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692990702 - 2015/10

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

	0 101 11 01
Pensacola, FL 32501	Audit Status : N/A
2200 North Palafox Street	Fiscal Year End : N/A
Santa Rosa Community Clinic	Date: 10/01/2015
Escambia Community Clinics, Inc.	Provider Number : 692990702

Provider Type: Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 102.74 103.77 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs	***************************************	Total Prospective
	Desk audited costs	***************************************	Prospective Adjusted for New costs
	Field audited costs	***************************************	_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Fiscal Agent

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Program Development:

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692990704 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc	Provider Number: 692990704
---------------------------------	----------------------------

Date: 10/01/2015

2200 N. Palafox Street

Fiscal Year End: N/A

Pensacola, FL 32501

Audit Status : N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

102.74

Current Rate New Rate

103.77

10/01/2015

Effective Date

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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۸/	Rydall	Samuel	Administrator
IV.	Rvaeii	Samuel	Administrator





692990705 - 2015/10

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		Medicaid Reimbursement Per	<u>Diem</u>	Rates for N	on-Institu	tional Pro	oviders .	
Escambia	a Commu	nity Clinics, Inc.	Provider Number: 692990705					
Lanza Pe	diatrics		Date : 10/01/2015					
2200 N. F	Palafox St	reet		Fiscal	Year End	: N/A		
Pensacol	a, FL 32	501		Audit	Status : N/	'A		
Provider	Туре:			Cur	rent Rate	New Ra	nte E	ffective Date
	Rural	Health clinic						
	Swing	-Bed provider						
x	Federa	ally Qualified Health Centers			102.74	4	103.77	10/01/2015
	Hospi	ce Provider						
	#6	51 Routine Home Care						
	#6	52 Continuous Home Care						
	#6	55 Inpatient Respite Care						
	#6	56 General Inpatient Care						
	#6	58 Room and Board						

В	asis :		L	Rate Type	:			
		Budget —		X	Prosp	ective	•	
		Unaudited costs	l _		Total	Prospect	ive	
		Desk audited costs	_		Prosp	pective Ac	ljusted for	New costs
		Field audited costs						
		Medicare - Prospective			Interi	m		
	X	Payment System Rate		•	Total	Interim		
		Average Nursing Home Rate			Settle	ement bas	ed on cos	ts

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W.Rydell Samuel, Administrator

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692990706 - 2015/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	<u> Medicaid Reimbursement Per I</u>	Diem Rates	for Non-	Institut	ional Pre	oviders	
Es	cambia	Commun	ity Clinics, Inc.		Provider	Numbei	r : 69299	0706	
La	keview	Medical C	Hinic		Date: 10/01/2015				
22	00 N. P	alafox Str	eet		Fiscal Ye	ar End	: N/A		
Pe	nsacola	a, FL 325	01		Audit Sta	tus : N//	A		
Pr	ovider '	Туре:			Curren	t Rate	New Ra	ate	Effective Date
		Rural H	lealth clinic						
		Swing-	Bed provider						
	X	Federa	lly Qualified Health Centers			102.74	ļ	103.77	/ 10/01/2015
		Hospic	e Provider						
		#65	1 Routine Home Care						
		#65	2 Continuous Home Care						
		#65	5 Inpatient Respite Care						
		#65	6 General Inpatient Care						
		#65	8 Room and Board						
			1						
	В	asis :]	Rate	Type:	1			
			Budget	l	Х	Prosp	ective		
			Unaudited costs			Total	Prospect	ive	
			Desk audited costs			Prosp	ective Ad	ljusted fo	or New costs
			Field audited costs			_			
			Medicare - Prospective			Interin	n		
		Х	Payment System Rate			Total	Interim		
			Average Nursing Home Rate			Settle	ment bas	ed on co	osts
									
					W.Rydell	Samuel	l, Adminis	strator	F
		<u>ribution:</u> al Agent			Medicaid	Cost Re	eimburse	ment An	alysis
		ract Mana	gement						
		nanent File							
	Prog	ram Deve	lopment:						



692990708 - 2015/10

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

Escambia	Community	v Clinics
Locallivia	Communiti	Y Ominos

Urgent Care

2200 North Palafox Street

Pensacola, FL 325011723

Provider Number: 692990708

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

102.74 103.77 10/01/2015

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

Distribution:

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Program Development:

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۷.R۲	vdell	Samuel.	Adn	ninistratoi
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692990710 - 2015/10

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

	Escambia	Community	Clinics Inc
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First Steps Pediatrics

2200 North Palafox Street

Pensacola, FL 325011723

Provider Number: 692990710

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Date: 10/01/2015

Fiscal Year End: N/A

Audit Status : N/A

Provider Type:

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Current Rate New Rate Effective Date

102.74 103.77/ 10/01/2015

Basis :		Rate Type :	7
L	Budget	X	Prospective
***************************************	Unaudited costs		Total Prospective
•	Desk audited costs		Prospective Adjusted for New costs
•	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
**************************************	•		_

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Program Development:



692990714 - 2015/10

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

Escambia	Community	Clinics

Provider Number: 692990714

Date: 10/01/2015

2200 North Palafox Street

Fiscal Year End: N/A

Pensacola, FL 325011723

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

103.77√ 102.74

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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692990716 - 2015/10

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

Escambia Community Clinic	Provider Number: 692990716

Waterfront Rescue Mission Date: 10/01/2015 2200 North Palafox Street Fiscal Year End: N/A

Pensacola, FL 32505 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date

Rural Health clinic

Swing-Bed provider

103.77 X 10/01/2015 **Federally Qualified Health Centers** 102.74

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Basis :	7	F	Rate Type :	1
L		<u> </u>	X	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			-
	Medicare - Prospective			- Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	_			-

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North	Florida	Med Ctr -	Crestview	Med	Center
NOLUL.	i iuiua	MICU OII -	CIESTAIEM	MEG	Center

Provider Number : 693564800

Date: 10/01/2015

535 John Knox Rd

Fiscal Year End: N/A

Tallahassee, FL 32303

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers

105.91

106.96 J

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Centers-Shalimar	Provider Number : 693564804
Morth i lorida Medical Certers-Shaiinial	1 1001061 11011061 . 030004004

Date: 10/01/2015

2804 Remington Green Cir Ste 2

Tallahassee, FL 323081550

Fiscal Year End : N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
I IOTIGOI I PPO.	Our ent ivate	14011 I/ale	LIIVOIIVE Date

Rural Health clinic

Swing-Bed provider

X Federally Qualified Health Centers 105.91 106.96

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Center	- Wright Pkwv	Provider Number: 693564806

Date: 10/01/2015

2804 Remington Green Cir Ste 2

Tallahassee, FL 323081550

Fiscal Year End: N/A

Audit Status: N/A

Dec		er Typ	
FIU	viue	er ivo	ie.

Rural Health clinic

Swing-Bed provider

Χ **Federally Qualified Health Centers**

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

Effective Date Current Rate New Rate

> 106.96 10/01/2015 105.91

Basis :	
	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
X	Payment System Rate
	Average Nursing Home Rate
	•

Rate Type :	
Х	Prospective
	Total Prospective
	 Prospective Adjusted for New costs
	_
	 Interim
	Total Interim
	Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Center-Land Rd

Provider Number: 693564808

Date: 10/01/2015

2804 Remington Green Cir Ste 2

Fiscal Year End: N/A

Tallahassee, FL 323081550

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health clinic

Swing-Bed provider

X **Federally Qualified Health Centers**

106.96√ 105.91

10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Centers- Fort Walton **Provider Number : 693564810**

Date: 10/01/2015

2804 Remington Green Cir Ste 2

Tallahassee, FL 323081550

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	Now Pate	Effective Date
Provider Type:	Current Rate	New Rate	Ellective Date

Rural Health clinic

Swing-Bed provider

Χ **Federally Qualified Health Centers** 105.91

106.96 \(\square \) 10/01/2015

Hospice Provider

#651 Routine Home Care

#652 Continuous Home Care

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

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

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