




RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

## INTEROFFICE MEMORANDUM

**Date:** 10/6/2015

**To:** Gay L. Munyon, Bureau Chief  
Office of Contract Management

**From:**  W. Rydell Samuel, Administrator  
Medicaid Cost Reimbursement

**Subject:** **Rate Change Forms**  
**Retro Rate Adjustment**  
Provider Type: (68) FQHC MCM: 78031-15

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





Florida Agency for Health Care Administration

000801300 - 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 Florida Medical Centers, Inc.
Baker Family Medical Center
1321 Georgia Avenue
Baker, FL 325312605

Provider Number : 000801300
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (with X next to Payment System Rate) and Rate Type (with X next to Prospective).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

000835600 - 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 Dept of Health d/b/a Osceola Co. Health Dept.
105 Doverplum Ave.
Kissimmee, FL 347583309

Provider Number : 000835600
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

000952900 - 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
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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

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.
2330 S. Congress Ave.
Palm Springs, FL 334067608

Provider Number : 001182600
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration .

001276200 - 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, Inc. #20

Provider Number : 001276200

4422 E. Columbus Drive

Date : 10/01/2015

Tampa, FL 336043233

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

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 Health Center, Inc.

Provider Number : 001718300

1025 SW 1st Ave.

Date : 10/01/2015

Ocala, FL 344710900

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**    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

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

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Florida Agency for Health Care Administration

001718302 - 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

Provider Number : 001718302

1025 SW 1st Ave.

Date : 10/01/2015

Ocala, FL 344710900

Fiscal Year End : N/A

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Heart of Florida Health Center - Reddick

Provider Number : 001718304

1025 SW 1st Ave.

Date : 10/01/2015

Ocala, FL 344710900

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

001718306 - 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 - 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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001718308 - 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 East  
 Marion County Health Department  
 1025 SW 1st Ave.  
 Ocala, FL 344710900

Provider Number : 001718308  
 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	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			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Budget</td></tr> <tr><td>_____</td><td>Unaudited costs</td></tr> <tr><td>_____</td><td>Desk audited costs</td></tr> <tr><td>_____</td><td>Field audited costs</td></tr> <tr><td>_____</td><td>Medicare - Prospective</td></tr> <tr><td>X _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td>X _____</td><td>Prospective</td></tr> <tr><td>_____</td><td>Total Prospective</td></tr> <tr><td>_____</td><td>Prospective Adjusted for New costs</td></tr> <tr><td>_____</td><td>Interim</td></tr> <tr><td>_____</td><td>Total Interim</td></tr> <tr><td>_____</td><td>Settlement based on costs</td></tr> </tbody> </table>	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

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

1025 SW 1st Ave

Date : 10/01/2015

Ocala, FL 344710900

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

001718313 - 2015/10

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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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), and Hospice Provider categories (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

001718315 - 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-17th St
1025 SW 1st Ave
Ocala, FL 34471

Provider Number : 001718315
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'Payment System Rate' is marked with an X.

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

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 Rates for Non-Institutional Providers

Community AIDS Resource, Inc.
Care Resource
871 West Oakland Park Blvd.
Fort Lauderdale, FL 33311

Provider Number : 003407900
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

003407902 - 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 AIDS Resource, Inc.
Care Resource
3510 Biscayne Blvd, Ste 300
Miami, FL 33137

Provider Number : 003407902
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

003407905 - 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 AIDS Resource
Comm Health Ctr @ Little Havana
3510 Biscayne Blvd., Suite 300
Miami, FL 33137

Provider Number : 003407905
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003407907 - 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 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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

003407909 - 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 AIDS Resource
Care Resource at Meridian Ave
3510 Biscayne Blvd
Miami, FL 33137

Provider Number : 003407909
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

006558500 - 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 Network of Monroe County

Provider Number : 006558500

1200 Kennedy Drive, Suite 2011

Date : 10/01/2015

Key West, FL 330404023

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 137.18 138.55 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

Table with Basis and Rate Type columns. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Genesis Community Health
564 E. Woolbright Road
Boynton Beach, FL 334356033

Provider Number : 006608600
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

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

564 E. Woolbright Road
Boynton, FL 334356033

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 Beach County
HCD Lantana Primary Care Clinic
1250 Southwinds Drive
Lantana, FL 334621459

Provider Number : 008037100
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

008037102 - 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**

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 Number : 008037102  
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	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			

<table border="1"> <thead> <tr><th>Basis :</th></tr> </thead> <tbody> <tr><td>_____ Budget</td></tr> <tr><td>_____ Unaudited costs</td></tr> <tr><td>_____ Desk audited costs</td></tr> <tr><td>_____ Field audited costs</td></tr> <tr><td>_____ Medicare - Prospective</td></tr> <tr><td>X _____ Payment System Rate</td></tr> <tr><td>_____ Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :	_____ Budget	_____ Unaudited costs	_____ Desk audited costs	_____ Field audited costs	_____ Medicare - Prospective	X _____ Payment System Rate	_____ Average Nursing Home Rate	<table border="1"> <thead> <tr><th>Rate Type :</th></tr> </thead> <tbody> <tr><td>X _____ Prospective</td></tr> <tr><td>_____ Total Prospective</td></tr> <tr><td>_____ Prospective Adjusted for New costs</td></tr> <tr><td>_____ Interim</td></tr> <tr><td>_____ Total Interim</td></tr> <tr><td>_____ Settlement based on costs</td></tr> </tbody> </table>	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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Florida Agency for Health Care Administration

008037104 - 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 County  
 HCD Belle Glade Primary Care Clinic  
 2601 10th Avenue North, Suite 100  
 Palm Springs, FL 334613133

Provider Number : 008037104  
 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			
<b>X</b> 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			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;"><b>X</b></td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td>_____</td> <td></td> </tr> </table>	<b>Basis :</b>		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	<b>X</b>	Payment System Rate	_____	Average Nursing Home Rate	_____		<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>X</b></td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> <tr> <td>_____</td> <td></td> </tr> </table>	<b>Rate Type :</b>		<b>X</b>	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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Florida Agency for Health Care Administration

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 County
HCD Delray Primary Care Clinic
2601 10th Avenue North, Suite 100
Palm Springs, FL 334613133

Provider Number : 008037106
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

008037108 - 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

District Clinic Holdings, Inc
C L Brumback Primary Care Clinic
2601 10th Ave N Ste 100
Palm Springs, FL 33461

Provider Number : 008037108
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

008037110 - 2015/10

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

District Clinic Holding

Provider Number : 008037110

2601 10th Ave N

Date : 10/01/2015

Palm Springs, FL 33461

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**    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

<table border="1"> <tr> <td style="text-align: center;"><b>Basis :</b></td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> </table>	<b>Basis :</b>		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate	<table border="1"> <tr> <td style="text-align: center;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td style="text-align: center;">X</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		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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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

District Clinic Holdings Inc
C.L. Brumback Primary Care Clinics
2601 10th Ave N Ste 100
West Palm Beach, Fl 33461

Provider Number : 008037112
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

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
2601 10th Ave North
Palm Springs, Fl 33461

Provider Number : 008037114
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

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, Fl 33461

Provider Number : 008037118
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), and Hospice Provider categories.

Form with two sections: Basis (with checkboxes for Budget, Unaudited costs, etc.) and Rate Type (with checkboxes for Prospective, Total Prospective, etc.).

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

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
Lake County Health Department
PO Box 1305
Tavares, FL 32778

Provider Number : 008560700
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

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

Provider Number : 010433900

2200 Ringling Blvd

Date : 10/01/2015

Sarasota, FL 342376102

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 128.05 129.33 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

Table with Basis and Rate Type columns. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Empower U Inc
@ Northside Shopping center
7900 NW 27th Ave, Ste 234B
Miami, FL 331474909

Provider Number : 010739700
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

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W.Rydell Samuel, Administrator [Signature]
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Program Development:

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Florida Agency for Health Care Administration

010762300 - 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

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010762301 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Tavernier
10300 SW 2016th Street
Miami, FL 331901003

Provider Number : 010762301
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). Includes checkboxes and lines for selection.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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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

Community Health of South Florida
Beckford/Richmond Elementary
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 010762302
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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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 Number : 010762303  
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	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			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Budget</td></tr> <tr><td>_____</td><td>Unaudited costs</td></tr> <tr><td>_____</td><td>Desk audited costs</td></tr> <tr><td>_____</td><td>Field audited costs</td></tr> <tr><td>_____</td><td>Medicare - Prospective</td></tr> <tr><td>X _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td>X _____</td><td>Prospective</td></tr> <tr><td>_____</td><td>Total Prospective</td></tr> <tr><td>_____</td><td>Prospective Adjusted for New costs</td></tr> <tr><td>_____</td><td>Interim</td></tr> <tr><td>_____</td><td>Total Interim</td></tr> <tr><td>_____</td><td>Settlement based on costs</td></tr> </tbody> </table>	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

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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
Sylvannia Heights Elementary
10300 SW 214th Street
Miami, FL 331901003

Provider Number : 010762306
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (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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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

Community Health of South Florida
Irving & Beatrice Peskoe K-8 Center
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 010762307
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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010762309 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
South Miami Middle
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 010762309
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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010762310 - 2015/10

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Tallahassee, Florida 32308

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

010762311 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Sunset Elementary
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 010762311
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

010762312 - 2015/10

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Health of South Florida  
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:	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			

<table border="1"> <thead> <tr><th>Basis :</th></tr> </thead> <tbody> <tr><td>_____ Budget</td></tr> <tr><td>_____ Unaudited costs</td></tr> <tr><td>_____ Desk audited costs</td></tr> <tr><td>_____ Field audited costs</td></tr> <tr><td>_____ Medicare - Prospective</td></tr> <tr><td>X _____ Payment System Rate</td></tr> <tr><td>_____ Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :	_____ Budget	_____ Unaudited costs	_____ Desk audited costs	_____ Field audited costs	_____ Medicare - Prospective	X _____ Payment System Rate	_____ Average Nursing Home Rate	<table border="1"> <thead> <tr><th>Rate Type :</th></tr> </thead> <tbody> <tr><td>X _____ Prospective</td></tr> <tr><td>_____ Total Prospective</td></tr> <tr><td>_____ Prospective Adjusted for New costs</td></tr> <tr><td>_____ Interim</td></tr> <tr><td>_____ Total Interim</td></tr> <tr><td>_____ Settlement based on costs</td></tr> </tbody> </table>	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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Florida Agency for Health Care Administration

010762313 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
G W Carver Middle
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 010762313
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

010762314 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Ponce de Leon
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 010762314
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (with X), and Average Nursing Home Rate. Rate Type options include Prospective (with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

010762315 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Gateway Environmental K-8 Center
10300 SW 216th Street
Miami, FL 33190

Provider Number : 010762315
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (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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Florida Agency for Health Care Administration

010762316 - 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
Francis L Tucker Elementary
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 010762316
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

010762317 - 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 South Florida
Silver Bluff
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 010762317
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), 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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Florida Agency for Health Care Administration

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
Zora Neale Hurston Elementary
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 010762326
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010930500 - 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 for Family & Child Enrichment, Inc.

Provider Number : 010930500

1825 NW 167th Street, Suite 102

Date : 10/01/2015

Miami Gardens, FL 330564838

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

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

010946400 - 2015/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL DOH Union County
New River Community Health Care
495 East Main Street
Lake Butler, FL 320541731

Provider Number : 010946400
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

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Florida Agency for Health Care Administration

010946402 - 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

FI DOH Union County- Temple

Provider Number : 010946402

1801 N Temple Ave

Date : 10/01/2015

Starke, FL 320911960

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 105.55 106.60 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

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

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

6100 Blue Lagoon Dr Ste 400

Date : 10/01/2015

Miami, FL 331262080

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**    137.18    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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Provider Number : 013881902

Banyan Health Systems, Inc

Date : 10/01/2015

6100 Blue Lagoon Dr Suite 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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
<b>Basis :</b>																
<input type="checkbox"/> Budget																
<input type="checkbox"/> Unaudited costs																
<input type="checkbox"/> Desk audited costs																
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<input type="checkbox"/> Medicare - Prospective																
X <input checked="" type="checkbox"/> Payment System Rate																
<input type="checkbox"/> Average Nursing Home Rate																
<b>Rate Type :</b>																
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<input type="checkbox"/> Prospective Adjusted for New costs																
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<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Provider Number : 013881903

Banyan Health Systems

Date : 10/01/2015

6100 Blue Lagoon Dr

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

<table border="1"> <tr> <td style="text-align: center;"><b>Basis :</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> </table>	<b>Basis :</b>		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<table border="1"> <tr> <td style="text-align: center;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
<b>Basis :</b>																															
<input type="checkbox"/>	Budget																														
<input type="checkbox"/>	Unaudited costs																														
<input type="checkbox"/>	Desk audited costs																														
<input type="checkbox"/>	Field audited costs																														
<input type="checkbox"/>	Medicare - Prospective																														
<input checked="" type="checkbox"/>	Payment System Rate																														
<input type="checkbox"/>	Average Nursing Home Rate																														
<b>Rate Type :</b>																															
<input checked="" type="checkbox"/>	Prospective																														
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<input type="checkbox"/>	Interim																														
<input type="checkbox"/>	Total Interim																														
<input type="checkbox"/>	Settlement based on costs																														

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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**

Lee Memorial Health System

Provider Number : 014789100

Date : 10/01/2015

16451 Healthpark Commons Dr Ste 200

Fiscal Year End : N/A

Ft. Myers, FL 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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
<b>Basis :</b>																
<input type="checkbox"/> Budget																
<input type="checkbox"/> Unaudited costs																
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<input type="checkbox"/> Medicare - Prospective																
<input checked="" type="checkbox"/> Payment System Rate																
<input type="checkbox"/> Average Nursing Home Rate																
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<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

027937411 - 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

Hernando County Health Dept
Nature Coast Community Health Center
7551 Forest Oaks Boulevard
Spring Hill, FL 34606

Provider Number : 027937411
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

029152803 - 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 - Marion E. Fether
1454 Madison Avenue
Immokalee, FL 33934

Provider Number : 029152803
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

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
1454 Madison Avenue
Immokalee, FL 33962

Provider Number : 029152805
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (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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Florida Agency for Health Care Administration

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 Hlth Svc-Golden Gate Pediatrics

Provider Number : 029152806

1454 Madison Ave

Date : 10/01/2015

Immokalee , Fl 34116

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), 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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Florida Agency for Health Care Administration

029152807 - 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 Hlth Svc-Childrens Hlth Network

Provider Number : 029152807

1454 Madison Ave

Date : 10/01/2015

Immokalee , Fl 34103

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (with checkboxes for Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate) and Rate Type (with checkboxes for Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

029152809 - 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 Hlth Svc-Marco Island Pediatrics

Provider Number : 029152809

1454 Madison Ave

Date : 10/01/2015

Immokalee, Fl 34145

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

Form with two columns: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs). X is marked next to Payment System Rate and Prospective.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029152810 - 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 Hlth Svc- Immokalee FCC

Provider Number : 029152810

1454 Madison Ave

Date : 10/01/2015

Immokalee, Fl 34142

Fiscal Year End : N/A

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029506001 - 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.

Provider Number : 029506001

911 S. Main St

Date : 10/01/2015

Trenton, FL 32693

Fiscal Year End : N/A

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029506007 - 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 - Bradford

Provider Number : 029506007

911 S. Main St

Date : 10/01/2015

Trenton, FL 32693

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Florida Agency for Health Care Administration

029506009 - 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 - Pediatrics
TMC Pediatrics
2010 N. Young Blvd.
Chiefland, FL 326261951

Provider Number : 029506009
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Trenton Medical Center - Healthcare
TMC Healthcare
630 N. Main Street
Williston, FL 326961705

Provider Number : 029506011
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029506013 - 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 - Palms Pediatrics
Palms Pediatrics
PO Box 640
Trenton, FL 32693

Provider Number : 029506013
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651-#658).

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
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Permanent File
Program Development:

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Florida Agency for Health Care Administration

029506015 - 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
Palms Medical Group
PO Box 640
Trenton, FL 32693

Provider Number : 029506015
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

029506017 - 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

Provider 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

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029506019 - 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.-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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), and Hospice Provider categories.

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029506021 - 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

Trenton Medical Center-Orange Park
Palms Medical Group
23343 NW County Rd 236
High Springs, FL 32643

Provider Number : 029506021
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Permanent File
Program Development:

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Florida Agency for Health Care Administration

029523001 - 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 Health Center - Dover Health Center

Provider Number : 029523001

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

14618 State Road 574
Dover, FL 33527

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

Table with Basis and Rate Type columns. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type options include Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029540000 - 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 - Flamingo
700 S. Royal Poinciana Blvd, Suite 300
Miami Springs, FL 33166

Provider Number : 029540000
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

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

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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator (with signature)
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Florida Agency for Health Care Administration

029541802 - 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 - North

Provider Number : 029541802

700 S. Royal Poinciana Blvd

Date : 10/01/2015

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

029541804 - 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 - Cope North
700 S. Royal Poinciana Blvd Suite 300
Miami Springs, FL 33166

Provider Number : 029541804
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

- Distribution:
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Florida Agency for Health Care Administration

029541806 - 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 - Northshore
700 S. Royal Poinciana Blvd
Miami Springs, FL 33166

Provider Number : 029541806
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

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W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
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Program Development:

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Florida Agency for Health Care Administration

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

700 S. Royal Poinciana Blvd

Date : 10/01/2015

Miami Springs, FL 33166

Fiscal Year End : N/A

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

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W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Contract Management
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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029541810 - 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 - Charles Drew  
Elem

Provider Number : 029541810

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

700 S. Royal Poinciana Blvd

Miami Springs, FL 33166

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			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Budget</td></tr> <tr><td>_____</td><td>Unaudited costs</td></tr> <tr><td>_____</td><td>Desk audited costs</td></tr> <tr><td>_____</td><td>Field audited costs</td></tr> <tr><td>_____</td><td>Medicare - Prospective</td></tr> <tr><td>X _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td>X _____</td><td>Prospective</td></tr> <tr><td>_____</td><td>Total Prospective</td></tr> <tr><td>_____</td><td>Prospective Adjusted for New costs</td></tr> <tr><td>_____</td><td>Interim</td></tr> <tr><td>_____</td><td>Total Interim</td></tr> <tr><td>_____</td><td>Settlement based on costs</td></tr> </tbody> </table>	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

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

700 S. Royal Poinciana Blvd

Date : 10/01/2015

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

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 Community Health Center
Norland Primary Health
5607 NW 27th Ave, Ste 1
Miami, FL 33142

Provider Number : 029541846
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

029541848 - 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 - NW 37th Ave
5607 NW 27th Avenue
Miami, FL 331422826

Provider Number : 029541848
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Jessica Trice Community Health Center- 75th Street
5607 NW 27th Ave, Suite 1
Miami, FL 331422826

Provider Number : 029541850
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Provider Number : 029542600

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

700 S. Royal Poinciana Blvd, Suite 300

Miami Springs, FL 33166

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			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Field audited costs																
<input type="checkbox"/> Medicare - Prospective																
X <input type="checkbox"/> Payment System Rate																
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<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

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Florida Agency for Health Care Administration

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 Family Medical Center

Provider Number : 029543401

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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Florida Agency for Health Care Administration

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 Family Med. Center
P.O. Box 817
Palatka, Fl 32178

Provider Number : 029543402
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 : 029543403

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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

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 Family Med. Center
P.O. Box 817
Palatka, FL 32178

Provider Number : 029543406
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
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Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

**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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

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

P.O. Box 817

Date : 10/01/2015

Palatka, FL 32178

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

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

Rural Health Care - Family Med & Dental Ctr - Elm Street

Provider Number : 029543411

Date : 10/01/2015

P.O. Box 817

Fiscal Year End : N/A

Palatka, FL 32177

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'Payment System Rate' is marked with an X.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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.
Eastside Family Dental Center
PO Drawer 817
Palatka, FL 321780817

Provider Number : 029543413
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), and Hospice Provider categories.

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029543414 - 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 Corp
Family Medical & Dental Centers
PO Box 817
Palatka, FL 32178

Provider Number : 029543414
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
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Program Development:

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Florida Agency for Health Care Administration

029543416 - 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
Family Medical & Dental - Clay Co.
PO Box 817
Palatka, FL 32178

Provider Number : 029543416
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

- Distribution:
Fiscal Agent
Contract Management
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Program Development:

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Florida Agency for Health Care Administration

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 Inc.
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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
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Contract Management
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Program Development:

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Florida Agency for Health Care Administration

029543422 - 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-Azalea Health

Provider Number : 029543422

1302 River St

Date : 10/01/2015

Palatka, FL 32177

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**    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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
<b>Basis :</b>																
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<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator   
Medicaid Cost Reimbursement Analysis

**Distribution:**

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Florida Agency for Health Care Administration

029544200 - 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**

Miami Beach Community Health Center - Stanley C. Myers

Provider Number : 029544200

Date : 10/01/2015

710 Alton Road  
Miami, FL 33139

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	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			

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
<b>Basis :</b>																
<input type="checkbox"/> Budget																
<input type="checkbox"/> Unaudited costs																
<input type="checkbox"/> Desk audited costs																
<input type="checkbox"/> Field audited costs																
<input type="checkbox"/> Medicare - Prospective																
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<input type="checkbox"/> Average Nursing Home Rate																
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<input type="checkbox"/> Total Prospective																
<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

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Florida Agency for Health Care Administration

029544201 - 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**

Miami Beach Community Health Center - Beverly Press

Provider Number : 029544201

710 Alton Road

Date : 10/01/2015

Miami, FL 33139

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**    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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent

Contract Management

Permanent File

Program Development:

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Florida Agency for Health Care Administration

029544207 - 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

Miami Beach Community Health Center - Nanay Health Center

Provider Number : 029544207

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

710 Alton Road
Miami, FL 33139

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651-#658).

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management
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Program Development:

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Florida Agency for Health Care Administration

029544214 - 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

Miami Beach Comm Health Center - North Suite 309
11645 Biscayne Blvd, Suite 207
Miami, FL 331813138

Provider Number : 029544214
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

- Distribution:
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Program Development:

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Florida Agency for Health Care Administration

029544215 - 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**

Miami Beach Comm Health Ctr - North Suite 301, 305 and 307

Provider Number : 029544215

Date : 10/01/2015

11645 Biscayne Blvd, Suite 207

Fiscal Year End : N/A

Miami, FL 331813138

Audit Status : N/A

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029544217 - 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

Miami Beach Comm Health Ctr - North Suite 308
11645 Biscayne Blvd, Suite 207
Miami, FL 331813138

Provider Number : 029544217
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029545100 - 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, Inc.

Provider Number : 029545100

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
<b>Basis :</b>																
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<input type="checkbox"/> Medicare - Prospective																
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<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029545108 - 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, Inc.- Winter Garden Child
Hlth
WG Childrens Health
P.O. Box 2329
Apopka, FL 32704

Provider Number : 029545108
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), and Hospice Provider categories.

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

029545110 - 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 - Southlake Fmly Hlth
Southlake Family Health
P.O. Box 2329
Apopka, FL 32704

Provider Number : 029545110
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 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

Form with two columns: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs). Payment System Rate is selected with an 'X'.

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Florida Agency for Health Care Administration

029545111 - 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 - Winter Garden Fmly Hlth
WG Family Health Center
P.O. Box 2329
Apopka, FL 32704

Provider Number : 029545111
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029545112 - 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 - Leesburg
Leesburg Community
P.O. Box 2329
Apopka, FL 32704

Provider Number : 029545112
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029545113 - 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**

Community Health Centers - Apopka Fmly Hlth

Provider Number : 029545113

Apopka Family Health

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029545114 - 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, Inc. - Apopka Childrens
Hlth

Provider Number : 029545114

Date : 10/01/2015

P.O. Box 2329
Apopka, FL 32704

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (listing Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (listing Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029545115 - 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, Inc. - Pine Hills

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    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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029545117 - 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 - Zellwood

Provider Number : 029545117

P.O. Box 2329

Date : 10/01/2015

Apopka, FL 32704

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), 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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Florida Agency for Health Care Administration

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

P.O. Box 2329

Date : 10/01/2015

Apopka, FL 32704

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 Rates for Non-Institutional Providers

Community Health Centers, Inc.
Apopka Dental
PO Box 2329
Apopka, FL 32704

Provider Number : 029545121
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

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 Diem Rates for Non-Institutional Providers

Community Health Centers
Bithlo Family Health Center
PO Box 2329
Apopka, FL 32704

Provider Number : 029545123
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
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Program Development:

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Florida Agency for Health Care Administration

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**

Community Health Centers Inc

Provider Number : 029545125

Meadow Woods Childrens Health Center

Date : 10/01/2015

110 South Woodland Street

Fiscal Year End : N/A

Winter Garden, FL 347873546

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
<b>Basis :</b>																
<input type="checkbox"/> Budget																
<input type="checkbox"/> Unaudited costs																
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<input type="checkbox"/> Total Prospective																
<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 Health Centers-Tavares

Provider Number : 029545129

110 S Woodland St

Date : 10/01/2015

Winter Garden, Fl 34787

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 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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029545131 - 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-Orlando

Provider Number : 029545131

110 S Woodland St

Date : 09/24/2015

Winter Garden, Fl 34787

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029547700 - 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

Thomas E. Langley Medical Center
1425 S. U.S. Hwy 301
Sumterville, FL 33585

Provider Number : 029547700
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

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

Family Medical Center at the Shores

Provider Number : 029547702

1425 S. U.S. Hwy 301

Date : 10/01/2015

Sumterville, FL 33585

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Florida Agency for Health Care Administration

029548500 - 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 - Peter 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

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Florida Agency for Health Care Administration

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
PO Box 82969
Tampa, FL 33682

Provider Number : 029548502
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

029548503 - 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 - Sine Domus

Provider Number : 029548503

Date : 10/01/2015

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 33682

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

029548504 - 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 - Lee Davis

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			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Budget</td></tr> <tr><td>_____</td><td>Unaudited costs</td></tr> <tr><td>_____</td><td>Desk audited costs</td></tr> <tr><td>_____</td><td>Field audited costs</td></tr> <tr><td>_____</td><td>Medicare - Prospective</td></tr> <tr><td>X _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td>X _____</td><td>Prospective</td></tr> <tr><td>_____</td><td>Total Prospective</td></tr> <tr><td>_____</td><td>Prospective Adjusted for New costs</td></tr> <tr><td>_____</td><td>Interim</td></tr> <tr><td>_____</td><td>Total Interim</td></tr> <tr><td>_____</td><td>Settlement based on costs</td></tr> </tbody> </table>	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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Florida Agency for Health Care Administration

029548505 - 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- 131st Ave

Provider Number : 029548505

PO Box 82969

Date : 10/05/2015

Tampa, FL 33682

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 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 :

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

W.Rydell Samuel, Administrator

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029548506 - 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 - Rome Ave
PO Box 82969
Tampa, FL 33682

Provider Number : 029548506
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

029548513 - 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 - Waters Ave
PO Box 82969
Tampa, FL 33682

Provider Number : 029548513
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

029548516 - 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
Mobil Dental Van
PO Box 82969
Tamp, FL 33682

Provider Number : 029548516
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

029548517 - 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 Center #11

Provider Number : 029548517

Date : 10/01/2015

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 336822969

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

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

Tampa Family Health Center #27

Provider Number : 029548519

Date : 10/01/2015

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 33682

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548520 - 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 center #26

Provider Number : 029548520

Date : 10/01/2015

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 33682

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

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

Table with 5 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548522 - 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 #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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548527 - 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 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

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029548529 - 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 Center Inc 28

Provider Number : 029548529

PO Box 82969

Date : 10/01/2015

Tampa, FL 336822969

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 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

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029548531 - 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 - #31

Provider Number : 029548531

Date : 10/01/2015

PO Box 82969

Fiscal Year End : N/A

Tampa, FL 336822969

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
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Program Development:

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Florida Agency for Health Care Administration

029549300 - 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 - Frostproof

Provider Number : 029549300

109 West Wall Street

Date : 10/01/2015

Frostproof, FL 33843

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Field audited costs																
<input type="checkbox"/> Medicare - Prospective																
X <input checked="" type="checkbox"/> Payment System Rate																
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<input type="checkbox"/> Total Prospective																
<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent

Contract Management

Permanent File

Program Development:

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Florida Agency for Health Care Administration

029549301 - 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 - Wachula

Provider Number : 029549301

204 E. Palmetto Street

Date : 10/01/2015

Wauchula, FL 33873

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

Table with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029549304 - 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 Call - Avon Park
400 South Lake Avenue
Avon Park, FL 33825

Provider Number : 029549304
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029549305 - 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 Center - Hardee

Provider Number : 029549305

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Premier Community HC Group - Pasco

Provider Number : 029550700

37946 CHURCH AVE

Date : 10/01/2015

Dade City, FL 33525

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 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

Form with two columns: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs). Payment System Rate is selected with an 'X'.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

37946 CHURCH AVE

Date : 10/01/2015

Dade City, FL 33525

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029550702 - 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 - Summit

Provider Number : 029550702

37946 CHURCH AVE

Date : 10/01/2015

Dade City, FL 33525

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    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

<table border="1"> <tr> <td style="text-align: center;"><b>Basis :</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> </table>	<b>Basis :</b>		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<table border="1"> <tr> <td style="text-align: center;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
<b>Basis :</b>																															
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<input type="checkbox"/>	Prospective Adjusted for New costs																														
<input type="checkbox"/>	Interim																														
<input type="checkbox"/>	Total Interim																														
<input type="checkbox"/>	Settlement based on costs																														

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent

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Permanent File

Program Development:

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Florida Agency for Health Care Administration

029550703 - 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 - New Port Richey

Provider Number : 029550703

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

PO Box 232
Dade City, FL 33526

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various home care codes (#651-#658).

Form with two sections: Basis (with checkboxes for Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (with checkboxes for Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

029550704 - 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 - Dade City

Provider Number : 029550704

PO Box 232

Date : 10/01/2015

Dade City, FL 33526

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029550707 - 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 Health Care Group, Inc.
Premier Community Health Care - Hudson
PO Box 232
Dade City, FL 33526

Provider Number : 029550707
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029550714 - 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-Pasco Co

Provider Number : 029550714

P.O.Box 232

Date : 10/01/2015

Dade City, FL 33526

Fiscal Year End : N/A

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029550716 - 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 Comm Health Care Group-Denton Ave

Provider Number : 029550716

P.O Box 232

Date : 10/01/2015

Dade City, Fl 33526

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 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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

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Permanent File

Program Development:

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Florida Agency for Health Care Administration

029551500 - 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 Migrant & Community Health Center, Inc
2400 State Road 415
Sanford, FL 327716012

Provider Number : 029551500
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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

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Florida Agency for Health Care Administration

029551502 - 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-Alafaya

Provider Number : 029551502

18501 Washington Ave

Date : 10/01/2015

Bithlo, FL 32820

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029551504 - 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 - Underhill Road

Provider Number : 029551504

2400 County Rd 415-A

Date : 10/01/2015

Sanford, FL 32771

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)





Florida Agency for Health Care Administration

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 Ellenor

Provider Number : 029551506

Date : 10/01/2015

2400 County Rd 415-A

Fiscal Year End : N/A

Sanford, FL 32771

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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

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Florida Agency for Health Care Administration

029551513 - 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 - Forsyth

Provider Number : 029551513

2400 County Rd 415-A

Date : 10/01/2015

Sanford, FL 32771

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

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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

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Program Development:

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Florida Agency for Health Care Administration

029551515 - 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 - Silver Star
2400 State Road 415
Sanford, FL 327716012

Provider Number : 029551515
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

029552300 - 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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), 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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Florida Agency for Health Care Administration

029554000 - 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

Borinquen Health Care Center, Inc.

Provider Number : 029554000

3601 Federal Highway 3rd Floor

Date : 10/01/2015

Miami, FL 33137

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

029554002 - 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

Borinquen Health Care - Federal Hwy
3601 Federal Highway 3rd Floor
Miami, FL 33137

Provider Number : 029554002
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
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Program Development:

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Florida Agency for Health Care Administration

029554003 - 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

Borinquen Health Care Center, SW 8th Street
3601 Federal Highway, 3rd Floor Finance
Miami, FL 331373795

Provider Number : 029554003
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (with checkboxes for Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate) and Rate Type (with checkboxes for Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554008 - 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**

Borinquen Health Care Center

Provider Number : 029554008

Borinquen - 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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
<b>Basis :</b>																
<input type="checkbox"/> Budget																
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X <input type="checkbox"/> Payment System Rate																
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<b>Rate Type :</b>																
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<input type="checkbox"/> Total Prospective																
<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554010 - 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**

Borinquen 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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td>_____ Budget</td></tr> <tr><td>_____ Unaudited costs</td></tr> <tr><td>_____ Desk audited costs</td></tr> <tr><td>_____ Field audited costs</td></tr> <tr><td>_____ Medicare - Prospective</td></tr> <tr><td>X _____ Payment System Rate</td></tr> <tr><td>_____ Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	_____ Budget	_____ Unaudited costs	_____ Desk audited costs	_____ Field audited costs	_____ Medicare - Prospective	X _____ Payment System Rate	_____ Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X _____ Prospective</td></tr> <tr><td>_____ Total Prospective</td></tr> <tr><td>_____ Prospective Adjusted for New costs</td></tr> <tr><td>_____ Interim</td></tr> <tr><td>_____ Total Interim</td></tr> <tr><td>_____ Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X _____ Prospective	_____ Total Prospective	_____ Prospective Adjusted for New costs	_____ Interim	_____ Total Interim	_____ Settlement based on costs
<b>Basis :</b>																
_____ Budget																
_____ Unaudited costs																
_____ Desk audited costs																
_____ Field audited costs																
_____ Medicare - Prospective																
X _____ Payment System Rate																
_____ Average Nursing Home Rate																
<b>Rate Type :</b>																
X _____ Prospective																
_____ Total Prospective																
_____ Prospective Adjusted for New costs																
_____ Interim																
_____ Total Interim																
_____ Settlement based on costs																

W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

029554012 - 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

Borinquen Health Care Center
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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), and Hospice Provider categories.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029554014 - 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

Borinquen Health Care Center
MS Douglas Elementary
3601 Federal Highway
Miami, FL 331757595

Provider Number : 029554014
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029554016 - 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

Borinquen Health Care Center

Provider Number : 029554016

3601 Federal Hwy, 6th Floor

Date : 10/01/2015

Miami, FL 331373795

Fiscal Year End : N/A

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029554019 - 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

Borinquen Health Care Center - 19

Provider Number : 029554019

3601 Federal Highway

Date : 10/01/2015

Miami, FL 331373795

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

029554021 - 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

Borinquen Health Care Center - 21
3601 Federal Highway, 6th Floor
Miami, FL 331373795

Provider Number : 029554021
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

- Distribution:
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Florida Agency for Health Care Administration

029554023 - 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

Borinquen Health Care Center - 23

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 124.91 126.16 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Borinquen Health Care Center - 25

Provider Number : 029554025

3601 Federal Highway

Date : 10/01/2015

Miami, FL 331373795

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis and Rate Type. Basis includes options like Budget, Unaudited costs, etc., with 'Payment System Rate' selected (marked with X). Rate Type includes options like Prospective, Interim, etc., with 'Prospective' selected (marked with X).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

029554027 - 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

Borinquen Health Care Center - 27

Provider Number : 029554027

Date : 10/01/2015

3601 Federal Hwy, 6th Floor

Fiscal Year End : N/A

Miami, FL 331373795

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (listing Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (listing Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
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Permanent File
Program Development:

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Florida Agency for Health Care Administration

029554029 - 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

Borinquen Health Care Center - 29
3601 Federal Highway, Suite 200
Miami, FL 331373795

Provider Number : 029554029
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (listing Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (listing Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

029554031 - 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

Borinquen Health Care Center - 31

Provider Number : 029554031

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Borinquen Health Care Center - Cottonwood Cir
3601 Federal Highway
Miami, FL 331373795

Provider Number : 029554033
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (listing Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (listing Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

029554035 - 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

Borinquen Health Care Center - North Bay Village
3601 Federal Highway
Miami, FL 331373795

Provider Number : 029554035
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Fiscal Agent
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Program Development:

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Florida Agency for Health Care Administration

029554037 - 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

Borinquen Health Care Center - Miami Beach

Provider Number : 029554037

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554039 - 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

Borinquen Health Care Center - Bay Harbor Islands

Provider Number : 029554039

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

Table with Basis and Rate Type columns. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554041 - 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

Borinquen Health Care Center - 7th Street

Provider Number : 029554041

3601 Federal Highway

Date : 10/01/2015

Miami, FL 331373795

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

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator



Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029554043 - 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

Borinquen Health Care Center
Kendall Regional
3601 Federal Highway
Miami, FL 331373795

Provider Number : 029554043
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

029557400 - 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 - Ruskin

Provider Number : 029557400

Date : 10/01/2015

P.O. Box 1349

Fiscal Year End : N/A

Ruskin, FL 33570

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

029557401 - 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 Health Centers
Women and Children Community Health Center
PO Box 2096
Plant City, FL 33563

Provider Number : 029557401
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
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Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

029557402 - 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- Plant City

Provider Number : 029557402

Date : 10/01/2015

P.O.Box 2096

Fiscal Year End : N/A

Plant City, Fl 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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

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Florida Agency for Health Care Administration

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

P.O. Box 1349

Date : 10/01/2015

Ruskin, FL 33575

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration

029557405 - 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 Health Centers  
Joyce Ely Community Health Center  
PO Box 1349  
Ruskin, FL 33575

Provider Number : 029557405  
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	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			

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

- Fiscal Agent
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\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

029557408 - 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 Health Centers

Provider Number : 029557408

Suncoast Mobile Dental Van

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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Permanent File

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Florida Agency for Health Care Administration

029557409 - 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 Health Centers, Inc.

Provider Number : 029557409

Brandon Community Health Center

Date : 10/01/2015

PO Box 40

Fiscal Year End : N/A

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

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Florida Agency for Health Care Administration

029557412 - 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 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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

029557414 - 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 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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029557416 - 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 Health Centers, Inc.

Provider Number : 029557416

SCHC Womens Care of Lakeland

Date : 10/01/2015

13110 Elk Mountain Dr.

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

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Florida Agency for Health Care Administration

029557417 - 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 Health Center
Suncoast Mobile Medical Bus
13110 Elk Mountain Drive
Riverview, FL 33579

Provider Number : 029557417
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

029557420 - 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 Health Centers  
Wimauma Community Health Center  
13110 Elk Mountain Drive  
Riverview, FL 33579

Provider Number : 029557420  
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	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			

<table border="1"> <thead> <tr><th>Basis :</th></tr> </thead> <tbody> <tr><td>_____ Budget</td></tr> <tr><td>_____ Unaudited costs</td></tr> <tr><td>_____ Desk audited costs</td></tr> <tr><td>_____ Field audited costs</td></tr> <tr><td>_____ Medicare - Prospective</td></tr> <tr><td>X _____ Payment System Rate</td></tr> <tr><td>_____ Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :	_____ Budget	_____ Unaudited costs	_____ Desk audited costs	_____ Field audited costs	_____ Medicare - Prospective	X _____ Payment System Rate	_____ Average Nursing Home Rate	<table border="1"> <thead> <tr><th>Rate Type :</th></tr> </thead> <tbody> <tr><td>X _____ Prospective</td></tr> <tr><td>_____ Total Prospective</td></tr> <tr><td>_____ Prospective Adjusted for New costs</td></tr> <tr><td>_____ Interim</td></tr> <tr><td>_____ Total Interim</td></tr> <tr><td>_____ Settlement based on costs</td></tr> </tbody> </table>	Rate Type :	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																
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																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029557422 - 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

Suncoast Community Health Centers
Palm River Community Health Center
13110 Elk Mountain Drive
Riverview, FL 33579

Provider Number : 029557422
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

029561200 - 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

Manatee County Rural Health Services

Provider Number : 029561200

P.O. Box 499

Date : 10/01/2015

Parrish, FL 34219

Fiscal Year End : N/A

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029561201 - 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

Manatee County Rural Health Services- Bayshore
P.O. Box 499
Parrish, FL 34221

Provider Number : 029561201
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
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Florida Agency for Health Care Administration

029561202 - 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

Manatee County Rural Health Svcs. - Hwy 301

Provider Number : 029561202

P.O. Box 499

Date : 10/01/2015

Parrish, FL 34219

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

029561203 - 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

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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

029561204 - 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

Manatee County Rural Health Ser - Southeast FHCC

Provider Number : 029561204

P.O. Box 499

Date : 10/01/2015

Parrish, FL 34203

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Florida Agency for Health Care Administration

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - East Manatee Health

Provider Number : 029561205

Date : 10/01/2015

P.O. Box 499

Fiscal Year End : N/A

Parrish, FL 34208

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Florida Agency for Health Care Administration

029561206 - 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 Hlth Svc-Myakka FHCC

Provider Number : 029561206

P.O.Box 499

Date : 10/01/2015

Parrish, Fl 34251

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 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

Table with Basis and Rate Type columns. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

029561207 - 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 Hlth Svc-Infectious Disease Ctr
P.O. Box 499
Parrish, Fl 34203

Provider Number : 029561207
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

029561210 - 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

Manatee County Rural Health Ser. - North CHC Medical

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			

<table border="1"> <thead> <tr><th>Basis :</th></tr> </thead> <tbody> <tr><td>_____ Budget</td></tr> <tr><td>_____ Unaudited costs</td></tr> <tr><td>_____ Desk audited costs</td></tr> <tr><td>_____ Field audited costs</td></tr> <tr><td>_____ Medicare - Prospective</td></tr> <tr><td>X _____ Payment System Rate</td></tr> <tr><td>_____ Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :	_____ Budget	_____ Unaudited costs	_____ Desk audited costs	_____ Field audited costs	_____ Medicare - Prospective	X _____ Payment System Rate	_____ Average Nursing Home Rate	<table border="1"> <thead> <tr><th>Rate Type :</th></tr> </thead> <tbody> <tr><td>X _____ Prospective</td></tr> <tr><td>_____ Total Prospective</td></tr> <tr><td>_____ Prospective Adjusted for New costs</td></tr> <tr><td>_____ Interim</td></tr> <tr><td>_____ Total Interim</td></tr> <tr><td>_____ Settlement based on costs</td></tr> </tbody> </table>	Rate Type :	X _____ Prospective	_____ Total Prospective	_____ Prospective Adjusted for New costs	_____ Interim	_____ Total Interim	_____ Settlement based on costs
Basis :																
_____ Budget																
_____ Unaudited costs																
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X _____ Payment System Rate																
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_____ Interim																
_____ Total Interim																
_____ Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561212 - 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

Manatee Co Rural Health Sev-Health Park OBGYN

Provider Number : 029561212

P.O. Box 499

Date : 10/05/2015

Parrish, Fl 34219

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 ✓

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 :

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561214 - 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

Manatee County Rural Health Ser - Palmetto FHC

Provider Number : 029561214

P.O. Box 499

Date : 10/01/2015

Parrish, FL 34221

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 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

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561218 - 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**

Manatee County Rural Health Services - Westgate

Provider Number : 029561218

P.O. Box 499

Date : 10/01/2015

Parrish, FL 34219

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 ✓ 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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

029561220 - 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

Manatee County Rural Health Services - Community Care HC

Provider Number : 029561220

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

P.O. Box 499
Parrish, FL 34219

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
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Florida Agency for Health Care Administration

029561222 - 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

Manatee County Rural Health Services - Lakewood

Provider Number : 029561222

P.O. Box 499

Date : 10/01/2015

Parrish, FL 34219

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

029561224 - 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

Manatee Rural County Health Services - Riverview
P.O. Box 499
Parrish, FL 34219

Provider Number : 029561224
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (with checkboxes for Budget, Unaudited costs, etc.) and Rate Type (with checkboxes for Prospective, Total Prospective, etc.).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561226 - 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

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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

029561228 - 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

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:

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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561230 - 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

Manatee Rural Health Center - General Surgery

Provider Number : 029561230

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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561232 - 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

Manatee County Rural Health Services, Inc.
Readi-Care Plus
PO Box 499
Parrish, FL 34219

Provider Number : 029561232
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561233 - 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

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

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561236 - 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

Manatee County Rural Health Services
North County Family Vision Center
PO Box 499
Parrish, FL 34219

Provider Number : 029561236
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561240 - 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

Manatee County Rural Health Services

Provider Number : 029561240

Bradenton Family Medical

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029561242 - 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

Manatee County Rural Health Services
Arcadia Childrens Health Care
PO Box 499
Parrish, FL 34219

Provider Number : 029561242
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), and Hospice Provider categories.

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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For information Only (No Change in rate)



Florida Agency for Health Care Administration

029561249 - 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

Manatee County Rural Health Services-Riverside Dr

Provider Number : 029561249

PO Box 997

Date : 10/01/2015

Palmetto, FL 342200997

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 ✓ 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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

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

Community Health 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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

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

707 Druid Rd E

Date : 10/01/2015

Clearwater, FL 337563951

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**

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
<b>Basis :</b>																
<input type="checkbox"/> Budget																
<input type="checkbox"/> Unaudited costs																
<input type="checkbox"/> Desk audited costs																
<input type="checkbox"/> Field audited costs																
<input type="checkbox"/> Medicare - Prospective																
<input checked="" type="checkbox"/> Payment System Rate																
<input type="checkbox"/> Average Nursing Home Rate																
<b>Rate Type :</b>																
<input checked="" type="checkbox"/> Prospective																
<input type="checkbox"/> Total Prospective																
<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

7550 43rd Street N

Date : 10/01/2015

Pinellas Park, FL 337813601

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029565512 - 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 - Largo

Provider Number : 029565512

12420 - 130th Ave

Date : 10/01/2015

Largo, FL 337741950

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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029565514 - 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 @ Tarpon

Provider Number : 029565514

247 S. Huey Avenue

Date : 10/01/2015

Tarpon Springs, FL 346894205

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 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

Form with two columns: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs). X is marked next to Payment System Rate and Prospective.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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 110.13 111.23 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 : 029565519

Clearwater Dental

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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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
PO Box 10549
St Petersburg, FL 337330549

Provider Number : 029565521
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029568001 - 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. - Wakulla Medical Ctr

Provider Number : 029568001

Wakulla Medical Center

Date : 09/24/2015

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 :**

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

W.Rydell Samuel, Administrator *RS*

Medicaid Cost Reimbursement Analysis

**Distribution:**

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Florida Agency for Health Care Administration

029568005 - 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. - Tri County FHCC
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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

029568009 - 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 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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

029568010 - 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 Florida Medical Center  
Madison Medical Center  
2804 Remington Green Cir Ste 2  
Tallahassee, FL 323081550

Provider Number : 029568010  
Date : 10/01/2015  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health clinic</b>			
<b>Swing-Bed provider</b>			
<b>X Federally Qualified Health Centers</b>	105.91	106.96 ✓	10/01/2015
<b>Hospice Provider</b>			
<b>#651 Routine Home Care</b>			
<b>#652 Continuous Home Care</b>			
<b>#655 Inpatient Respite Care</b>			
<b>#656 General Inpatient Care</b>			
<b>#658 Room and Board</b>			

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

W.Rydell Samuel, Administrator   
Medicaid Cost Reimbursement Analysis

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  - Contract Management
  - Permanent File
  - Program Development:

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Florida Agency for Health Care Administration

029568012 - 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 Ctrs., Inc. - Family Medical Practice
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number : 029568012
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

029568013 - 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 Ctrs., Inc. - Gadsden Medical Center
Gadsden Medical Center
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number : 029568013
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

029568015 - 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 Center, Inc. - Gadsden Dental Center
Gadsden Dental
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number : 029568015
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029568030 - 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 Center - Eastpoint Medical Center
Eastpoint Medical Center
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number : 029568030
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), and Hospice Provider categories.

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)





Florida Agency for Health Care Administration

029570100 - 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 - Downtown Ft Myers

Provider Number : 029570100

Date : 10/01/2015

P.O. Box 1588

Fiscal Year End : N/A

Ft. Myers, FL 33902

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

029570101 - 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 - Labelle

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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent

Contract Management

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Program Development:

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 - Bonita Springs

Provider Number : 029570102

P.O. Box 1588

Date : 10/01/2015

Ft. Myers, FL 33902

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management
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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029570103 - 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 - East Ft Myers
P.O. Box 1588
Ft. Myers, FL 33902

Provider Number : 029570103
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Fiscal Agent
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Florida Agency for Health Care Administration

029570105 - 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 - Leigh Acres
P.O. Box 1588
Ft. Myers, FL 33902

Provider Number : 029570105
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029570106 - 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 - North Ft Myers
P.O. Box 1588
Ft. Myers, FL 33902

Provider Number : 029570106
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

029570107 - 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 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029570109 - 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 S.W. Florida - Metro Parkway

Provider Number : 029570109

P.O. Box 1588

Date : 10/01/2015

Ft. Myers, FL 33902

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 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

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), 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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Florida Agency for Health Care Administration

029570110 - 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 S.W. Florida - Cape Coral

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

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Permanent File

Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029570111 - 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 S.W. Florida - Broadway
Dental

Provider Number : 029570111

Date : 10/01/2015

P.O. Box 1588
Ft. Myers, FL 33902

Fiscal Year End : N/A

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

029570112 - 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 Inc - Port Charlotte
P.O. Box 1588
Ft. Myers, FL 33902

Provider Number : 029570112
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

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

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029570117 - 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 - 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 108.19 109.27 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029570118 - 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

Provider Number : 029570118

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029570120 - 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 Centers of SW FL - Bonita Springs

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration

029570122 - 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 - 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029570125 - 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
Cape Coral Health Center
PO Box 1357
Fort Myers, FL 33902

Provider Number : 029570125
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029570129 - 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-Hagie Dr

Provider Number : 029570129

Date : 10/01/2015

P.O. Box 1357

Fiscal Year End : N/A

Fort Meyers, 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator
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Florida Agency for Health Care Administration

029572800 - 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 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572800
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

029572801 - 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
810 West Mowry Street
Homestead, FL 33030

Provider Number : 029572801
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029572804 - 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. Perrine Health Ctr  
17623 Homestead Avenue  
Perrine, FL 33157

Provider Number : 029572804  
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	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			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Budget</td></tr> <tr><td>_____</td><td>Unaudited costs</td></tr> <tr><td>_____</td><td>Desk audited costs</td></tr> <tr><td>_____</td><td>Field audited costs</td></tr> <tr><td>_____</td><td>Medicare - Prospective</td></tr> <tr><td>X _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td>X _____</td><td>Prospective</td></tr> <tr><td>_____</td><td>Total Prospective</td></tr> <tr><td>_____</td><td>Prospective Adjusted for New costs</td></tr> <tr><td>_____</td><td>Interim</td></tr> <tr><td>_____</td><td>Total Interim</td></tr> <tr><td>_____</td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		X _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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_____	Field audited costs																														
_____	Medicare - Prospective																														
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W.Rydell Samuel, Administrator   
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572805 - 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  
 Naranja Health Center  
 13890 S.W. 264 Street  
 Homestead, FL 33030

Provider Number : 029572805  
 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			
<b>X</b> 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			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td>_____ Budget</td> <td></td> </tr> <tr> <td>_____ Unaudited costs</td> <td></td> </tr> <tr> <td>_____ Desk audited costs</td> <td></td> </tr> <tr> <td>_____ Field audited costs</td> <td></td> </tr> <tr> <td>_____ Medicare - Prospective</td> <td></td> </tr> <tr> <td><b>X</b> _____ Payment System Rate</td> <td></td> </tr> <tr> <td>_____ Average Nursing Home Rate</td> <td></td> </tr> </table>	<b>Basis :</b>		_____ Budget		_____ Unaudited costs		_____ Desk audited costs		_____ Field audited costs		_____ Medicare - Prospective		<b>X</b> _____ Payment System Rate		_____ Average Nursing Home Rate		<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><b>X</b> _____ Prospective</td> <td></td> </tr> <tr> <td>_____ Total Prospective</td> <td></td> </tr> <tr> <td>_____ Prospective Adjusted for New costs</td> <td></td> </tr> <tr> <td>_____ Interim</td> <td></td> </tr> <tr> <td>_____ Total Interim</td> <td></td> </tr> <tr> <td>_____ Settlement based on costs</td> <td></td> </tr> </table>	<b>Rate Type :</b>		<b>X</b> _____ Prospective		_____ Total Prospective		_____ Prospective Adjusted for New costs		_____ Interim		_____ Total Interim		_____ Settlement based on costs	
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_____ Settlement based on costs																															

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572809 - 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- Everglades
Everglades Health Ctr
19200 SW 380th St
Florida City, FL 33030

Provider Number : 029572809
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

029572810 - 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

Comm Hlth of S. Florida-S Dade

Provider Number : 029572810

South Dade Health Center

Date : 10/05/2015

13600 SW 312th St

Fiscal Year End : N/A

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 :

- 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

W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

029572815 - 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 - 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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

029572817 - 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 - Homestead Senior High
10300 SW 216 St
Miami, FL 33190

Provider Number : 029572817
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029572819 - 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 - Cope South

Provider Number : 029572819

10300 SW 216 St

Date : 10/01/2015

Miami, FL 33190

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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572821 - 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 - CHI Doris Ison
15790 SW 307 Street
Homestead, FL 33035

Provider Number : 029572821
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). Includes checkboxes and lines for selection.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572824 - 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 - Marathon Health Center

Provider Number : 029572824

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

10300 S.W. 216th Street
Miami, FL 33190

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572826 - 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 - Moton Elementary Sch

Provider Number : 029572826

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			

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Medicare - Prospective																
X <input checked="" type="checkbox"/> Payment System Rate																
<input type="checkbox"/> Average Nursing Home Rate																
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<input type="checkbox"/> Total Prospective																
<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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- Contract Management
- Permanent File
- Program Development:

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Florida Agency for Health Care Administration

029572827 - 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 - Campbell Drive Middle

Provider Number : 029572827

Date : 10/01/2015

10300 S.W. 216th Street

Fiscal Year End : N/A

Miami, FL 33190

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
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Program Development:

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Florida Agency for Health Care Administration

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 - Colonial Drive
Elem
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572828
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029572829 - 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 - H.A Ammons Middle

Provider Number : 029572829

Date : 10/01/2015

10300 S.W. 216th Street

Fiscal Year End : N/A

Miami, FL 33190

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

029572830 - 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 - Bowman Ashe
Doolin 6-8

Provider Number : 029572830

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

10300 S.W. 216th Street
Miami, FL 33190

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

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
Senior

Provider Number : 029572831

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

10300 S.W. 216th Street
Miami, FL 33190

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care types (#651-#658).

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Community Health of South Florida - South Dade Senior
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572832
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

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  
Elem

Provider Number : 029572833

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			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Budget</td></tr> <tr><td>_____</td><td>Unaudited costs</td></tr> <tr><td>_____</td><td>Desk audited costs</td></tr> <tr><td>_____</td><td>Field audited costs</td></tr> <tr><td>_____</td><td>Medicare - Prospective</td></tr> <tr><td>X _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td>X _____</td><td>Prospective</td></tr> <tr><td>_____</td><td>Total Prospective</td></tr> <tr><td>_____</td><td>Prospective Adjusted for New costs</td></tr> <tr><td>_____</td><td>Interim</td></tr> <tr><td>_____</td><td>Total Interim</td></tr> <tr><td>_____</td><td>Settlement based on costs</td></tr> </tbody> </table>	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

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572835
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

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W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Community Health of South Florida - Braddock Senior
10300 S.W. 216th Street
Miami, FL 33190

Provider Number : 029572837
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), 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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Florida Agency for Health Care Administration

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 Elem.
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 029572852
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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**

Community Health of S. Florida - Avocado Elem.

Provider Number : 029572853

10300 SW 216th Street

Date : 10/01/2015

Miami, FL 331901003

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

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Florida Agency for Health Care Administration

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

10300 SW 216 Street

Date : 10/01/2015

Miami, FL 331901003

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

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type options include Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

10300 SW 216th Street

Date : 10/01/2015

Miami, FL 331901003

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 029572856
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

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
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 029572857
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), 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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Program Development:

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Florida Agency for Health Care Administration

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**

Community Health of S. Florida - Perrine Elem

Provider Number : 029572858

10300 SW 216th Street

Date : 10/01/2015

Miami, FL 331901003

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

10300 SW 216th Street

Date : 10/01/2015

Miami, FL 331901003

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)





Florida Agency for Health Care Administration

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 - Royal Green Elem
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 029572868
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

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
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 029572870
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

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
South Miami Health Center
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 029572875
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Community Health of South Florida
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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

Provider Number : 029572890

Leisure City K-8 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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
<b>Basis :</b>																
<input type="checkbox"/> Budget																
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<input type="checkbox"/> Desk audited costs																
<input type="checkbox"/> Field audited costs																
<input type="checkbox"/> Medicare - Prospective																
X <input checked="" type="checkbox"/> Payment System Rate																
<input type="checkbox"/> Average Nursing Home Rate																
<b>Rate Type :</b>																
X <input checked="" type="checkbox"/> Prospective																
<input type="checkbox"/> Total Prospective																
<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent

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Florida Agency for Health Care Administration

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
West Kendall Health Center
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 029572895
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
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Program Development:

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Florida Agency for Health Care Administration

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
Coconut Grove Health Center
10300 SW 216th Street
Miami, FL 331901003

Provider Number : 029572897
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Fiscal Agent
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Florida Agency for Health Care Administration

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

4450 South Tiffany Drive

Date : 10/01/2015

West Palm Beach,, FL 33407

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 121.39 122.60 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

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029574401 - 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- Infectious Disease Center

Provider Number : 029574401

4450 South Tiffany Drive

Date : 10/01/2015

West Palm Beach,, FL 33407

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

121.39

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration

029574402 - 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- Clewiston

Provider Number : 029574402

4450 South Tiffany Drive

Date : 10/01/2015

West Palm Beach,, FL 33407

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 121.39 122.60 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
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For information Only (No Change in rate)



Florida Agency for Health Care Administration

029574403 - 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- Indiantown
4450 South Tiffany Drive
West Palm Beach,, FL 33407

Provider Number : 029574403
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

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
4450 South Tiffany Drive
West Palm Beach,, FL 33407

Provider Number : 029574404
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

029574406 - 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- Lakeshore Medical

Provider Number : 029574406

4450 South Tiffany Drive

Date : 10/01/2015

West Palm Beach,, FL 33407

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**

121.39    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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

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Florida Agency for Health Care Administration

029574414 - 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- 103 NE 19th Dr.

Provider Number : 029574414

4450 S. Tiffany Drive

Date : 10/01/2015

West Palm Beach, FL 33407

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 121.39 122.60 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029574416 - 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- North Palm Beach

Provider Number : 029574416

4450 S. Tiffany Drive

Date : 10/01/2015

West Palm Beach, FL 33407

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

121.39

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Fiscal Agent

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Program Development:

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Florida Agency for Health Care Administration

029574418 - 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 Centers - Pahokee

Provider Number : 029574418

4450 S. Tiffany Drive

Date : 10/01/2015

West Palm Beach, FL 33407

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

029574420 - 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 Center - Moore Haven

Provider Number : 029574420

4450 S. Tiffany Drive
West Palm Beach, FL 334073241

Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

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

4450 South Tiffany Drive

Date : 10/01/2015

West Palm Beach, FL 334073241

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

121.39 122.60 ✓ 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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
<b>Basis :</b>																
<input type="checkbox"/> Budget																
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<input type="checkbox"/> Desk audited costs																
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<input checked="" type="checkbox"/> Payment System Rate																
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<input checked="" type="checkbox"/> Prospective																
<input type="checkbox"/> Total Prospective																
<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

029574424 - 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 Center  
Ft. Pierce OB  
4450 South Tiffany Drive  
West Palm Beach, FL 334073241

Provider Number : 029574424  
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	121.39	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			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Budget</td></tr> <tr><td>_____</td><td>Unaudited costs</td></tr> <tr><td>_____</td><td>Desk audited costs</td></tr> <tr><td>_____</td><td>Field audited costs</td></tr> <tr><td>_____</td><td>Medicare - Prospective</td></tr> <tr><td>X _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td>X _____</td><td>Prospective</td></tr> <tr><td>_____</td><td>Total Prospective</td></tr> <tr><td>_____</td><td>Prospective Adjusted for New costs</td></tr> <tr><td>_____</td><td>Interim</td></tr> <tr><td>_____</td><td>Total Interim</td></tr> <tr><td>_____</td><td>Settlement based on costs</td></tr> </tbody> </table>	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

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

PO Box 232

Date : 10/01/2015

Dade City, FL 33526

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), 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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Florida Agency for Health Care Administration

060551401 - 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 : 060551401

1720 S. Gadsden St.

Date : 10/01/2015

Tallahassee, FL 32314

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), 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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Florida Agency for Health Care Administration

060551402 - 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 Comm Health Assoc-West Orange

Provider Number : 060551402

1720 S Gadsden St
Tallahassee, Fl 32310

Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W. Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

1720 S. Gadsden St.

Date : 10/01/2015

Tallahassee, FL 32310

Fiscal Year End : N/A

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

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W. Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

060551405 - 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 Clinic
THA Health Center at Joe Louis
1720 S. Gadsden Street
Tallahassee, FL 323015506

Provider Number : 060551405
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

060551408 - 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 Specialty and Wellness Center

Provider Number : 060551408

1720 S. Gadsden Street

Date : 10/01/2015

Tallahassee, FL 323015506

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**    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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

060638308 - 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
Johnnie Ruth Clarke Health Center
PO Box 10549
St Petersburg, FL 337330549

Provider Number : 060638308
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

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Florida Agency for Health Care Administration

262263706 - 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**

Neighborhood Medical Center  
 Havana Middle School  
 438 West Brevard street  
 Tallahassee, FL 32301

Provider Number : 262263706  
 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			
<b>X</b> 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			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td>_____ Budget</td> <td></td> </tr> <tr> <td>_____ Unaudited costs</td> <td></td> </tr> <tr> <td>_____ Desk audited costs</td> <td></td> </tr> <tr> <td>_____ Field audited costs</td> <td></td> </tr> <tr> <td>_____ Medicare - Prospective</td> <td></td> </tr> <tr> <td style="text-align: center;"><b>X</b> _____ Payment System Rate</td> <td></td> </tr> <tr> <td>_____ Average Nursing Home Rate</td> <td></td> </tr> </table>	<b>Basis :</b>		_____ Budget		_____ Unaudited costs		_____ Desk audited costs		_____ Field audited costs		_____ Medicare - Prospective		<b>X</b> _____ Payment System Rate		_____ Average Nursing Home Rate		<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>X</b> _____ Prospective</td> <td></td> </tr> <tr> <td>_____ Total Prospective</td> <td></td> </tr> <tr> <td>_____ Prospective Adjusted for New costs</td> <td></td> </tr> <tr> <td>_____ Interim</td> <td></td> </tr> <tr> <td>_____ Total Interim</td> <td></td> </tr> <tr> <td>_____ Settlement based on costs</td> <td></td> </tr> </table>	<b>Rate Type :</b>		<b>X</b> _____ 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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Florida Agency for Health Care Administration

262263707 - 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

Neighborhood 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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

262263708 - 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

Neighborhood Medical Center
Havana Heights PH Clinic
438 West Brevard Street
Tallahassee, FL 32301

Provider Number : 262263708
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

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W.Rydell Samuel, Administrator
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Florida Agency for Health Care Administration

262263709 - 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**

Neighborhood Medical Center

Provider Number : 262263709

Lincoln Center

Date : 10/01/2015

438 West Brevard Street

Fiscal Year End : N/A

Tallahassee, 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

#656 General Inpatient Care

#658 Room and Board

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

262263711 - 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**

Neighborhood Medical Center

Provider Number : 262263711

C V Butler Bldg

Date : 10/01/2015

438 West Brevard Street

Fiscal Year End : N/A

Tallahassee, 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

#656 General Inpatient Care

#658 Room and Board

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680002500 - 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

Camillus Health Concern, Inc.

Provider Number : 680002500

336 N.W. Fifth Street

Date : 10/01/2015

Miami, FL 331281616

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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

680002505 - 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

Camillus Health Concern
Salvation Army
336 NW 5th Street
Miami, FL 331281616

Provider Number : 680002505
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

680002506 - 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

Camillus Health Concern
Camillus House
336 NW 5th Street
Miami, FL 331281616

Provider Number : 680002506
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680002508 - 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

Camillus Health Concern
Better Way of Greater Miami
336 NW 5th Street
Miami, FL 331281616

Provider Number : 680002508
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680002510 - 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

Camillus Health Concern
Mother Theresa Sister of Charity
336 NW 5th Street
Miami, FL 331281616

Provider Number : 680002510
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (with X), and Average Nursing Home Rate. Rate Type options include Prospective (with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680002515 - 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

Camillus Health Concern - 7th Ave
336 NW 5th Street
Miami, FL 331281616

Provider Number : 680002515
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680005000 - 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

Treasure Coast Community Health
Fellsmere
12196 CR 512
Fellsmere, FL 32948

Provider Number : 680005000
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680005001 - 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

Treasure Coast Community Health - Vero

Provider Number : 680005001

12196 CR 512

Date : 10/01/2015

Fellsmere, FL 32948

Fiscal Year End : N/A

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680005002 - 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

Treasure Coast Community Health - Vero2

Provider Number : 680005002

12196 County Rd. 512

Date : 10/01/2015

Fellsmere, FL 32948

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
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Florida Agency for Health Care Administration

680005006 - 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

Treasure Coast Community Health, Inc. - Sebastian
12196 County Road 512
Fellsmere, FL 32948

Provider Number : 680005006
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (with checkboxes for Budget, Unaudited costs, etc.) and Rate Type (with checkboxes for Prospective, Total Prospective, etc.).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680005008 - 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

Treasure Coast Comm. Health, Inc. Fellsmere2
12196 County Road 512
Fellsmere, FL 32948

Provider Number : 680005008
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

680027100 - 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

Broward Comm & Family Health Centers, Inc

Provider Number : 680027100

2518 N State Rd. 7

Date : 10/01/2015

Hollywood, Fl 33021

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 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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680027102 - 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

Broward Community FH - North Powerline Road

Provider Number : 680027102

168 North Powerline Road

Date : 10/01/2015

Pompano Beach, FL 33069

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 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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680027104 - 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

Broward Community & Family Health - West Park
5010 Hollywood Blvd., Ste 100B
Hollywood, FL 33021

Provider Number : 680027104
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

680027106 - 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

Broward Community & Family Health Centers
Central Broward Community Health Center
5010 Hollywood Blvd, Ste 100B
Hollywood, FL 330216557

Provider Number : 680027106
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (with checkboxes for Budget, Unaudited costs, etc., and 'X' for Payment System Rate) and Rate Type (with checkboxes for Prospective, Total Prospective, etc., and 'X' for Prospective).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

680996100 - 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

Manatee Rural County Health Ser - Arcadia FHC
P.O. Box 499
Parrish, FL 34219

Provider Number : 680996100
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (listing Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (listing Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

681471900 - 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-Dundee

Provider Number : 681471900

950 CR 17A West

Date : 10/01/2015

Avon Park, Fl 33825

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

681969900 - 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, Inc. - Eatonville Med/Dent Center

Provider Number : 681969900

Date : 10/01/2015

P.O. Box 4099
Apopka, Fl 32704

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

682960100 - 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-Hoffner

Provider Number : 682960100

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

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

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type options include Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

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Florida Agency for Health Care Administration

683710700 - 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 - Mobile Medical Center

Provider Number : 683710700

Date : 10/01/2015

P.O. Box 82969

Fiscal Year End : N/A

Tampa, FL 33682

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955000 - 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-Golden Gate Dental

Provider Number : 683955000

Date : 10/05/2015

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

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

W.Rydell Samuel, Administrator *RS*

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955003 - 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 - 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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955005 - 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 Hlth Svc-Creekside Pediatrics

Provider Number : 683955005

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955006 - 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 - Ronald McDonald

Provider Number : 683955006

Date : 09/24/2015

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			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Budget</td></tr> <tr><td><input type="checkbox"/></td><td>Unaudited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Desk audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Field audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Medicare - Prospective</td></tr> <tr><td>X</td><td>Payment System Rate</td></tr> <tr><td><input type="checkbox"/></td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	X	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td>X</td><td>Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Total Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/></td><td>Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Total Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		X	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																															
<input type="checkbox"/>	Budget																														
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<input type="checkbox"/>	Interim																														
<input type="checkbox"/>	Total Interim																														
<input type="checkbox"/>	Settlement based on costs																														

W.Rydell Samuel, Administrator *RS*

Medicaid Cost Reimbursement Analysis

**Distribution:**

- Fiscal Agent
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- Program Development:

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Florida Agency for Health Care Administration

683955010 - 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, Inc - Countryside Childrens Dental

Provider Number : 683955010

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

1454 Madison Avenue
Imokalee, FL 33934

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (listing Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (listing Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955012 - 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, Inc. - FSU Primary Care

Provider Number : 683955012

1454 Madison Avenue

Date : 10/01/2015

Imokalee, FL 33934

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

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955014 - 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  
UF Pediatric Dental Center  
1454 Madison Ave W  
Immokalee, FL 341422200

Provider Number : 683955014  
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	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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955017 - 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
Creekside Family Practice
PO Box 12229
Naples, FL 341012229

Provider Number : 683955017
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), and Hospice Provider categories.

Form with two sections: Basis (listing Budget, Unaudited costs, etc.) and Rate Type (listing Prospective, Total Prospective, etc.). 'Payment System Rate' is marked with X.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955019 - 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

Provider Number : 683955019

Womens Care Naples

Date : 10/01/2015

1454 Madison Ave

Fiscal Year End : N/A

Immokalee, FL 341422200

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

Table with Basis and Rate Type sections containing checkboxes for various reimbursement methods like Budget, Prospective, etc.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

683955021 - 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

Provider Number : 683955021

Total Womens Care

Date : 10/01/2015

1454 Madison Ave

Fiscal Year End : N/A

Immokalee, Fl 34142

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

Rural Health clinic

Swing-Bed provider

**X    Federally Qualified Health Centers**

147.90

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 :**

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

684660200 - 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- St. Lucie
4450 South Tiffany Drive
West Palm Beach, FL 32407

Provider Number : 684660200
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:
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Florida Agency for Health Care Administration

684660202 - 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- Hillmoor Dr.

Provider Number : 684660202

1701 S.E. Hillmoor Dr.

Date : 10/01/2015

Port St. Lucie, FL 34952

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 121.39 122.60 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management

Permanent File

Program Development:

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Florida Agency for Health Care Administration

684783800 - 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 Florida Medical Center, Inc. - Taylor Dental Center
Taylor Dental Clinic
409 East Ash Street
Perry, FL 323472309

Provider Number : 684783800
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

686032000 - 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

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

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

686032002 - 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

I.M. Solzbacher
Beaches Community Healthcare
611 E. Adams Street
Jacksonville, FL 32202

Provider Number : 686032002
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

686728600 - 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**

St. Joseph Care of Florida - Garrison Ave

Provider Number : 686728600

2475 Garrison Avenue

Date : 10/01/2015

Port St. Joe, FL 32546

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**    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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

686728602 - 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**

St. Joseph Care of Florida - Lake Avenue

Provider Number : 686728602

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
<b>Basis :</b>																
<input type="checkbox"/> Budget																
<input type="checkbox"/> Unaudited costs																
<input type="checkbox"/> Desk audited costs																
<input type="checkbox"/> Field audited costs																
<input type="checkbox"/> Medicare - Prospective																
X <input type="checkbox"/> Payment System Rate																
<input type="checkbox"/> Average Nursing Home Rate																
<b>Rate Type :</b>																
X <input type="checkbox"/> Prospective																
<input type="checkbox"/> Total Prospective																
<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

686728604 - 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

St. Joseph Care of Florida - Fourth Street

Provider Number : 686728604

2475 Garrison Avenue

Date : 10/01/2015

Port St. Joe, FL 32546

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687429100 - 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 Centers for Homeless - Westmoreland
234 N. Orange Blossom Trail
Orlando, FL 32805

Provider Number : 687429100
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (listing Budget, Unaudited costs, etc.) and Rate Type (listing Prospective, Total Prospective, etc.). The Payment System Rate is marked with an X.

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

687429102 - 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 Centers for Homeless - Parramore
234 N. Orange Blossom Trail
Orlando, FL 32805

Provider Number : 687429102
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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

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Florida Agency for Health Care Administration

687429104 - 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 Center for the Homeless

Provider Number : 687429104

232 N. Orange Blossom Trail

Date : 10/01/2015

32805, FL 328051612

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687429106 - 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 Center for the Homeless

Provider Number : 687429106

Orange Blossom Family Health Center

Date : 10/01/2015

232 N. Orange Blossom Trail

Fiscal Year End : N/A

Orlando, FL 328051612

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

Rural Health clinic

Swing-Bed provider

X    **Federally Qualified Health Centers**

135.29

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687429108 - 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 Centers for 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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

687429110 - 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

Healthcare Care Ctr for the Homeless
Orange Blossom Family Hlth Ctr
232 N. Orange Blossom Trail
Orlando, FL 328051612

Provider Number : 687429110
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

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Florida Agency for Health Care Administration

687429112 - 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 Center for the Homeless
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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), 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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Florida Agency for Health Care Administration

687429114 - 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 Ctr for the Homeless

Provider Number : 687429114

232 N Orange Blossom Trail

Date : 10/01/2015

Orlando, Fl 32805-1612

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

687429116 - 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 Center for the Homeless #16

Provider Number : 687429116

Orange Blossom Family Hlth Ctr

Date : 10/01/2015

232 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

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687955100 - 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

Northeast Florida Health Svc - North Volusia Ave
PO Box 527
Pierson, FL 32180

Provider Number : 687955100
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687955102 - 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**

Northeast Florida Health Svcs - West Plymouth Ave

Provider Number : 687955102

PO Box 527

Date : 10/01/2015

Pierson, FL 32180

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**    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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator   
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687955104 - 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**

Northeast Florida Health Services, Inc. - Deltona

Provider Number : 687955104

PO Box 527

Date : 10/01/2015

Pierson, FL 321800527

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**    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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

687955106 - 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**

Northeast Florida Health Services - Deland

Provider Number : 687955106

1015 N. Stone Street, Unit A

Date : 10/01/2015

Deland, FL 32720

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**    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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688412100 - 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

Pinellas County Board-Mobile Med Unit

Provider Number : 688412100

647 1st Ave. North

Date : 10/01/2015

St. Petersburg, FL 337013601

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Florida Agency for Health Care Administration

688571300 - 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

Citrus Health Network
4175 W. 20th Avenue
Hialeah, FL 33012

Provider Number : 688571300
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688571302 - 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

Citrus Health Network

Provider Number : 688571302

Date : 10/01/2015

551 West 51st Street Place, Second Floor
Hialeah, FL 330123601

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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

688571304 - 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

Citrus Health Network

Provider Number : 688571304

4175 W. 20th Ave.

Date : 10/01/2015

Hialeah, FL 33012

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Florida Agency for Health Care Administration

688571306 - 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

Citrus Health Network, Inc.

Provider Number : 688571306

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

688571308 - 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

Citrus Health Network, E. 3rd St
4175 West 20th Ave.
Hialeah, FL 33012

Provider Number : 688571308
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Permanent File
Program Development:

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Florida Agency for Health Care Administration

688693100 - 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

The Brevard Health Alliance, Inc

Provider Number : 688693100

5270 Babcock St NE

Date : 10/01/2015

Palm Bay, FL 329054616

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (listing Budget, Unaudited costs, etc., with X marked for Payment System Rate) and Rate Type (listing Prospective, Total Prospective, etc., with X marked for Prospective).

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688693102 - 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**

The Brevard Health Alliance - Hickory

Provider Number : 688693102

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 ✓    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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688693106 - 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**

The Brevard Health Alliance - County Clinic

Provider Number : 688693106

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    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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688693108 - 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

The Brevard Health Alliance - BHA Intl Mobile Unit

Provider Number : 688693108

220 Barton Blvd, Unit C14

Date : 10/01/2015

Rockledge, FL 32955

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688693112 - 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

The Brevard Health Alliance - N. Washington Ave
500 N. Washington Ave., Ste 105
Titusville, FL 32796

Provider Number : 688693112
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688693114 - 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

Brevard Health Alliance

Provider Number : 688693114

775 Malabar Rd

Date : 10/01/2015

Malabar, FL 32950

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 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

Table with Basis and Rate Type columns. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type options include Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

688693117 - 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**

Brevard Health Alliance, Inc. - Riverside

Provider Number : 688693117

PO Box 1137

Date : 10/01/2015

Melbourne, FL 329021137

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**    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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

688693119 - 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

Brevard Health Alliance - Sarno

Provider Number : 688693119

Date : 10/01/2015

PO Box 1137

Fiscal Year End : N/A

Melbourne, FL 329021137

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693600 - 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

Pancare of Florida
2309 E. 15th Street
Panama City, FL 32405

Provider Number : 689693600
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693603 - 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

Pancare of Florida, Inc.
Dental
707 Jenks Ave., Suite A
Panama City, FL 324012586

Provider Number : 689693603
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'Payment System Rate' is marked with an X.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693604 - 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**

PanCare of Florida - Santa Rosa Bch

Provider Number : 689693604

CHC - Walton County

Date : 10/01/2015

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693605 - 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**

PanCare of Florida - Bruce

Provider Number : 689693605

431 Oak Ave.

Date : 10/01/2015

Panama City, FL 32401

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**    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

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693607 - 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

Pancare of Florida - Bristol
431 Oak Ave
Panama City, FL 32401

Provider Number : 689693607
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

689693609 - 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

PanCare of Florida - Blountstown

Provider Number : 689693609

431 Oak Ave

Date : 10/01/2015

Panama City, FL 32401

Fiscal Year End : N/A

Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

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Program Development:

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

689693611 - 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

Pancare of Florida - Bonifay

Provider Number : 689693611

431 Oak Ave

Date : 10/01/2015

Panama City, FL 32401

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)





Florida Agency for Health Care Administration

689693612 - 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**

Pancare of Florida - Chipley

Provider Number : 689693612

431 Oak Ave

Date : 10/01/2015

Panama City, FL 32401

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**    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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent

Contract Management

Permanent File

Program Development:

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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
1830 N. Main Street
Bell, FL 32619

Provider Number : 690595100
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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 Community Health Center
1760 Edgewood Ave West
Jacksonville, FL 32208

Provider Number : 690556100
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (listing Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (listing Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Provider Number : 690556102

Agape Community Health Center

Date : 10/01/2015

900 University Blvd, MC-75

Fiscal Year End : N/A

Jacksonville, FL 32211

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Budget																
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<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent

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Program Development:

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Florida Agency for Health Care Administration

690556104 - 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 - University
900 University Blvd MC 75
Jacksonville, FL 322119203

Provider Number : 690556104
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

690556105 - 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 - Timiquana
900 Universtiy Blvd, MC 75
Jacksonville, FL 32211

Provider Number : 690556105
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

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W.Rydell Samuel, Administrator (signature)
Medicaid Cost Reimbursement Analysis

- Distribution:
Fiscal Agent
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Program Development:

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Central Florida Health Care - OB/GYN

Provider Number : 691835200

950 Co. Road 17A West

Date : 10/01/2015

Avon Park, FL 33825

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

950 Co. Road 17A West

Date : 10/01/2015

Avon Park, FL 33825

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

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.
CFHC - Winter Haven Center
1514 1st Street North
Winter Haven, FL 338812476

Provider Number : 691835204
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)





Florida Agency for Health Care Administration

692957500 - 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 Florida Med. Ctr - Taylor Medical

Provider Number : 692957500

255 W. River Road

Date : 10/01/2015

Wewahitchka, FL 32465

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

2200 N. Palafox St

Date : 10/01/2015

Pensacola, FL 32514

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Escambia Community Clinics, Inc.
Santa Rosa Community Clinic
2200 North Palafox Street
Pensacola, FL 32501

Provider Number : 692990702
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

692990704 - 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

Provider Number : 692990704

2200 N. Palafox Street

Date : 10/01/2015

Pensacola, FL 32501

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 102.74 103.74 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

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

692990705 - 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.
Lanza Pediatrics
2200 N. Palafox Street
Pensacola, FL 32501

Provider Number : 692990705
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

692990706 - 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.

Provider Number : 692990706

Lakeview Medical Clinic

Date : 10/01/2015

2200 N. Palafox Street

Fiscal Year End : N/A

Pensacola, FL 32501

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

Table with Basis and Rate Type sections containing checkboxes for various cost and rate categories.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)





Florida Agency for Health Care Administration

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 Clinics
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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

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W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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

Provider Number : 692990710

First Steps Pediatrics

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**

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

<table border="1"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td>X <input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	X <input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td><b>Rate Type :</b></td></tr> <tr><td>X <input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	X <input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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X <input checked="" type="checkbox"/> Prospective																
<input type="checkbox"/> Total Prospective																
<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

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

2200 North Palafox Street

Date : 10/01/2015

Pensacola, FL 325011723

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

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  
Waterfront Rescue Mission  
2200 North Palafox Street  
Pensacola, FL 32505

Provider Number : 692990716  
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	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			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Budget</td></tr> <tr><td><input type="checkbox"/></td><td>Unaudited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Desk audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Field audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Medicare - Prospective</td></tr> <tr><td>X</td><td>Payment System Rate</td></tr> <tr><td><input type="checkbox"/></td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	X	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td>X</td><td>Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Total Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/></td><td>Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Total Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		X	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

693564800 - 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 Florida Med Ctr - Crestview Med Center
535 John Knox Rd
Tallahassee, FL 32303

Provider Number : 693564800
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Florida Agency for Health Care Administration

693564804 - 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 Florida Medical Centers-Shalimar

Provider Number : 693564804

Date : 10/01/2015

2804 Remington Green Cir Ste 2

Fiscal Year End : N/A

Tallahassee, FL 323081550

Audit Status : N/A

Table with 5 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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693564806 - 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 Florida Medical Center- Wright Pkwy

Provider Number : 693564806

2804 Remington Green Cir Ste 2

Date : 10/01/2015

Tallahassee, FL 323081550

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 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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

693564808 - 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 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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers (marked with X), Hospice Provider, and various care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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