

001182600 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	Medicaid Reimbursement Pe	r Diem	Rates for	· N	<u>lon-Ir</u>	nstitutional	<u>Providers</u>	
FoundCare, Inc.				Provider Number : 001182600						
					Date: 08/31/2022					
2330 S. Congress Ave.					Fi	iscal	Year End : N	I/A		
Pa	m Sprin	gs, FL 3	34067608			Α	udit S	Status : N/A		
Pro	vider T	уре:					Cu	rrent Rate	New Rate	Effective Date
		Rural F	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					143.54	148.02	10/01/2022
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care	(1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home C	are						
		#05	51 / 0561 Continuous Home (Care - S	IA					
		#06	55 / H55 Inpatient Respite Ca	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Ba	sis :]		Rate	Ту	/pe :			
			Budget			X		 Prospect	ive	
•			Unaudited costs					— Total Pro	spective	
•			Desk audited costs					— Prospect	ive Adjusted for	New costs
•			Field audited costs							
•			Medicare - Prospective					 Interim		
		X	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cos	ts
•			Palm Beach							
	Distr	ibution:		 T. K.	Feehrer,					A)/ /
		Agent				em	nent A	nalyst Supe	rvisor	- TAKE
	Contra	act Mana	gement	Medic	caid Prog	rar	m Fin	ance		
	Perma	anent File	e							
	Progra	am Deve	lopment:							



001182602 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement F	Per Diem Rates fo	r No	<u>n-Inst</u>	itutional l	<u>Providers</u>		
undCare, Inc- N. Palm Beach		Pro	vider l	Number :	001182602		
		Date: 08/31/2022					
30 S Congress Ave		Fise	cal Ye	ar End : N	I/A		
lm Springs, FI 33406		Aud	dit Sta	tus : N/A			
ovider Type:			Curre	ent Rate	New Rate	Effective Date	
Rural Health Clinic					,		
Swing-Bed Provider							
X Federally Qualified Health Centers	.			143.54	148.02	10/01/2022	
Hospice Provider							
#0651 / H51 Routine Home Car	e (1-60)				,		
#0651a / H5L Routine Home Ca	are (61 +)						
#0652 / H52 Continuous Home	Care						
#0551 / 0561 Continuous Home	e Care - SIA						
#0655 / H55 Inpatient Respite C	Care						
#0656 / H56 General Inpatient 0	Care						
#0658 Room and Board							
Basis:	Rate	Тур	e :				
Budget		Χ		Prospecti	ive		
Unaudited costs				Total Pro	spective		
Desk audited costs				Prospect	ive Adjusted for	New costs	
Field audited costs				•			
Medicare - Prospective				Interim			
X Payment System Rate				Total Inte	erim		
Average Nursing Home Rat	e			Settleme	nt based on cost	rs	
<u>Distribution:</u> Fiscal Agent	T. K. Feehrer, Senior Manag		nt Ana	ılyst Supe	rvisor	184	
Contract Management	Medicaid Prog			•			
G							
Permanent File							



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

001182606 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Pe	r Diem Rates for	Non-	<u>Institutional l</u>	<u>Providers</u>		
Foundca	re, Inc West Palm Beach Greenwood		Provi	der Number :	001182606		
		I	Date: 08/31/2022				
5205 Gre	eenwood Avenue	I	Fisca	I Year End : N	I/A		
West Pal	m Beach , FL 33407	,	Audit	Status : N/A			
Provider	Туре:		С	urrent Rate	New Rate	Effective Date	
	Rural Health Clinic						
	Swing-Bed Provider						
Х	Federally Qualified Health Centers			143.54	148.02	10/01/2022	
	Hospice Provider						
	#0651 / H51 Routine Home Care	(1-60)					
	#0651a / H5L Routine Home Care	e (61 +)					
	#0652 / H52 Continuous Home C	are					
	#0551 / 0561 Continuous Home C	Care - SIA					
	#0655 / H55 Inpatient Respite Ca	re					
	#0656 / H56 General Inpatient Ca	re					
	#0658 Room and Board						
E	Basis :	Rate T	уре	:			
	Budget	X	(Prospect	ive		
	Unaudited costs			 Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
	X Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	S	
	Palm Beach						
<u>Dis</u>	tribution:	T. K. Feehrer,				Λ. Λ	
Fisc	cal Agent	Senior Manager	ment	Analyst Supe	rvisor	1/h	
Cor	ntract Management	Medicaid Progra	am Fi	inance			
Per	manent File						



001182608 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Pe	<u>r Diem Rates fo</u>	r No	on-Institutional	<u>Providers</u>	
Foundcare Inc		Pr	ovider Number :	001182608	
		Da	ate: 08/31/2022		
2330 S. Congress Avenue		Fis	scal Year End : N	I/A	
Palm Springs, FL 33406-7608		Αι	udit Status : N/A		
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic				,	
Swing-Bed Provider					
X Federally Qualified Health Centers			143.54	148.02	10/01/2022
Hospice Provider					
#0651 / H51 Routine Home Care	(1-60)				
#0651a / H5L Routine Home Care	e (61 +)				
#0652 / H52 Continuous Home C	are				
#0551 / 0561 Continuous Home (Care - SIA				
#0655 / H55 Inpatient Respite Ca	re				
#0656 / H56 General Inpatient Ca	ire				
#0658 Room and Board					
Basis:	Rate	Ту	pe:		
Budget		Χ	Prospect	ive	
Unaudited costs			Total Pro	spective	
Desk audited costs			Prospect	ive Adjusted for	New costs
Field audited costs					
Medicare - Prospective			Interim		
X Payment System Rate			Total Inte	erim	
Average Nursing Home Rate			Settleme	nt based on cost	s
Palm Beach					
<u>Distribution:</u>	T. K. Feehrer,				1 V 1
Fiscal Agent		eme	ent Analyst Supe	rvisor	2/1/2
Contract Management	Medicaid Prog	ram	n Finance		
Permanent File					
Program Development:					



001182610 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement	Per Di	em Rates for	. N	<u>on-Ins</u>	titutional l	<u>Providers</u>	
Fo	undcare,	Inc			Pr	rovider	Number :	001182610	
					Da	ate : 08	8/31/2022		
5867 Okeechobee Blvd					Fi	scal Y	ear End : N	I/A	
We	st Palm	Beach, FL 33417-4344			Αι	udit Sta	atus : N/A		
Pro	ovider Ty	/pe:				Curr	ent Rate	New Rate	Effective Date
		Rural Health Clinic							
		Swing-Bed Provider							
	X	Federally Qualified Health Center	rs				143.54	148.02	10/01/2022
		Hospice Provider							
		#0651 / H51 Routine Home Ca	re (1-6	60)					
		#0651a / H5L Routine Home C	are (6'	1 +)					
		#0652 / H52 Continuous Hom	e Care						
		#0551 / 0561 Continuous Hon	ne Care	e - SIA					
		#0655 / H55 Inpatient Respite	Care						
		#0656 / H56 General Inpatient	Care						
		#0658 Room and Board							
	Bas	is :		Rate	Ту	pe :]		
'		Budget			Χ		Prospecti	ive	
•		Unaudited costs					Total Pro	spective	
•		Desk audited costs					Prospecti	ive Adjusted for	New costs
•		Field audited costs					_		
•		Medicare - Prospective					Interim		
	>	C Payment System Rate					Total Inte	erim	
		Average Nursing Home Ra	ate				Settleme	nt based on cost	s
	<u>Distri</u>	bution:		. K. Feehrer,					NYL
	Fiscal	Agent	_	Senior Manage				rvisor	2/1/2
	Contra	ct Management	IV	ledicaid Prog	ran	n Finai	nce		
	Perma	nent File							
	Progra	m Development:							



001276200 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Drevides Tree.	Comment Date New Date Effective Date
Tampa, 1 2 0000 10200	riddit Status : 14/71
Tampa, FL 336043233	Audit Status : N/A
4422 E. Columbus Drive	Fiscal Year End : N/A
	Date: 08/31/2022
Tampa Family Health Centers, Inc. #20	Provider Number : 001276200

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	134.34	138.53	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



001718300 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	r Nor	n-Institutional	<u>Providers</u>		
Heart of Florida Health Center, Inc.		Pro	vider Number :	001718300		
		Date	te: 08/31/2022			
1025 SW 1st Ave.		Fisc	cal Year End : N	I/A		
Ocala, FL 344710900		Aud	lit Status : N/A			
Provider Type:			Current Rate	New Rate	Effective Date	
Rural Health Clinic					,	
Swing-Bed Provider						
X Federally Qualified Health Centers			130.81	134.88	10/01/2022	
Hospice Provider						
#0651 / H51 Routine Home Care (1-60)					
#0651a / H5L Routine Home Care	(61 +)					
#0652 / H52 Continuous Home Ca	re					
#0551 / 0561 Continuous Home Ca	are - SIA					
#0655 / H55 Inpatient Respite Care	e					
#0656 / H56 General Inpatient Car	е					
#0658 Room and Board						
Basis:	Rate	Туре	e :			
Budget		X	Prospect	ive		
Unaudited costs	-		Total Pro	spective		
Desk audited costs			Prospect	ive Adjusted for	New costs	
Field audited costs						
Medicare - Prospective			Interim			
X Payment System Rate			Total Inte	erim		
Average Nursing Home Rate			Settleme	nt based on cost	s	
Marion						
<u>Distribution:</u>	T. K. Feehrer,				Λ \	
Fiscal Agent		emer	nt Analyst Supe	rvisor	2/12	
Contract Management	Medicaid Prog	ram I	Finance			
Permanent File						
Program Development:						



001718304 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rate	s for No	n-Institutional	<u>Providers</u>		
Heart of Florida Health Center - Reddick			Provider Number: 001718304					
				Da	te: 08/31/2022			
1025 SW 1st Ave.				Fis	cal Year End : N	I/A		
Oc	ala, FL 344710	900		Au	udit Status : N/A			
Pr	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Feder	ally Qualified Health Centers			130.81	134.88	10/01/2022	
	Hospi	ce Provider						
	#0	651 / H51 Routine Home Care ((1-60)					
	#0	651a / H5L Routine Home Care	(61 +)					
	#0	652 / H52 Continuous Home Ca	are					
	#0	551 / 0561 Continuous Home C	are - SIA					
	#0	655 / H55 Inpatient Respite Car	re					
	#0	656 / H56 General Inpatient Ca	re					
	#0	658 Room and Board						
	Basis :	7	F	Rate Typ	pe:			
,		 Budget	-	Х	 Prospect	ive		
•		Unaudited costs			Total Pro	spective		
•		Desk audited costs			Prospect	ive Adjusted for	New costs	
•		Field audited costs						
•		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
•		Average Nursing Home Rate			Settleme	nt based on cost	ts	
•		 Marion						
	Distribution	 : :	T. K. Feeh	nror.			A>/ A	
	Fiscal Agent	-			nt Analyst Supe	rvisor		
	Contract Man	agement	Medicaid F	Program	Finance		-	
	Permanent Fi							
	Program Dev	elopment:						



001718313 - 2022/10

Bureau of Medicaid Program 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 : 001718313
Ocala West Family Medicine	Date: 08/31/2022
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			
Х	Federally Qualified Health Centers	130.81	134.88	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



001718315 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	ates for	No	n-Inst	<u>itutional l</u>	<u>Providers</u>		
Hea	art of Florida He	alth Center-17th St			Pro	ovider	Number :	001718315		
					Da	te: 08	/31/2022			
102	25 SW 1st Ave				Fiscal Year End : N/A					
Oca	ala, Fl 34471				Au	dit Sta	tus : N/A			
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date	
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers					130.81	134.88	10/01/2022	
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SIA	4						
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
ſ	Basis :]		Rate	Тур	oe :				
		□ Budget			X		ı Prospecti	ive		
-		Unaudited costs	-				Total Pro	spective		
-		Desk audited costs	-				Prospect	ive Adjusted for	New costs	
-		Field audited costs	-				•			
-		Medicare - Prospective	-				Interim			
	Χ	Payment System Rate	-				Total Inte	erim		
-		Average Nursing Home Rate	-				Settleme	nt based on cost	s	
_		 Marion					•			
	D ' ('' ('									
	Distribution	<u>:</u>	T. K. Fo		eme	ent Ana	llyst Supe	rvisor	184	
	Fiscal Agent	agamont		id Prog			<u> </u>			
	Contract Mana Permanent Fil	_		- 9						
	Program Deve	лортнети.								



001718325 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rate	s for N	Non-In	stitutional	<u>Providers</u>		
Hea	art of Florida He	ealth Center		F	Provide	er Number :	001718325		
					Date : 0	08/31/2022			
102	25 SW 1ST Ave		Fiscal Year End : N/A						
Oca	ala, FL 34471			A	Audit S	tatus : N/A			
Pro	vider Type:				Cur	rent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	g-Bed Provider							
	X Feder	ally Qualified Health Centers				130.81	134.88	10/01/2022	
	Hospi	ice Provider							
	#0	651 / H51 Routine Home Care (1-60)						
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SIA						
	#0	655 / H55 Inpatient Respite Car	·e						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
ſ	Basis :		F	Rate T	ype :				
٦		 Budget		Х		Prospect	ive		
-		Unaudited costs				Total Pro	spective		
_		Desk audited costs				Prospect	ive Adjusted for	New costs	
_		Field audited costs							
_		Medicare - Prospective				 Interim			
_	Χ	Payment System Rate				Total Inte	erim		
-		Average Nursing Home Rate Marion				Settleme	nt based on cost	s	
	Distribution	<u>ı:</u>	T. K. Feeh		oont A	naluat Cuna	m door	NYI	
	Fiscal Agent		Medicaid F			nalyst Supe	IVISUI	グラ	
	Contract Man		MEGICAIU I	iogia	111 1 1110	ai iO C			
	Permanent F								
	Program Dev	relopment:							



001718330 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Ins	titutional	<u>Providers</u>				
Не	art Of Florida He	ealth Center, Inc			Pr	ovider	Number :	001718330				
					Da	ate : 0	8/31/2022					
192	204 E Pennsylva	nia Ave			Fis	scal Year End : N/A						
Du	nnellon, FL 344	32			Αu	udit Status : N/A						
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic										
	Swing-	Bed Provider										
	X Federa	Illy Qualified Health Centers					130.81	134.88	10/01/2022			
	Hospic	e Provider										
	#06	551 / H51 Routine Home Care (1-60)									
	#06	651a / H5L Routine Home Care	(61 +)									
	#06	552 / H52 Continuous Home Ca	are									
	#05	551 / 0561 Continuous Home C	are - SI	Α								
	#06	655 / H55 Inpatient Respite Car	е									
	#06	656 / H56 General Inpatient Car	е									
	#06	558 Room and Board										
	Basis :]		Rate	Туј	pe:						
		⊐ Budget	'		X		⊐ Prospect	ive				
•		Unaudited costs	'				– Total Pro	spective				
•		Desk audited costs	'				– Prospect	ive Adjusted for	New costs			
•		Field audited costs					_					
•		Medicare - Prospective					_ Interim					
	X	Payment System Rate					Total Inte	erim				
•		Average Nursing Home Rate					Settleme	nt based on cost	s			
•		 Marion					_					
	Dietribution											
	Distribution: Fiscal Agent	<u>.</u>		Feehrer, r Manage	eme	ent An	alyst Supe	rvisor	N/4			
	Contract Mana	agament		aid Prog								
	Permanent File			J								
	Program Deve											
	i logialli Deve	лоринент.										



001718331 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Per	Diem Rate	es for	· No	n-Inst	itutional	<u>Providers</u>				
Не	art of Flor	rida Hea	Ith Center, Inc			Pro	rovider Number : 001718331						
						Da	te : 08	/31/2022					
450	00 NW 15	2ND LN				Fis	Fiscal Year End : N/A						
Re	ddick, FL	32686				Au	dit Sta	tus : N/A					
Pro	vider Ty	pe:					Curre	ent Rate	New Rate	Effective Date			
		Rural H	ealth Clinic										
		Swing-E	Bed Provider										
	X	Federal	ly Qualified Health Centers					130.81	134.88	10/01/2022			
		Hospice	e Provider										
		#065	51 / H51 Routine Home Care (1-60)									
		#065	51a / H5L Routine Home Care	(61 +)									
		#065	52 / H52 Continuous Home Ca	re									
		#055	51 / 0561 Continuous Home C	are - SIA									
		#065	55 / H55 Inpatient Respite Car	е									
		#065	56 / H56 General Inpatient Car	е									
		#065	58 Room and Board										
	Basi	is :		F	Rate	Тур	oe :]					
י			Budget		,	X		Prospect	ive				
-			Unaudited costs					Total Pro	spective				
-			Desk audited costs					Prospect	ive Adjusted for	New costs			
-			Field audited costs					_					
-			Medicare - Prospective					Interim					
	Х		Payment System Rate					Total Inte	erim				
_			Average Nursing Home Rate					Settleme	nt based on cost	es es			
			Marion					_					
	Distrik	oution:		I T. K. Feel	hrer,					1 / A			
	Fiscal A	Agent		Senior Ma		eme	ent Ana	alyst Supe	rvisor	2/12			
	Contrac	ct Manaç	gement	Medicaid	Progi	ram	Finan	ce					
	Permar	nent File											
	Progra	m Devel	opment:										



001718332 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	r Diem F	Rates for	. N	<u>lon-In</u>	stitutional	<u>Providers</u>				
Не	art of Flo	orida Hea	alth Center, Inc.			Р	rovide	er Number :	001718332				
						D	ate : (08/31/2022					
100) Marior	o Oaks Bl	vd		Fiscal Year End : N/A								
Ос	ala, fl 3	4471-090	00			Α	udit Status : N/A						
Pro	vider T	уре:					Cui	rrent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic										
		Swing-	Bed Provider										
	X	Federa	lly Qualified Health Centers					130.81	134.88	10/01/2022			
		Hospic	e Provider										
		#06	51 / H51 Routine Home Care ((1-60)									
		#06	51a / H5L Routine Home Care	(61 +)									
		#06	52 / H52 Continuous Home Ca	are									
		#05	51 / 0561 Continuous Home C	are - SI	A								
		#06	55 / H55 Inpatient Respite Ca	re									
		#06	56 / H56 General Inpatient Ca	re									
		#06	58 Room and Board										
	Ва	sis :]		Rate	Ту	/pe :						
י			Budget	'		X		Prospect	tive				
-			Unaudited costs	-				Total Pro	spective				
•			Desk audited costs	-				Prospect	tive Adjusted for	New costs			
-			Field audited costs										
-			Medicare - Prospective					Interim					
		X	Payment System Rate					Total Inte	erim				
•			Average Nursing Home Rate					Settleme	ent based on cos	ts			
			Marion										
	<u>Distr</u>	ibution:			eehrer,					A)/ /			
		Agent				em	ent A	nalyst Supe	rvisor	- TAKE			
	Contra	act Mana	gement	Medic	aid Prog	rar	m Fina	ance					
	Perma	anent File	e										
	Progra	am Deve	lopment:										



001718334 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:		Current Rate	New Rate	Effective Date			
Ocala, FL 34470	Au	Audit Status : N/A					
2553 E Silver Springs Blvd	Fis	Fiscal Year End : N/A					
Heart of Florida Health Center	Provider Number : 001718334						

Provider 1	Гуре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	130.81	134.88	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1



001718341 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	N	on-Ins	titutional	<u>Providers</u>			
Hea	rt of Florida He	alth Center, Inc			Pr	ovider Number : 001718341					
					Da	ate : 08	3/31/2022				
717	SW Martin Luth	ner King Jr Ave			Fiscal Year End : N/A						
Oca	a, FL 34471-1	435			Αι	udit Status : N/A					
Prov	vider Type:					Curr	ent Rate	New Rate	Effective Date		
	Rural I	lealth Clinic									
	Swing-	Bed Provider									
	X Federa	Ily Qualified Health Centers					130.81	134.88	10/01/2022		
	Hospic	e Provider									
	#06	51 / H51 Routine Home Care (1-60)								
	#06	551a / H5L Routine Home Care	(61 +)								
	#06	552 / H52 Continuous Home Ca	re								
	#05	551 / 0561 Continuous Home Ca	are - SI	IA							
	#06	555 / H55 Inpatient Respite Care	е								
	#06	556 / H56 General Inpatient Car	е								
	#06	558 Room and Board									
	Basis :	7		Rate	Ту	pe:]				
-		Budget	'		X		⊐ Prospect	ive			
		Unaudited costs	,				Total Pro	spective			
		Desk audited costs					- Prospect	ive Adjusted for	New costs		
		Field audited costs					_				
		Medicare - Prospective					_ Interim				
	Χ	Payment System Rate					Total Inte	erim			
		Average Nursing Home Rate					Settleme	nt based on cost	s		
		Marion					_				
	Distribution	<u>:</u>		Feehrer,			al at 0		NYL		
	Fiscal Agent						alyst Supe	rvisor	7/M		
	Contract Mana	agement	iviedic	aid Prog	ran	n Finar	nce				
	Permanent File	e									
	Program Deve	elopment:									



001718343 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Pe	er Diem Rates for N	on-Institutional	<u>Providers</u>					
eart of Florida Health Center, Inc.	Provider Number : 001718343							
	D	ate: 08/31/2022	1/2022					
330 SW 33rd Ave	Fi	Fiscal Year End : N/A						
cala , FL 34474	A	udit Status : N/A						
rovider Type:		Current Rate	New Rate	Effective Date				
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Centers		130.81	134.88	10/01/2022				
Hospice Provider								
#0651 / H51 Routine Home Care	e (1-60)							
#0651a / H5L Routine Home Cal	re (61 +)							
#0652 / H52 Continuous Home (Care							
#0551 / 0561 Continuous Home	Care - SIA							
#0655 / H55 Inpatient Respite C	are							
#0656 / H56 General Inpatient C	are							
#0658 Room and Board								
Basis:	Rate Ty	/pe:						
Budget	X	Prospect	ive					
Unaudited costs		Total Pro	spective					
Desk audited costs		Prospect	ive Adjusted for	New costs				
Field audited costs								
Medicare - Prospective		Interim						
X Payment System Rate		Total Inte	erim					
Average Nursing Home Rate	•	Settleme	nt based on cost	ts				
Marion								
<u>Distribution:</u>	T. K. Feehrer,			ΛV.Λ				
Fiscal Agent	Senior Managem	ent Analyst Supe	rvisor	2/6				
1 loodi / tgc/it			`					
Contract Management	Medicaid Program	m Finance						
-		m Finance						



003407902 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates	tor No	<u>on-Instit</u>	<u>utional l</u>	<u>Providers</u>			
Community AID	S Resource, Inc.		Pr	rovider N	umber :	003407902			
Care Resource			Da	Date: 08/31/2022					
3510 Biscayne	Blvd, Ste 300		Fi	Fiscal Year End : N/A					
Miami, FL 3313	37		Αι	udit Statu					
Provider Type:	:			Curren	t Rate	New Rate	Effective Date		
Ru	ral Health Clinic					ı			
Sw	ing-Bed Provider								
X Fed	derally Qualified Health Centers				158.01	162.93	10/01/2022		
Но	spice Provider								
	#0651 / H51 Routine Home Care (1-60)							
	#0651a / H5L Routine Home Care	(61 +)							
	#0652 / H52 Continuous Home Ca	are							
	#0551 / 0561 Continuous Home C	are - SIA							
	#0655 / H55 Inpatient Respite Car	е							
	#0656 / H56 General Inpatient Ca	re							
	#0658 Room and Board								
Basis :		Ra	ate Ty	pe :					
	Budget		Х	F	Prospect	ve			
	Unaudited costs			7	Total Pro	spective			
	Desk audited costs	-		F	Prospect	ve Adjusted for	New costs		
	Field audited costs								
	Medicare - Prospective			I	nterim				
X	Payment System Rate			٦	Total Inte	rim			
	Average Nursing Home Rate				Settleme	nt based on cost	ts		
	Dade								
Distribut	ion:	T. K. Feehro	or				A > / A		
Fiscal Age		Senior Man		ent Analy	st Supe	rvisor	4		
		Medicaid Pr	rogran	n Finance	2	207	•		

Contract Management Permanent File Program Development:



003407905 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community AIDS Resource	Provider Number : 003407905				
Comm Health Ctr @ Little Havana	Date: 08/31/2022				
3510 Biscayne Blvd., Suite 300	Fiscal Year End : N/A				
Miami, FL 33137	Audit Status : N/A				

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	158.01	162.93	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





003407907 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community AIDS	Resource	P	rovider Number :	003407907				
Care Resource a	t Oakland Park	D	Date: 08/31/2022					
3510 Biscayne B	lvd Ste 300	scal Year End : N	scal Year End : N/A					
Miami, FL 33137		А	udit Status : N/A					
Provider Type:			Current Rate	New Rate	Effective Date			
Rura	ıl Health Clinic							
Swir	ng-Bed Provider							
X Fede	erally Qualified Health Centers		158.01	162.93	10/01/2022			
Hos	oice Provider							
#	0651 / H51 Routine Home Care (1-60)		'				
#	0651a / H5L Routine Home Care (61	+)						
#	0652 / H52 Continuous Home Care							
#	0551 / 0561 Continuous Home Care	- SIA						
#	0655 / H55 Inpatient Respite Care							
#	0656 / H56 General Inpatient Care							
#	0658 Room and Board							
Basis :		Rate Ty	pe:					
	Budget	X	Prospec	Prospective				
	Unaudited costs		Total Pro	ospective				
	Desk audited costs		Prospec	tive Adjusted for	New costs			
	Field audited costs							
	Medicare - Prospective		Interim					
X	Payment System Rate		Total Into	erim				
	Average Nursing Home Rate		Settleme	ent based on cost	ts			
	 Broward							

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance





003407909 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community AIDS Resource	Provider Number : 003407909		
Care Resource at Meridian Ave	Date: 08/31/2022		
3510 Biscayne Blvd	Fiscal Year End : N/A		
Miami, FL 33137	Audit Status : N/A		

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	158.01	162.93	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,



003407911 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u>M</u>	edicaid Reimbursement Per	<u>Diem F</u>	Rates for	r Nor	n-Institutional	<u>Providers</u>			
Care Resource Community Health Centers				Provider Number : 003407911							
						Date	te: 08/31/2022				
168	1680 Michigan Avenue					Fisc	al Year End : N	I/A			
Miami Beach, FL 33139						Aud	it Status : N/A				
Pro	Provider Type:						Current Rate	New Rate	Effective Date		
		Rural He	alth Clinic								
		Swing-Be	ed Provider								
	X	Federally	Qualified Health Centers				158.01	162.93	10/01/2022		
		Hospice	Provider								
		#0651	/ H51 Routine Home Care (1	1-60)							
		#0651	a / H5L Routine Home Care	(61 +)							
		#0652	2 / H52 Continuous Home Ca	re							
		#0551	/ 0561 Continuous Home Ca	are - SI	Α						
		#0655	5 / H55 Inpatient Respite Card	е							
		#0656	6 / H56 General Inpatient Car	е							
		#0658	Room and Board								
	Bas	is:			Rate	Туре	e :				
'			Budget	'		X	Prospect	ive			
•			Jnaudited costs	'			Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•		F	Field audited costs								
•		N	Medicare - Prospective				Interim				
	Х	. F	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	ts		
•			Broward								
	Distrib	oution:		TKI	eehrer,				A \		
	Fiscal /					emer	nt Analyst Supe	rvisor	1K2		
		ct Manage	ement	Medic	aid Prog	ram	Finance				
		nent File									
	Progra	m Develo _l	oment:								



003407918 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	Medicaid Reimbursement Per	Diem Rates fo	or No	on-Inst	itutional	<u>Providers</u>			
Care Resource Community Health Centers, Inc			mmunity Health Centers, Inc	Provider Number : 003407918							
					Da	ate: 08/31/2022					
35	10 Bisca	ayne Blvo	1		Fis	scal Ye	ar End : N	I/A			
Mia	Miami, FL 33137				Au	ıdit Sta	tus : N/A				
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	Illy Qualified Health Centers				158.01	162.93	10/01/2022		
		Hospic	e Provider								
		#06	551 / H51 Routine Home Care (1-60)							
		#06	551a / H5L Routine Home Care	(61 +)							
		#06	552 / H52 Continuous Home Ca	ire							
		#05	551 / 0561 Continuous Home C	are - SIA							
		#06	555 / H55 Inpatient Respite Car	е							
		#06	556 / H56 General Inpatient Car	е							
		#06	558 Room and Board								
	Ва	ısis :]	Rate	э Тур	pe:]				
'			Budget		Χ		Prospect	ive			
			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs				-				
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate	-			Settleme	nt based on cost	S		
•			Broward				_				
	Distr	ibution	<u> </u>	T. K. Feehrer	,				٨٧.٨		
	Fisca	l Agent		Senior Manag		ent Ana	alyst Supe	rvisor	2K2		
	Contr	act Mana	agement	Medicaid Pro	gram	n Finan	се				
	Perm	anent Fil	е								
	Progr	am Deve	elopment:								



006608600 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	. N	on-Ins	titutional l	<u>Providers</u>		
Genesis Community Health		Pı	rovider	Number :	006608600		
		D	ate: 08/31/2022				
564 E. Woolbright Road		Fi	scal Ye	ear End : N	/A		
Boynton Beach, FL 334356033		Αı	udit Sta	itus : N/A			
Provider Type:			Curre	ent Rate	New Rate	Effective Date	
Rural Health Clinic							
Swing-Bed Provider							
X Federally Qualified Health Centers				143.54	148.02	10/01/2022	
Hospice Provider							
#0651 / H51 Routine Home Care (1	-60)						
#0651a / H5L Routine Home Care ((61 +)						
#0652 / H52 Continuous Home Car	re						
#0551 / 0561 Continuous Home Ca	are - SIA						
#0655 / H55 Inpatient Respite Care	•						
#0656 / H56 General Inpatient Care	e						
#0658 Room and Board							
Basis:	Rate	Ту	pe:]			
Budget		X		Prospecti	ve		
Unaudited costs				Total Pro	spective		
Desk audited costs				Prospecti	ve Adjusted for	New costs	
Field audited costs				_			
Medicare - Prospective				Interim			
X Payment System Rate				Total Inte	rim		
Average Nursing Home Rate				Settleme	nt based on cost	s	
Palm Beach				_			
<u>Distribution:</u>	T. K. Feehrer,					NV J	
Fiscal Agent	Senior Manage			•	rvisor	2/12	
Contract Management	Medicaid Prog	rar	n Finar	ice			
Permanent File							
Program Development:							



006608601 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	<u>r No</u>	<u>n-Ins</u>	titutional l	<u>Providers</u>		
enesis Commun	ity Health - Boca		Pro	vider	Number :	006608601		
			Date: 08/31/2022					
64 E. Woolbright	Road		Fis	cal Ye	ear End : N	I/A		
oynton, FL 3343	356033		Aud	dit Sta	atus : N/A			
rovider Type:				Curr	ent Rate	New Rate	Effective Date	
Rural	Health Clinic							
Swin	g-Bed Provider							
X Feder	rally Qualified Health Centers				143.54	148.02	10/01/2022	
Hosp	ice Provider							
#(0651 / H51 Routine Home Care ((1-60)						
#(0651a / H5L Routine Home Care	e (61 +)						
#(0652 / H52 Continuous Home Ca	are						
#(0551 / 0561 Continuous Home C	are - SIA						
#(0655 / H55 Inpatient Respite Ca	re						
#(0656 / H56 General Inpatient Ca	re						
#(0658 Room and Board							
Basis :		Rate	Тур	e :	1			
	Budget		Х		Prospecti	ive		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				Prospecti	ive Adjusted for	New costs	
	Field audited costs				_			
	Medicare - Prospective				- Interim			
X	Payment System Rate				Total Inte	erim		
	Average Nursing Home Rate				Settleme	nt based on cost	S	
	Palm Beach				_			
Distribution	<u>n:</u>	T. K. Feehrer,					AV. A	
Fiscal Agent		Senior Manag	eme			rvisor	1/h	
Contract Mar	nagement	Medicaid Prog	gram	Finar	nce			
Permanent F	ile							
Program Dev	velopment:							



006608603 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem I	Rates for	No	on-Ins	titutional	<u>Providers</u>		
Ge	Genesis Community Health Inc Delray				Pr	ovider	Number :	006608603		
				Date: 08/31/2022						
564	4 E Woolbright R	oad			Fis	scal Y	ear End : N	I/A		
Во	ynton Beach, FL	334356033			Αu	ıdit St	atus : N/A			
Pro	Provider Type:					Curr	ent Rate	New Rate	Effective Date	
	Rural H	lealth Clinic						,		
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers					143.54	148.02	10/01/2022	
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	ire							
	#05	51 / 0561 Continuous Home C	are - S	IA						
	#06	55 / H55 Inpatient Respite Car	е							
	#06	56 / H56 General Inpatient Car	е							
	#06	58 Room and Board								
	Basis :]		Rate	Туј	pe:				
•		Budget			Χ		Prospect	ive		
•		Unaudited costs	ĺ				Total Pro	spective		
•		Desk audited costs					Prospect	ive Adjusted for	New costs	
•		Field audited costs					-			
•		Medicare - Prospective					 Interim			
_	Х	Payment System Rate					Total Inte	erim		
		Average Nursing Home Rate					Settleme	nt based on cost	ts	
		Palm Beach								
	<u>Distribution:</u>		 T. K.	Feehrer,					A \/ . A	
	Fiscal Agent				eme	ent An	alyst Supe	rvisor	2K2	
	Contract Mana	gement	Medic	caid Prog	ram	r Fina	nce			
	Permanent File	e								
	Program Deve	lopment:								



006608607 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Genesis Community Health-Boynton Beach	Provider Number: 006608607		
	Date: 08/31/2022		
2623 S Seacrest Blvd Suite 112	Fiscal Year End : N/A		
Boynton Beach , FL 33435	Audit Status : N/A		

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	143.54	148.02	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,





006608610 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Date: 08/31/2022		-	Medicaid Reimbursement Per	Diem Rates	s for No	n-Institutional	<u>Providers</u>	
Fiscal Year End : N/A Audit Status : N/A Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651 / H52 Continuous Home Care #0655 / H52 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach Piscal Year End : N/A Audit Status : N/A Current Rate New Rate Effective Date Fiscal Year End : N/A Audit Status : N/A Current Rate New Rate Fiscal Year End : N/A Audit Status : N/A Effective Date Effective Date Effective Date Effective Date Fiscal Year End : N/A Audit Status : N/A Effective Date Fiscal Year End : N/A Audit Status : N/A Effective Date Fiscal Year End : N/A Audit Status : N/A Effective Date Fiscal Year End : N/A Audit Status : N/A Effective Date Fiscal Year End : N/A Audit Status : N/A Effective Date Fiscal Year End : N/A Effective Date Fiscal Year End : N/A Audit Status : N/A Effective Date Fiscal Year End : N/A Fiscal Year End : N/A Effective Date Fiscal Year End : N/A Fiscal Year End : N/A Effective Date Fiscal Year End : N/A Effective Date Fiscal Year End : N/A In (0/01/2022 Effective Date Fiscal Year End : N/A In (0/01/2022 In (0/01/2022	Genesis Community Health Delray			Provider Number : 006608610				
Delray Beach, FL 33484 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / J561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 / H56 General Inpatient Care #0658 Room and Board Rate Type: Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach Distribution: Fiscal Agent Contract Management Permanent File Provider Current Rate New Rate L43.54 148.02 10/01/202 10/01/2022 10/01/202 1					Da	te: 08/31/2022		
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Desk audited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach Pistribution: Fiscal Agent Contract Management Permanent File Fiscal Agent Contract Management Permanent File Edicative Date Little Date Current Rate Cur	16	16158 South Military Trail			Fis	cal Year End : N	I/A	
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 143.54 148.02 10/01/2022 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H51 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:	De	Iray Beach, FL 3	Beach, FL 33484 Audit Status : N/A					
Swing-Bed Provider X Federally Qualified Health Centers 143.54 148.02 10/01/2022 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H51 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :	Pr	ovider Type:				Current Rate	New Rate	Effective Date
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective X Prospecti		Rural H	lealth Clinic					
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:		Swing-	Bed Provider					
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		X Federa	lly Qualified Health Centers			143.54	148.02	10/01/2022
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective Unaudited costs Total Prospective Desk audited costs Prospective Adjusted for New costs Field audited costs Interim X Payment System Rate Average Nursing Home Rate Palm Beach Distribution: Fiscal Agent Contract Management Formanent File Contract Management Permanent File Fiscal Agent Medicaid Program Finance		Hospic	e Provider					
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	51 / H51 Routine Home Care (1-60)				
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		#06	51a / H5L Routine Home Care	(61 +)				
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	52 / H52 Continuous Home Ca	are				
#0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#05	51 / 0561 Continuous Home C	are - SIA				
#0658 Room and Board Basis :		#06	555 / H55 Inpatient Respite Car	е				
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#06	556 / H56 General Inpatient Car	re				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach Distribution: Fiscal Agent Contract Management Permanent File Rotal Prospective Total Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#06	558 Room and Board					
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Prospective Adjusted for New costs Prospective Adjusted for New costs Settlement Settlement based on costs Settlement based on costs Medicaid Program Finance Medicaid Program Finance		Basis:	7	R	Rate Typ	oe:		
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	'		Budget		Х	Prospect	ive	
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Medicare - Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Unaudited costs			Total Pro	spective	
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Desk audited costs			Prospect	ive Adjusted for	New costs
X Payment System Rate Average Nursing Home Rate Palm Beach Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance Medicaid Program Finance			Field audited costs					
Average Nursing Home Rate Palm Beach T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance Medicaid Program Finance			Medicare - Prospective			Interim		
Palm Beach Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		X	Payment System Rate			Total Inte	erim	
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Average Nursing Home Rate			Settleme	nt based on cost	s
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance			Palm Beach					
Contract Management Permanent File Medicaid Program Finance		<u>Distribution:</u>	<u> </u>	T. K. Feeh	rer,			٨٧.٨
Permanent File		Fiscal Agent					rvisor	2/12
		Contract Mana	agement	Medicaid F	Program	Finance		
Program Development:		Permanent File	е					
		Program Deve	elopment:					



008037100 - 2022/10

Bureau of Medicaid Program 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	Provider Number: 008037100	
HCD Lantana Primary Care Clinic	Date: 08/31/2022	
1250 Southwinds Drive	Fiscal Year End : N/A	
Lantana, FL 334621459	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	143.54	148.02	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



008037102 - 2022/10

Bureau of Medicaid Program 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	Provider Number : 008037102
HCD West Palm Beach Primary Care Clinic	Date: 08/31/2022
2601 10th Avenue North, Suite 100	Fiscal Year End : N/A
Palm Springs, FL 334613133	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	143.54	148.02	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,



008037104 - 2022/10

Bureau of Medicaid Program 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	Provider Number: 008037104
HCD Belle Glade Primary Care Clinic	Date: 08/31/2022
2601 10th Avenue North, Suite 100	Fiscal Year End : N/A
Palm Springs, FL 334613133	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	143.54	148.02	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,



008037106 - 2022/10

Bureau of Medicaid Program 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	Provider Number : 008037106
HCD Delray Primary Care Clinic	Date: 08/31/2022
2601 10th Avenue North, Suite 100	Fiscal Year End : N/A
Palm Springs, FL 334613133	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	143.54	148.02	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,



008037108 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	r Nor	n-Institutiona	Providers		
istrict Clinic Holdings, Inc			Prov	ovider Number : 008037108			
L Brumback Primary Care Clinic			Date	e : 08/31/2022			
2601 10th Ave	e N Ste 100		Fisc	al Year End :	N/A		
Palm Springs,	FL 33461		Aud	it Status : N/A			
Provider Typ	e:			Current Rate	New Rate	Effective Date	
R	ural Health Clinic						
S	wing-Bed Provider						
X Fe	ederally Qualified Health Centers			143.5	4 148.02	10/01/2022	
H	ospice Provider						
	#0651 / H51 Routine Home Care (1-60)					
	#0651a / H5L Routine Home Care	(61 +)					
	#0652 / H52 Continuous Home Ca	are					
	#0551 / 0561 Continuous Home C	are - SIA					
	#0655 / H55 Inpatient Respite Car	е					
	#0656 / H56 General Inpatient Car	re					
	#0658 Room and Board						
Basis	:	Rate	Туре	e :			
	Budget		Χ	Prospec	ctive		
	Unaudited costs			Total Pr	ospective		
	Desk audited costs			Prospec	ctive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
Х	Payment System Rate			Total In	terim		
	Average Nursing Home Rate			Settlem	ent based on cos	ts	
	Palm Beach						
Distribu	<u>ıtion:</u>	T. K. Feehrer,				٨٧.٨	
Fiscal Ag	gent	Senior Manage			ervisor	1/4°	
Contract	Management	Medicaid Prog	ram l	Finance			
Permane	nt File						
Program	Development:						



008037112 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clin	nic Holdings Inc		Provid	ler Number :	008037112		
				te : 08/31/2022			
	Ave N Ste 100			Year End : N	J/A		
				Status : N/A			
Provider T	vpe:		Cı	irrent Rate	New Rate	Effective Date	
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers			143.54	148.02	10/01/202	
	Hospice Provider						
	#0651 / H51 Routine Home Care (1-60)					
	#0651a / H5L Routine Home Care (61	+)					
#0652 / H52 Continuous Home Care							
#0551 / 0561 Continuous Home Care - SIA							
	#0655 / H55 Inpatient Respite Care						
	#0656 / H56 General Inpatient Care						
	#0658 Room and Board						
Bas	sis:	Rate 1	ype :				
	Budget	>	(Prospect	ive		
	Unaudited costs			 Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
	X Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	ts	
	Palm Beach						

Distribution :

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance





008037114 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem I	Rates for	No	on-Ins	stitutional	<u>Providers</u>	
District Clinic Holdings-State Rd 80			Pr	rovider Number : 008037114					
					Date: 08/31/2022				
2601 10th Ave North					Fis	scal Y	ear End : N	I/A	
Pa	lm Springs, FI 3	3461			Αι	udit St	tatus : N/A		
Pro	ovider Type:					Cur	rent Rate	New Rate	Effective Date
	Rural I	Health Clinic						,	
	Swing-	Bed Provider							
	X Federa	Illy Qualified Health Centers					143.54	148.02	10/01/2022
	Hospic	e Provider							
	#06	551 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
#0551 / 0561 Continuous Home Care - SIA									
#0655 / H55 Inpatient Respite Care									
	#06	656 / H56 General Inpatient Car	re						
	#06	558 Room and Board							
	Basis :]		Rate	Ту	pe:	7		
י		Budget	'		X		Prospect	ive	
•		Unaudited costs	'				— Total Pro	spective	
-		Desk audited costs					Prospect	ive Adjusted for	New costs
-		Field audited costs					_		
•		Medicare - Prospective					 Interim		
	Χ	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cost	ts
		Palm Beach							
	Distribution	<u> </u>	 K	Feehrer,					A \
	Fiscal Agent	-			eme	ent Ar	nalyst Supe	rvisor	
	Contract Mana	agement	Medic	aid Prog	ram	n Fina	ince		
	Permanent Fil								
	Program Deve	elopment:							



008037118 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings-10th ave	Provider Number : 008037118		
CL Brumback Primary Care Clinics	Date: 08/31/2022		
2601 10th Ave North	Fiscal Year End : N/A		
Palm Springs, FI 33461	Audit Status : N/A		

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	143.54	148.02	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,





008037123 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		<u>Medicaid Reimbursement Per Di</u>		11011 1				
District C	linic Holo	lings		Provid	ovider Number : 008037123			
				Date:	ate: 08/31/2022			
23123 St	ate Road	7, Suite 108-11		Fiscal	Year End : N	I/A		
Boca Ra	ton, FL 3	3428		Audit	Status : N/A			
Provider	Туре:			Cı	urrent Rate	New Rate	Effective Date	
	Rural	Health Clinic						
	Swing	g-Bed Provider						
Х	Fede	ally Qualified Health Centers			143.54	148.02	10/01/2022	
	Hosp	ice Provider						
	#(0651 / H51 Routine Home Care (1-6	60)					
	#(0651a / H5L Routine Home Care (6	1 +)					
	#(0652 / H52 Continuous Home Care						
	#(0551 / 0561 Continuous Home Care	e - SIA					
	#(0655 / H55 Inpatient Respite Care						
	#(0656 / H56 General Inpatient Care						
	#(0658 Room and Board						
E	Basis :		Rate	Туре :	:]			
		Budget	>	X	Prospect	ive		
		Unaudited costs			Total Pro	spective		
		Desk audited costs			Prospect	ive Adjusted for	New costs	
		Field audited costs						
		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate			Settleme	nt based on cost	rs	
		Palm Beach			_ _			

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





008037124 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rate	s for N	Non-In	stitutional	<u>Providers</u>	
District Clinic Holdings Inc			Provider Number : 008037124					
			Date: 08/31/2022					
41	1 West Indianto	wn Rd		F	iscal `	Year End : N	I/A	
Jup	oiter, FL 33458			P	Audit S	tatus : N/A		
Pro	ovider Type:				Cui	rent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Feder	ally Qualified Health Centers				143.54	148.02	10/01/2022
	Hospi	ce Provider						
	#0	651 / H51 Routine Home Care (1-60)					
	#0	651a / H5L Routine Home Care	(61 +)					
	#0	652 / H52 Continuous Home Ca	are					
	#0	551 / 0561 Continuous Home C	are - SIA					
	#0	655 / H55 Inpatient Respite Car	·e					
	#0	656 / H56 General Inpatient Car	re					
	#0	658 Room and Board						
[Basis :	7	F	Rate T	ype :			
		 Budget		Х		Prospect	ive	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
		Field audited costs						
		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	rs
		Palm Beach						
	Distribution	<u></u>	I T. K. Feeh	nrer.				A \
	Fiscal Agent				nent A	nalyst Supe	rvisor	14X
	Contract Man	agement	Medicaid I	Progra	m Fina	ance		
	Permanent F	le						
	Program Dev	elopment:						



008037141 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings, Inc	Provider Number : 008037141
C L Brumback Primary Care Clinics	Date: 08/31/2022
2151 45th St Ste 204	Fiscal Year End : N/A
West Palm Beach , FL 33407-2009	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	143.54	148.02	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

SH



010762301 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	r Diem Rates for	' Noi	n-Institutional	<u>Providers</u>			
Community Hea		Pro	vider Number :	010762301				
Tavernier			Date: 08/31/2022					
10300 SW 2016	0300 SW 2016th Street			cal Year End : N	I/A			
Miami, FL 331901003			Auc	dit Status : N/A				
Provider Type:				Current Rate	New Rate	Effective Date		
Rur	ral Health Clinic							
Swi	ing-Bed Provider							
X Fed	derally Qualified Health Centers			162.52	167.58	10/01/2022		
Hos	spice Provider							
	#0651 / H51 Routine Home Care ((1-60)						
	#0651a / H5L Routine Home Care	e (61 +)						
	#0652 / H52 Continuous Home Ca	are						
	#0551 / 0561 Continuous Home C	are - SIA						
	#0655 / H55 Inpatient Respite Car	re						
	#0656 / H56 General Inpatient Ca	re						
	#0658 Room and Board							
Basis :		Rate	Тур	e :				
	Budget)	X	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
X	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	Monroe							
Distributi	<u>ion:</u>	T. K. Feehrer,				AV 1		
Fiscal Age			emer	nt Analyst Supe	rvisor	4		
Contract M	lanagement	Medicaid Progr	ram	Finance				

Contract Management

Permanent File

Program Development:



010762358 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	Rates for	· No	on-Ins	titutional l	<u>Providers</u>	
Community Health of South Florida, Inc.				Pro	ovider	Number :	010762358		
				Date: 08/31/2022					
72	7 Fort Street				Fis	scal Y	ear End : N	I/A	
Key West, FL 33040-7307		10-7307			Au	ıdit Sta	atus : N/A		
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic						,	
	Swing-	Bed Provider							
	X Federa	Illy Qualified Health Centers					162.52	167.58	10/01/2022
	Hospic	e Provider							
	#06	551 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SI	A					
	#06	655 / H55 Inpatient Respite Car	·e						
	#06	656 / H56 General Inpatient Car	re						
	#06	558 Room and Board							
	Basis :			Rate	Тур	pe:	7		
'		Budget			X		Prospecti	ive	
•		Unaudited costs	-				Total Pro	spective	
•		Desk audited costs	-				Prospecti	ive Adjusted for	New costs
•		Field audited costs	-				_		
•		Medicare - Prospective	-				Interim		
	Χ	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cost	es es
		Monroe					_		
	Distribution	<u> </u>	 KF	eehrer,					A \
	Fiscal Agent	-			eme	ent An	alyst Supe	rvisor	
	Contract Mana	agement	Medic	aid Prog	ram	Finar	nce		
	Permanent Fil								
	Program Deve	elopment:							



010762360 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	r Diem Rates fo	r No	n-Instit	tutional I	<u>Providers</u>	
ommunity Health	n Of South Dade, Inc		Pro	vider N	lumber :	010762360	
	Date: 08/31/2022						
4591 SW 120th St			Fisc	cal Yea	r End : N	/A	
liami, FL 33186-	-8638		Auc	dit Statı	ıs : N/A		
rovider Type:				Currer	nt Rate	New Rate	Effective Date
Rural	Health Clinic						
Swin	g-Bed Provider						
X Feder	rally Qualified Health Centers				162.52	167.58	10/01/2022
Hosp	ice Provider						
#(0651 / H51 Routine Home Care ((1-60)					
#(0651a / H5L Routine Home Care	e (61 +)					
#(0652 / H52 Continuous Home Ca	are					
#(0551 / 0561 Continuous Home C	Care - SIA					
#(0655 / H55 Inpatient Respite Ca	re					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis:		Rate	Тур	e :			
	Budget		Х		Prospecti	ve	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospecti	ve Adjusted for	New costs
	Field audited costs						
	Medicare - Prospective				Interim		
Χ	Payment System Rate	-			Total Inte	rim	
	Average Nursing Home Rate			,	Settleme	nt based on cost	S
	Dade						
Distribution	<u>n:</u>	T. K. Feehrer,					٨٧.٨
Fiscal Agent		Senior Manag			•	visor	1/h
Contract Mar	nagement	Medicaid Prog	ram	Financ	е		
Permanent F	ile						
Program Dev	velopment:						



010930500 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem F	Rates for	Non-	Institutional I	<u>Providers</u>	
Се	nter for Family &	Child Enrichment, Inc.		Provider Number : 010930500				
1825 NW 167th Street, Suite 102								
				1	Fisca	l Year End : N	/A	
Miami Gardens, FL 330564838					Audit	Status : N/A		
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date
	Rural H	lealth Clinic						
	Swing-	Bed Provider						
	X Federa	lly Qualified Health Centers				152.95	157.72	10/01/2022
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	are					
	#05	51 / 0561 Continuous Home C	are - SI	Α				
	#06	55 / H55 Inpatient Respite Car	e					
	#06	56 / H56 General Inpatient Car	re					
	#06	58 Room and Board						
	Basis :]		Rate T	уре	:		
,		Budget		Х	(Prospecti	ve	
•		Unaudited costs	'			 Total Pro	spective	
•		Desk audited costs	-			Prospecti	ve Adjusted for	New costs
		Field audited costs						
•		Medicare - Prospective	'			Interim		
	X	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate	'			Settleme	nt based on cost	is
•		Dade						
	<u>Distribution:</u>		_ TKI	eehrer,				A \
	Fiscal Agent				ment	Analyst Super	visor	2/2
	Contract Mana	gement	Medic	aid Progra	am Fi	inance		
	Permanent File)						
	Program Deve	lopment:						



010946400 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL DOH Union County	Provider Number : 010946400		
New River Community Health Care	Date: 08/31/2022		
495 East Main Street	Fiscal Year End : N/A		
Lake Butler, FL 320541731	Audit Status : N/A		

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	115.99	119.60	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,



010946402 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	<u>_l</u>	Medicaid Reimbursement Per	Diem R	ates for	Nor	n-Institutional	<u>Providers</u>	
FI DOH Union County- Temple			Provider Number: 010946402					
		Date: 08/31/2022						
180	01 N Temple Ave				Fisc	cal Year End : N	I/A	
Sta	rke, FL 3209119	960			Aud	lit Status : N/A		
Pro	Provider Type:					Current Rate	New Rate	Effective Date
	Rural H	ealth Clinic						
	Swing-	Bed Provider						
	X Federal	ly Qualified Health Centers				115.99	119.60	10/01/2022
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	re					
	#05	51 / 0561 Continuous Home C	are - SI	4				
	#06	55 / H55 Inpatient Respite Car	е					
	#06	56 / H56 General Inpatient Car	е					
	#06	58 Room and Board						
	Basis :]	Т	Rate	Туре	e:		
'		Budget			X	Prospect	ive	
•		Unaudited costs	-			Total Pro	spective	
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs
•		Field audited costs	-					
•		Medicare - Prospective	-			Interim		
	X	Payment System Rate	-			Total Inte	erim	
•		Average Nursing Home Rate	-			Settleme	nt based on cost	s
•		Bradford						
	Distribution:		TKE	eehrer,				A > / A
	Fiscal Agent				emer	nt Analyst Supe	rvisor	
	Contract Mana	gement	Medica	aid Progr	ram	Finance		
	Permanent File	-						
	Program Devel	opment:						



013881900 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicald Neillibursement Fer Dieni Nates	IOI IN	Jii-iiistitutioiiai i	FIOVILLEIS		
Banyan C	Community Health Center Inc-Coral Gables	Provider Number: 013881900				
		Da	ate: 08/31/2022			
6100 Blue	e Lagoon Dr Ste 400	Fis	scal Year End : N	I/A		
Miami, FL	331262080	Αι	udit Status : N/A			
Provider	Type		Current Rate	New Rate	Effective Date	
FIOVICE	туре.		Current Nate	New Nate	Ellective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers	alth Centers		155.45	10/01/2022	
	Hospice Provider					
	#0651 / H51 Routine Home Care (1-60)					
	#0651a / H5L Routine Home Care (61 +)					
	#0652 / H52 Continuous Home Care					
	#0551 / 0561 Continuous Home Care - SIA					
	#0655 / H55 Inpatient Respite Care					

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

#0656 / H56 General Inpatient Care

#0658 Room and Board

T. K. Feehrer,



013881902 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date
Miami, FL 331262080	Audit Status : N/A
6100 Blue Lagoon Dr Suite 400	Fiscal Year End : N/A
Banyan Health Systems, Inc	Date: 08/31/2022
Banyan Community Health Center #2	Provider Number : 013881902

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	150.75	155.45	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,





013881906 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Pe	r Diem Rates for No	on-Institutional	<u>Providers</u>			
Banyan Community Health Center-Miami	Provider Number: 013881906					
	Date: 08/31/2022					
10 NW 42nd Avenue	Fi	scal Year End : N	I/A			
Miami, FL 33126	Au	udit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		150.75	155.45	10/01/2022		
Hospice Provider						
#0651 / H51 Routine Home Care	(1-60)					
#0651a / H5L Routine Home Care	e (61 +)					
#0652 / H52 Continuous Home C	are					
#0551 / 0561 Continuous Home (Care - SIA					
#0655 / H55 Inpatient Respite Ca	re					
#0656 / H56 General Inpatient Ca	ire					
#0658 Room and Board						
Basis:	Rate Ty	pe:				
Budget	X	Prospect	ive			
Unaudited costs		Total Pro	spective			
Desk audited costs		Prospect	ive Adjusted for	New costs		
Field audited costs						
Medicare - Prospective		Interim				
X Payment System Rate		Total Inte	erim			
Average Nursing Home Rate		Settleme	nt based on cost	s		
Dade						
<u>Distribution:</u>	T. K. Feehrer,			1V.1		
Fiscal Agent	Senior Managem		rvisor	1/4°		
Contract Management	Medicaid Progran	n Finance				
	Modicala i rogian					
Permanent File	Woodooda Trogram	r manee				



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

013881908 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	Nor	<u>n-Institutional </u>	<u>Providers</u>		
Banyan C	Community Health Center Cutler Bay	Provider Number : 013881908					
			Date: 08/31/2022				
10720 Ca	10720 Carribbean Blvd				I/A		
Cutler Ba	y, FL 33186		Aud	it Status : N/A			
Provider	Туре:			Current Rate	New Rate	Effective Date	
	Rural Health Clinic					1	
	Swing-Bed Provider						
X	Federally Qualified Health Centers			150.75	155.45	10/01/2022	
	Hospice Provider						
	#0651 / H51 Routine Home Care (1-60)			,		
	#0651a / H5L Routine Home Care	(61 +)					
	#0652 / H52 Continuous Home Ca	are					
	#0551 / 0561 Continuous Home C	are - SIA					
	#0655 / H55 Inpatient Respite Car	е					
	#0656 / H56 General Inpatient Car	re					
	#0658 Room and Board						
В	asis:	Rate	Туре	e :			
	Budget	,	X	Prospect	ive		
	Unaudited costs			 Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
	X Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	ts	
	Dade						
<u>Dis</u> t	tribution:	T. K. Feehrer,				٨٧.٨	
Fisc	al Agent	Senior Manage	men	nt Analyst Supe	rvisor	2h2	
Con	tract Management	Medicaid Progr	am I	Finance			
Perr	manent File						



014789100 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:		Current Rate	New Rate	Effective Date			
Ft. Myers, FI 33908	Au	Audit Status : N/A					
16451 Healthpark Commons Dr Ste 200	Fis	scal Year End : N/A					
	Date: 08/31/2022						
Lee Memorial Health System	Provider Number: 014789100						

Provider 1	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	118.89	122.60	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,



014789102 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u>l</u>	Medicaid Reimbursement Per	Diem	Rates for	N	lon-In	stitutional	<u>Providers</u>	
Lee Memorial Hlth System- Cape Coral					Р	Provider Number : 014789102				
						D	ate : 0	8/31/2022		
P.C	D. Box 2	147				Fi	iscal Y	ear End : N	I/A	
Fo	t Myers,	FI 3390	2			Α	udit St	tatus : N/A		
Pro	ovider T	уре:					Cur	rent Rate	New Rate	Effective Date
		Rural H	ealth Clinic							
		Swing-E	Bed Provider							
	X	Federal	ly Qualified Health Centers					118.89	122.60	10/01/2022
		Hospice	Provider							
		#065	51 / H51 Routine Home Care (1-60)						
		#065	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home C	are - S	IA					
		#06	55 / H55 Inpatient Respite Care	е						
		#065	56 / H56 General Inpatient Car	e						
		#06	58 Room and Board							
	Bas	sis :			Rate	Ту	/pe :			
ַ			ı Budget			X		⊐ Prospect	ive	
•			Unaudited costs					— Total Pro	spective	
-			Desk audited costs					Prospect	ive Adjusted for	New costs
-			Field audited costs							
-			Medicare - Prospective					 Interim		
)	X	Payment System Rate					Total Inte	erim	
-			Average Nursing Home Rate					 Settleme	nt based on cost	s
-			Lee					_		
	Distri	bution:		_ T. K.	Feehrer,					Λ\/ <i>J</i>
	Fiscal	Agent				em	ent Ar	nalyst Supe	rvisor	2/42
	Contra	act Mana	gement	Medio	caid Prog	rar	m Fina	ince		
	Perma	anent File								
	Progra	am Devel	opment:							
	-									



014789104 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	No	<u>on-In</u>	stitutional	<u>Providers</u>			
Lee	e Memorial Hlth	System- #4			Pr	Provider Number : 014789104					
					Da	Date: 08/31/2022					
P.C). Box 2147				Fis	scal \	ear End : N	/A			
Foi	t Myers, Fl 339	02			Αι	udit S	tatus : N/A				
Pro	ovider Type:					Cur	rent Rate	New Rate	Effective Date		
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers					118.89	122.60	10/01/2022		
	Hospid	ce Provider									
	#06	651 / H51 Routine Home Care (1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
	#06	652 / H52 Continuous Home Ca	are								
	#0	551 / 0561 Continuous Home C	are - SI	IA							
	#06	e									
	#06	re									
	#06	558 Room and Board									
	Basis :	7		Rate	Ту	pe :	7				
<u></u>		 Budget	'		X		— Prospect	ve			
-		Unaudited costs	'				— Total Pro	spective			
-		Desk audited costs	'				— Prospect	ve Adjusted for	New costs		
-		Field audited costs	'								
-		Medicare - Prospective	'				 Interim				
	Χ	Payment System Rate					Total Inte	rim			
-		Average Nursing Home Rate					Settleme	nt based on cost	s		
-		Lee					_				
	Distribute										
	<u>Distribution</u>	<u>.</u> <u>-</u>		Feehrer, r Manage	eme	ent A	nalyst Supe	visor	N/4		
	Fiscal Agent	agamont		aid Prog							
	Contract Mana			- 9							
	Permanent Fil										
	Program Deve	ыортнети.									



014789106 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates fo	or N	<u>on-In</u>	<u>stitutional</u>	<u>Providers</u>		
ee Memo	orial Healt	th System		Provider Number : 014789106					
				Da	Date: 08/31/2022				
040 Palm	n Beach E	Blvd		Fi	scal \	ear End : N	I/A		
ort Myers	s, FL 339	916		Αι	udit S	tatus : N/A			
rovider ⁻	Туре:				Cur	rent Rate	New Rate	Effective Dat	
	Rural H	Health Clinic							
	Swing-	Bed Provider							
X	Federa	Illy Qualified Health Centers				118.89	122.60	10/01/202	
	Hospic	ce Provider							
		651 / H51 Routine Home Care (•						
		551a / H5L Routine Home Care	` '						
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care									
		655 / H55 Inpatient Respite Car							
		656 / H56 General Inpatient Car	'e						
	#06	558 Room and Board							
Ba	asis :]	Rate	э Ту	pe :				
		Budget		Χ		Prospect	ive		
		Unaudited costs				Total Pro	spective		
		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs							
		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	s	
		Lee							
<u>Dist</u>	<u>ribution</u> :	<u>:</u>	T. K. Feehrer Senior Manage		1 ^	l t O		N/1	

Medicaid Program Finance

Fiscal Agent

Contract Management

Permanent File

Program Development:



014789107 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	r No	n-Institutiona	<u>l Providers</u>			
ee Memorial Hea	lth System-Bass Rd		Pro	rovider Number : 014789107				
			Dat	ate: 08/31/2022				
O Box 2147			Fisc	cal Year End :	N/A			
ort Myers, FL 33	902-2147		Aud	dit Status : N/A	1			
ovider Type:				Current Rate	New Rate	Effective Date		
Rural	Health Clinic							
Swing	g-Bed Provider							
X Feder	ally Qualified Health Centers			118.8	122.60	10/01/2022		
Hospi	ice Provider							
#0	651 / H51 Routine Home Care (1-60)						
#0	651a / H5L Routine Home Care	(61 +)						
#0	652 / H52 Continuous Home Ca	are						
#0	551 / 0561 Continuous Home C	are - SIA						
#0	655 / H55 Inpatient Respite Car	e						
#0	656 / H56 General Inpatient Ca	re						
#0	658 Room and Board							
Basis :		Rate	Тур	e :				
•	Budget		Х	Prospe	ctive			
	Unaudited costs			Total P	rospective			
	Desk audited costs			Prospe	ctive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
Χ	Payment System Rate			Total Ir	terim			
	Average Nursing Home Rate			Settlem	ent based on cos	ts		
	Lee							
Distribution	<u>1:</u>	T. K. Feehrer,				AV 1		
Fiscal Agent		Senior Manag		nt Analyst Sup	ervisor	1/4 ²		
Contract Man	nagement	Medicaid Prog	gram	Finance				
Permanent F	ile							
Program Dev	relopment:							



014789110 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	· N	on-Inst	titutional l	<u>Providers</u>		
Lee Memorial Health		Pı	Provider Number : 014789110				
		Da	ate : 08	/31/2022			
615 Williams Avenue		Fi	scal Ye	ar End : N	/A		
Fort Myers, FL 33972-7954		Αι	udit Sta	tus : N/A			
Provider Type:			Curre	ent Rate	New Rate	Effective Date	
Rural Health Clinic							
Swing-Bed Provider							
X Federally Qualified Health Centers				118.89	122.60	10/01/2022	
Hospice Provider							
#0651 / H51 Routine Home Care (1	-60)						
#0651a / H5L Routine Home Care ((61 +)						
#0652 / H52 Continuous Home Car	re						
#0551 / 0561 Continuous Home Ca	are - SIA						
#0655 / H55 Inpatient Respite Care	;						
#0656 / H56 General Inpatient Care	9						
#0658 Room and Board							
Basis:	Rate	Ту	pe :]			
Budget		Χ		Prospecti	ve		
Unaudited costs				Total Pro	spective		
Desk audited costs				Prospecti	ve Adjusted for	New costs	
Field audited costs				_			
Medicare - Prospective				Interim			
X Payment System Rate				Total Inte	rim		
Average Nursing Home Rate				Settleme	nt based on cost	s	
Lee				_			
<u>Distribution:</u>	T. K. Feehrer,					NV.1	
Fiscal Agent	Senior Manage	em	ent Ana	alyst Supe	visor	2/4	
Contract Management	Medicaid Prog	ran	n Finan	ce			
Permanent File							
Program Development:							



014789112 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	Non-Institutional	<u>Providers</u>					
Lee Memorial Health System	F	Provider Number :	014789112					
]	Date: 08/31/2022						
P.O. Box 2147	F	Fiscal Year End : N	I/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		118.89	122.60	10/01/2022				
Hospice Provider								
#0651 / H51 Routine Home Care (1-60)							
#0651a / H5L Routine Home Care	(61 +)							
#0652 / H52 Continuous Home Ca	are							
#0551 / 0561 Continuous Home C	are - SIA							
#0655 / H55 Inpatient Respite Car	е							
#0656 / H56 General Inpatient Car	re							
#0658 Room and Board								
Basis :	Rate T	ype :						
Budget	X	Prospect	ive					
Unaudited costs		Total Pro	spective					
Desk audited costs		Prospect	ive Adjusted for	New costs				
Field audited costs								
Medicare - Prospective		Interim						
X Payment System Rate		Total Inte	erim					
Average Nursing Home Rate		Settleme	nt based on cost	ts				
Lee								
<u>Distribution:</u>	T. K. Feehrer,			1 AV 1				
Fiscal Agent		nent Analyst Supe	rvisor	2h2				
Contract Management	Medicaid Progra	m Financo						
	Wicaloula i Togre	IIII FIIIAIIC e						
Permanent File	Wiediodia i Togre	illi Fillance						



014789114 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates	for	Nor	n-Institutional I	<u>Providers</u>				
Le	e Memorial Heal	th System			Pro	vider Number :	014789114				
					Date	Date : 08/31/2022					
Ρ.	O. Box 2147				Fisc	cal Year End : N	I/A				
Fo	rt Myers, FL 339	902			Aud	lit Status : N/A					
Pro	ovider Type:					Current Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				118.89	122.60	10/01/2022			
	Hospid	ce Provider									
	#06	651 / H51 Routine Home Care (1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
	#00	652 / H52 Continuous Home Ca	re								
	#0	551 / 0561 Continuous Home C	are - SIA								
	#00	655 / H55 Inpatient Respite Card	e								
	#06	656 / H56 General Inpatient Car	е								
	#00	658 Room and Board									
	Basis :	7	Ra	te ⁻	Туре	e :					
'		Budget		>	X	Prospect	ive				
•		Unaudited costs				Total Pro	spective				
•		Desk audited costs				Prospect	ive Adjusted for	New costs			
•		Field audited costs									
•		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cost	s			
		Lee									
	Distribution	<u>.</u>	T. K. Feehre	er,				AV 1			
	Fiscal Agent				mer	nt Analyst Supe	rvisor	1/4 ²			
	Contract Mana	agement	Medicaid Pr	ogr	am	Finance					
	Permanent Fil	е									
	Program Deve	elopment:									



014789116 - 2022/10

Bureau of Medicaid Program 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 : 014789116
LCH- Peds Cape Coral	Date: 08/31/2022
PO Box 2147	Fiscal Year End : N/A
Fort Myers, FI 33902-2147	Audit Status : N/A

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	118.89	122.60	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



014789119 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	r No	<u>n-Ins</u>	titutional l	<u>Providers</u>		
ee Memorial Hea	alth System		Pro	Provider Number : 014789119				
			Dat	Pate: 08/31/2022				
O. Box 2147			Fise	cal Ye	ear End : N	I/A		
ort Myers, FL 33	3902		Aud	dit Sta	atus : N/A			
rovider Type:				Curr	ent Rate	New Rate	Effective Date	
Rural	Health Clinic					,		
Swing	g-Bed Provider							
X Feder	rally Qualified Health Centers				118.89	122.60	10/01/2022	
Hosp	ice Provider							
#0	0651 / H51 Routine Home Care ((1-60)						
#0	0651a / H5L Routine Home Care	(61 +)						
#0	0652 / H52 Continuous Home Ca	are						
#0	0551 / 0561 Continuous Home C	are - SIA						
#0	0655 / H55 Inpatient Respite Ca	re						
#0	0656 / H56 General Inpatient Ca	re						
#0	0658 Room and Board							
Basis :		Rate	Тур	e :	1			
	Budget		Χ		Prospecti	ive		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				Prospect	ive Adjusted for	New costs	
	Field audited costs				_			
	Medicare - Prospective				Interim			
Χ	Payment System Rate				Total Inte	erim		
	Average Nursing Home Rate				Settleme	nt based on cost	s	
	 Lee	-			_			
Distribution	<u>n:</u>	T. K. Feehrer,					AV. A	
Fiscal Agent		Senior Manage	eme	nt An	alyst Supe	rvisor	1/4 ²	
Contract Mar	nagement	Medicaid Prog	ram	Finar	nce			
Permanent F	ïle							
Program Dev	velopment:							



014789121 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u>L</u>	Medicaid Reimbursement Per	Diem	Rates fo	r N	lon-Ir	nstitutional	<u>Providers</u>			
Le	e Memor	ial Health	1			Р	rovid	rovider Number : 014789121				
						С	ate :	08/31/2022				
Р.С). Box 2	147				F	iscal	Year End : N	I/A			
Fo	t Myers,	FL 3390)2			Α	udit S	Status : N/A				
Pro	ovider T	уре:					Cu	rrent Rate	New Rate	Effective Date		
		Rural H	ealth Clinic									
		Swing-E	Bed Provider									
	X	Federal	ly Qualified Health Centers					118.89	122.60	10/01/2022		
		Hospice	Provider									
		#065	51 / H51 Routine Home Care (1-60)						,		
		#065	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home Ca	re								
		#05	51 / 0561 Continuous Home Ca	are - S	iA.							
#0655 / H55 Inpatient Respite Care												
#0656 / H56 General Inpatient Care												
		#06	58 Room and Board									
	Bas	sis :			Rate	Ty	ype :					
			Budget			X		— Prospect	ive			
•			Unaudited costs					 Total Pro	spective			
•			Desk audited costs					Prospect	ive Adjusted for	New costs		
•			Field audited costs									
•			Medicare - Prospective					 Interim				
	>	<	Payment System Rate					Total Inte	erim			
•			Average Nursing Home Rate					 Settleme	nt based on cost	s		
•			Charlotte									
	Distri	bution:		_ T. K.	Feehrer,					AV. A		
	Fiscal	Agent				em	nent A	Analyst Supe	rvisor	2/1/2		
	Contra	ıct Manaç	gement	Medio	caid Prog	ra	m Fin	ance				
	Perma	nent File										
	Progra	ım Devel	opment:									



014789124 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health	Provider Number : 014789124
LCH-PEDS PC#1	Date: 08/31/2022
PO Box 2147	Fiscal Year End : N/A
Fort Myers, FL 33902	Audit Status : N/A

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	118.89	122.60	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,





014789126 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates fo	r No	n-Institutional	<u>Providers</u>	
Lee Memorial Health System			Provider Number : 014789126				
				Dat	te: 08/31/2022		
Р.(D. Box 2147			Fise	cal Year End : N	I/A	
Fo	rt Myers, FL	33902		Aud	dit Status : N/A		
Pre	ovider Type:				Current Rate	New Rate	Effective Date
	Rura	al Health Clinic					1
	Swi	ng-Bed Provider					
	X Fed	erally Qualified Health Centers			118.89	122.60	10/01/2022
	Hos	pice Provider					
	;	#0651 / H51 Routine Home Care (1-60)				
	;	#0651a / H5L Routine Home Care	(61 +)				
	;	#0652 / H52 Continuous Home Ca	are				
	;	#0551 / 0561 Continuous Home C	are - SIA				
	7	#0655 / H55 Inpatient Respite Car	е				
	1	#0656 / H56 General Inpatient Ca	'e				
	‡	#0658 Room and Board					
	Basis :		Rate	Тур	e :		
,		Budget		Χ	Prospect	ive	
•		Unaudited costs			Total Pro	spective	
•		Desk audited costs			Prospect	ive Adjusted for	New costs
•		Field audited costs					
		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate Lee			Settleme	nt based on cost	ts
	Distribution	<u>on:</u>	T. K. Feehrer,				NY 1_
	Fiscal Ager	nt			nt Analyst Supe	rvisor	2/M
Contract Management			Medicaid Prog	gram	rınance		
	Permanent	File					
	Program De	evelopment:					



014789128 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem Rate	s for	· No	n-Institutional	<u>Providers</u>	
Lee Memorial Health System			Provider Number: 014789128						
					Date: 08/31/2022				
Ρ.	O. Box 2	2147				Fis	cal Year End : N	I/A	
Fo	rt Myers	s, FL 339	02			Aud	dit Status : N/A		
Pr	ovider T	Гуре:					Current Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				118.89	122.60	10/01/2022
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care (1	-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	re					
		#05	51 / 0561 Continuous Home Ca	are - SIA					
		#06	55 / H55 Inpatient Respite Care	•					
		#06	56 / H56 General Inpatient Care	e					
		#06	58 Room and Board						
	Ва	ısis :]	F	Rate	Тур	e:		
			Budget			Χ	Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs						
			Medicare - Prospective				Interim		
		Χ	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	s
			Lee						
	Dist	ribution:		T. K. Feel	rer				A \
		I Agent				eme	nt Analyst Supe	rvisor	JK4
		act Mana	gement	Medicaid I	Prog	ram	Finance		
	Perm	anent File)						
	Progr	am Deve	opment:						



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

014789130 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	Non-In	stitutional	<u>Providers</u>		
Lee Memorial Health System			Provide	rovider Number : 014789130			
			Date: 08/31/2022				
P. O. Box	2147	1	Fiscal `	Year End : N	I/A		
Fort Myer	s, FL 33902	,	Audit S	tatus : N/A			
Provider	Туре:		Cui	rent Rate	New Rate	Effective Date	
	Rural Health Clinic						
	Swing-Bed Provider						
Х	Federally Qualified Health Centers			118.89	122.60	10/01/2022	
	Hospice Provider						
	#0651 / H51 Routine Home Care (1-60)					
	#0651a / H5L Routine Home Care	(61 +)					
	#0652 / H52 Continuous Home Ca	are					
	#0551 / 0561 Continuous Home C	are - SIA					
	#0655 / H55 Inpatient Respite Car	е					
	#0656 / H56 General Inpatient Car	re					
	#0658 Room and Board						
В	asis:	Rate T	Гуре :				
	Budget	X	(— Prospect	ive		
	Unaudited costs			— Total Pro	spective		
	Desk audited costs			— Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
	X Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	ts	
	Lee						
<u>Dist</u>	ribution:	T. K. Feehrer,				LVA	
Fisca	al Agent	Senior Manager			rvisor	1/ht	
Cont	tract Management	Medicaid Progra	am Fina	ance			
Pern	nanent File						



014789131 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Pe	er Diem Rates for	Non	-Institutional	<u>Providers</u>	
Lee Memorial Health System			Prov	ovider Number : 014789131				
LCH Pediatric Neurological Health Da			Date	: 08/31/2022				
Ρ.0	D. Box 2	147			Fisca	al Year End : N	I/A	
Fo	rt Myers	, FL 33	902		Audi	t Status : N/A		
Pr	ovider T	уре:			C	Current Rate	New Rate	Effective Date
		Rural	Health Clinic				1	
		Swing	g-Bed Provider					
	X	Feder	ally Qualified Health Centers			118.89	122.60	10/01/2022
		Hospi	ice Provider					
		#0	651 / H51 Routine Home Care	(1-60)				
		#0	651a / H5L Routine Home Car	e (61 +)				
		#0	652 / H52 Continuous Home C	Care				
		#0	9551 / 0561 Continuous Home	Care - SIA				
		#0	655 / H55 Inpatient Respite Ca	are				
		#0	656 / H56 General Inpatient Ca	are				
		#0	658 Room and Board					
	Ва	sis :		Rate -	Туре	:		
			Budget	;	X	Prospect	ive	
			Unaudited costs			Total Pro	spective	
			Desk audited costs			Prospect	ive Adjusted for	New costs
			Field audited costs					
			Medicare - Prospective			Interim		
		X	Payment System Rate			Total Inte	erim	
			Average Nursing Home Rate			Settleme	nt based on cost	is
			Lee					
	Distr	ibutior	<u>1:</u>	T. K. Feehrer,				AV 1
	Fiscal	Agent		Senior Manage	ement	t Analyst Supe	rvisor	1/2×
	Contra	act Man	nagement	Medicaid Progr	ram F	inance		
	Perma	anent Fi	ile					
	Progra	am Dev	relopment:					



014789135 - 2022/10

Bureau of Medicaid Program 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 : 014789135	
Lee Community Healthcare	Date: 08/31/2022	
16230 Summerlin Rd Ste 215	Fiscal Year End : N/A	
Fort Myers, FL 33908	Audit Status : N/A	

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	118.89	122.60	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



014789136 - 2022/10

Bureau of Medicaid Program 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 : 014789136		
Lee Community Healthcare	Date: 08/31/2022		
15901 Bass Rd Ste 102	Fiscal Year End : N/A		
Fort Myers, FL 33908	Audit Status : N/A		

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	118.89	122.60	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



014789137 - 2022/10

Bureau of Medicaid Program 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 : 014789137
Lee Community Healthcare	Date: 08/31/2022
15901 Bass Rd Ste 102	Fiscal Year End : N/A
Fort Myers, FL 33908	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	118.89	122.60	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,



014789138 - 2022/10

Bureau of Medicaid Program 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 : 014789138
Lee Community Healthcare	Date: 08/31/2022
16230 Summerlin Rd Ste 215	Fiscal Year End : N/A
Fort Myers, FL 33908	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	118.89	122.60	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

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Program Development:

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T. K. Feehrer,



014789139 - 2022/10

Bureau of Medicaid Program 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: 014789139
Lee Community Healthcare	Date: 08/31/2022
16230 Summerlin Rd Ste 215	Fiscal Year End : N/A
Fort Myers, FL 33908	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	118.89	122.60	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



014789140 - 2022/10

Bureau of Medicaid Program 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 : 014789140
Lee Community Healthcare	Date: 08/31/2022
16281 Bass Rd Ste 304	Fiscal Year End : N/A
Fort Myers, FL 33908-9687	Audit Status : N/A

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	118.89	122.60	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,



014789147 - 2022/10

Bureau of Medicaid Program 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 : 014789147	
Lee Community Healthcare	Date: 08/31/2022	
8960 Colonial Center Dr, Ste 202	Fiscal Year End : N/A	
Fort Myers, FL 33905-7810	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	118.89	122.60	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,



014789148 - 2022/10

Bureau of Medicaid Program 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: 014789148
Lee Community Healthcare	Date: 08/31/2022
8960 Colonial Center Dr, Ste 302	Fiscal Year End : N/A
Fort Myers, FL 33905-7810	Audit Status : N/A

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	118.89	122.60	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



017234400 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem R	lates for	Nor	n-Institutional	<u>Providers</u>	
Ag	ape Comm Hlth (Ctr-King St			Pro	vider Number :	017234400	
					Date	e: 08/31/2022		
120) King St				Fisc	cal Year End : N	I/A	
Jac	cksonville, Fl 322	204			Aud	lit Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rural F	lealth Clinic						
	Swing-	Bed Provider						
	X Federa	lly Qualified Health Centers				129.61	133.65	10/01/2022
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	are					
	#05	51 / 0561 Continuous Home C	are - Sl	A				
	#06	55 / H55 Inpatient Respite Car	e					
	#06	56 / H56 General Inpatient Car	re					
	#06	58 Room and Board						
	Basis :]	Ī	Rate	Тур	e:		
'		Budget			X	Prospect	ive	
•		Unaudited costs	-			Total Pro	spective	
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs
•		Field audited costs	-					
•		Medicare - Prospective	-			Interim		
	X	Payment System Rate	-			Total Inte	erim	
•		Average Nursing Home Rate	-			Settleme	nt based on cost	ts
•		Duval	-					
	Distribution:			eehrer,				A > / A
	Fiscal Agent				emer	nt Analyst Supe	rvisor	JKJ
	Contract Management			aid Progr	ram	Finance		
	Permanent File							
	Program Deve							
	-	•						



017234402 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	Medicaid Reimbursement Per	<u> Diem Rates</u>	for N	on-Ins	titutional	<u>Providers</u>	
Agape Community Health-Jacksonville			Provider Number : 017234402						
			Date: 08/31/2022						
5150 Timuquana Rd					Fi	iscal Ye	ear End : N	I/A	
Jac	cksonville	e, FI 322	210		A	udit Sta	atus : N/A		
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				129.61	133.65	10/01/2022
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care ((1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Car	re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Bas	sis :]	Ra	ate Ty	pe :	1		
,			Budget		Х		Prospect	ive	
•			Unaudited costs				Total Pro	spective	
•			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				-		
•			Medicare - Prospective				Interim		
	2	X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	s
-			Duval						
	<u>Dist</u> ri	bution:		T. K. Feehr	er.				AV 1
	Fiscal	Agent		Senior Man		ent Ana	alyst Supe	rvisor	2/42
	Contract Management			Medicaid P	rograr	n Finar	nce		
	Perma	anent File	9						
	Progra	am Deve	lopment:						



017234409 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Agape Community Health Center Inc	Provider Number : 017234409		
Agape Community Health Center South Jax	Date: 08/31/2022		
120 King Street	Fiscal Year End : N/A		
Jacksonville, FL 32204	Audit Status : N/A		

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	129.61	133.65	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

<u>Distribution:</u>

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



017234417 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Pe	r Diem R	lates for	No	on-Ins	titutional	<u>Providers</u>		
Ag	ape Comn	nunity Health Center Inc.			Pr	ovider	Number :	017234417		
				Date: 08/31/2022						
188	30 W. Edg	ewood Ave.			Fis	scal Ye	ear End : N	I/A		
Jac	cksonville,	FL 32208			Αu	ıdit Sta	itus : N/A			
Pro	ovider Ty	De:				Curre	ent Rate	New Rate	Effective Date	
	ı	Rural Health Clinic							,	
		Swing-Bed Provider								
	Х Г	ederally Qualified Health Centers					129.61	133.65	10/01/2022	
	ŀ	lospice Provider								
		#0651 / H51 Routine Home Care	(1-60)							
		#0651a / H5L Routine Home Care	e (61 +)							
		#0652 / H52 Continuous Home C	are							
		#0551 / 0561 Continuous Home C	Care - SI	A						
		#0655 / H55 Inpatient Respite Ca	re							
		#0656 / H56 General Inpatient Ca	re							
		#0658 Room and Board								
	Basi	s:		Rate	Туј	pe:]			
		Budget	'		X		Prospect	ive		
•		Unaudited costs	-				- Total Pro	spective		
•		Desk audited costs	-				- Prospect	ive Adjusted for	New costs	
•		Field audited costs	-				-			
•		Medicare - Prospective	-				Interim			
	Х	Payment System Rate	-				Total Inte	erim		
•		Average Nursing Home Rate					Settleme	nt based on cost	ts	
•		 Duval					-			
	Distrib	ution:	l T. K. F	eehrer,					A \	
	Fiscal A	gent			eme	ent Ana	alyst Supe	rvisor	2K2	
	Contrac	Medic	aid Prog	ram	Finar	ice				
	Perman									
	Progran	n Development:								



017234419 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem Rat	tes for	Nor	n-Institutional	<u>Providers</u>			
Ag	ape Community I	Health Center	Provider Number : 017234419							
				Date: 08/31/2022						
P.C	D. Box 17249				Fisc	al Year End : N	I/A			
Ве	lfast, ME 04915				Aud	it Status : N/A				
Pro	ovider Type:					Current Rate	New Rate	Effective Date		
	Rural H	lealth Clinic								
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers				129.61	133.65	10/01/2022		
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	ire							
	#05	51 / 0561 Continuous Home C	are - SIA							
	#06	55 / H55 Inpatient Respite Car	е							
	#06	56 / H56 General Inpatient Car	е							
	#06	58 Room and Board								
	Basis :]		Rate	Туре	e :				
'		Budget)	X	 Prospect	ive			
•		Unaudited costs				Total Pro	spective			
•		Desk audited costs	_			Prospect	ive Adjusted for	New costs		
•		Field audited costs	_							
•		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cost	ts		
•		Duval								
	<u>Distribution:</u>		 T. K. Fee	ehrer.				A \		
	Fiscal Agent				emen	nt Analyst Supe	rvisor	2K2		
	Contract Management			Progr	ram I	Finance		<u> </u>		
	Permanent File	9								
	Program Deve	lopment:								



017234422 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem R	ates for	· N	lon-Ins	titutional	<u>Providers</u>		
Ag	ape Con	nmunity l	Health Center			Р	rovide	Number:	017234422		
					Date: 08/31/2022						
РС	Box 17	249				Fi	iscal Y	ear End : N	I/A		
Ве	fast, ME	04915				Α	udit St	atus : N/A			
Pro	vider T	уре:					Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers					129.61	133.65	10/01/2022	
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SI	A						
		#06	55 / H55 Inpatient Respite Car	e							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate	Ту	/pe :	1			
י			Budget			Χ		□ Prospect	ive		
-			Unaudited costs	-				Total Pro	spective		
-			Desk audited costs	-				Prospect	ive Adjusted for	New costs	
-			Field audited costs	-				_			
-			Medicare - Prospective	-				 Interim			
)	X	Payment System Rate					Total Inte	erim		
•			Average Nursing Home Rate					Settleme	nt based on cost	ts	
			Duval								
	Distri	bution:		l T. K. F	eehrer,					AV 1	
	Fiscal	Agent				em	ent An	alyst Supe	rvisor	2/42	
	Contract Management				aid Prog	rar	m Fina	nce			
	Permanent File										
	Progra	am Deve	opment:								



017234424 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Agape Community Health Center, Inc	Provider Number: 017234424
Agape Community Health Center, Inc	Date: 08/31/2022
5300 N Pearl St	Fiscal Year End : N/A
Jacksonville, FL 32208-5119	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	129.61	133.65	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



020530900 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Primary Care Medical Services of Poinciana	Provider Number : 020530900		
Osceola Community Health Services	Date: 08/31/2022		
1875 Fortune Rd	Fiscal Year End : N/A		
Kissimmee, FL 34744	Audit Status : N/A		

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	131.04	135.12	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Contract Management

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



022459100 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	Rates for	Non-	Institutional I	<u>Providers</u>	
Central Florida Health Care Haines City Pediatrics			Provider Number : 022459100					
			Date: 08/31/2022					
10	11 East Main Str	eet			Fisca	l Year End : N	I/A	
На	ines City, FL 33	844			Audit	Status : N/A		
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				162.52	167.58	10/01/2022
	Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SI	A				
	#06	655 / H55 Inpatient Respite Car	·e					
	#06	656 / H56 General Inpatient Car	re					
	#06	658 Room and Board						
	Basis :	7		Rate 1	Гуре	:		
٠		Budget		>	<	Prospecti	ive	
•		Unaudited costs	-			Total Prospective		
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs
		Field audited costs						
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate Polk	-			Settleme	nt based on cost	s
	<u>Distribution</u> Fiscal Agent	<u>.</u>		eehrer, Manage	ment	Analyst Supe	rvisor	184
Contract Management			Medic	aid Progra	am Fi	inance		
	Permanent Fil	_						
	Program Deve							
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022558500 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Whole Family Health Center	Provider Number: 022558500				
	Date: 08/31/2022				
603 North Indian River Dr Ste 102	Fiscal Year End : N/A				
Fort Pierce, FL 34950-3057	Audit Status : N/A				

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	133.40	137.55	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



022558502 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	Medicaid Reimbursement Per	Diem Rates	for No	<u>on-Insti</u>	tutional I	<u>Providers</u>	
Whole Family Health Center				Provider Number : 022558502 Date : 08/31/2022					
Ve	o Beacl	h, FL 32	960-6541		Αι	ıdit Stat	us : N/A		
Pro	vider T	уре:				Curre	nt Rate	New Rate	Effective Date
		Rural F	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				133.40	137.55	10/01/2022
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care ((1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Car	re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
[Ва	sis :]	R	ate Ty _l	pe :			
٠			Budget	-	Х		Prospecti	ve	
-			Unaudited costs				Total Pro	spective	
-			Desk audited costs				Prospecti	ve Adjusted for	New costs
•			Field audited costs						
•			Medicare - Prospective				Interim		
		Χ	Payment System Rate				Total Inte	rim	
Average Nursing Home Rate					Settleme	nt based on cost	s		
•			St Lucie						
	Distr	ibution:		T. K. Feehr	er,				ΛV.Λ
	Fiscal	Agent		Senior Man		ent Anal	lyst Supei	visor	2/1/2
	Contra	act Mana	gement	Medicaid P	rogram	n Financ	ce		
	Perma	anent File	Э						
	Progra	am Deve	lopment:						



022558504 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Whole Family Health Center, Inc.			Provider Number : 022558504			
			ate: 08/31/2022			
			scal Year End : N	I/A		
			udit Status : N/A			
Provider Ty	pe:		Current Rate	New Rate	Effective Date	
I	Rural Health Clinic					
	Swing-Bed Provider					
Х	Federally Qualified Health Centers		133.40	137.55	10/01/2022	
	Hospice Provider					
	#0651 / H51 Routine Home Care (1-6	60)				
	#0651a / H5L Routine Home Care (6	1 +)				
	#0652 / H52 Continuous Home Care	•				
	#0551 / 0561 Continuous Home Car	e - SIA				
	#0655 / H55 Inpatient Respite Care					
	#0656 / H56 General Inpatient Care					
	#0658 Room and Board					
Basi	s:	Rate Ty	pe:			
	Budget	X	Prospect	ive		
	Unaudited costs		Total Pro	spective		
	Desk audited costs		Prospect	ive Adjusted for	New costs	
	Field audited costs					
	Medicare - Prospective		Interim			
Х	Payment System Rate		Total Inte	erim		
	Average Nursing Home Rate		Settleme	nt based on cost	S	
	 Indian River					

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance





023294200 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	_	Medicaid Reimbursement Per	Diem Rate	s tor N	Non-Ir	nstitutional	<u>Providers</u>	
Borinquen	Borinquen Healthcare Center Miami Dade Federal Hig			ighway Provider Number : 023294200				
	Date					08/31/2022		
3601 Fede	3601 Federal Highway				iscal	Year End : N	I/A	
Miami, FL	Miami, FL 33137			A	Audit S	Status : N/A		
Provider [*]	Туре:				Cu	rrent Rate	New Rate	Effective Date
	Rural H	lealth Clinic						
	Swing-	Bed Provider						
X	Federa	lly Qualified Health Centers				137.27	141.54	10/01/2022
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	re					
		51 / 0561 Continuous Home Ca						
		55 / H55 Inpatient Respite Card						
	#06	56 / H56 General Inpatient Car	е					
	#06	58 Room and Board						
Ва	asis :]	F	Rate T	ype :			
		Budget		Х		Prospect	ive	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospect	ive Adjusted for	New costs
		Field audited costs						
		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
		Dade						
Dist	ribution:		T. K. Feel	rer				A>/ A
	al Agent				nent A	Analyst Supe	rvisor	4
			Madiadid	<u></u>	<u>F</u> :			

Contract Management Permanent File Program Development:

_____ For information Only (No Change in rate)

Medicaid Program Finance



023294202 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	ates for	Non	-Institutional I	<u>Providers</u>			
Во	rinquen Health C	Care Center	Provider Number : 023294202							
			Date: 08/31/2022							
388	33 Biscayne Blv	t	Fiscal Year End : N/A							
Mia	ami, FL 33137				Audi	t Status : N/A				
Pro	ovider Type:				C	Current Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				137.27	141.54	10/01/2022		
	Hospid	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SIA	4						
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
	Basis :]		Rate 1	Гуре	:				
٠		Budget		X	<	Prospecti	ive			
•		Unaudited costs	_			Total Pro	spective			
•		Desk audited costs				Prospecti	ive Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate Dade	-			Settleme	nt based on cost	s		
	Distribution Fiscal Agent	<u>:</u>	T. K. Fo		men	t Analyst Supe	rvisor	184		
	Contract Management			id Progra	am F	inance				
	Permanent File									
	Program Deve									
	9. 3 2 0 0	F								



024798000 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	<u>Medicaid Reimbursement Per</u>	Diem Rates fo	or No	on-Inst	titutional	<u>Providers</u>			
Ru	ral Healt	h Netwo	k of Monroe County	Provider Number : 024798000							
					Date: 08/31/2022						
370	06 N Roo	osevelt B	lvd	Fiscal Year End : N/A							
Ke	y West, I	FL 3304	0-4566		Αι	udit Sta	itus : N/A				
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	ealth Clinic								
		Swing-l	Bed Provider								
	X	Federal	ly Qualified Health Centers				150.75	155.45	10/01/2022		
		Hospic	e Provider								
		#06	1-60)								
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Car	'e							
		#06	56 / H56 General Inpatient Car	re							
		#06	58 Room and Board								
	Bas	sis :]	Rate	э Туј	pe :]				
י			Budget		Х		Prospect	ive			
-			Unaudited costs			Total Prospective					
-			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
•			Medicare - Prospective				Interim				
)	X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Monroe				_				
	Distri	bution:		T. K. Feehrer	•				1V.1		
Fiscal Agent			Senior Manag	jeme	ent Ana	alyst Supe	rvisor	2/1/2			
Contract Management			Medicaid Pro	gram	n Finan	ice					
	Permanent File										
	Program Development:										



025148200 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates for	r Nor	n-Inst	itutional I	<u>Providers</u>			
Се	nterplace Healtl	h, Inc.		Prov	vider	Number :	025148200			
				Date	e : 08	/31/2022				
220	00 Ringling Blvd	1		Fiscal Year End : N/A						
Sa	rasota, FL 3423	37		Aud	it Sta	tus : N/A				
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	g-Bed Provider								
	X Feder	ally Qualified Health Centers				137.26	141.53	10/01/2022		
	Hospi	ce Provider								
	#0	651 / H51 Routine Home Care (1-60)							
	#0	651a / H5L Routine Home Care	(61 +)							
	#0	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - SIA							
	#0	655 / H55 Inpatient Respite Car	е							
	#0	656 / H56 General Inpatient Car	re							
	#0	658 Room and Board								
	Basis :		Rate	Туре	e :]				
•		Budget		Χ		Prospecti	ve			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospecti	ve Adjusted for	New costs		
-		Field audited costs				-				
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
-		Average Nursing Home Rate Sarasota				Settleme	nt based on cost	s		
		Garasota								
	Distribution	<u>ı:</u>	T. K. Feehrer,					NYJ		
	Fiscal Agent	Senior Manage			<u> </u>	visor	2/17			
	Contract Man	nagement	Medicaid Prog	gram I	rınan	ce				
	Permanent File									
	Program Dev	elopment:								
	For	information Only (No Change in r	ate)							



025148202 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Ra	ates for	Nor	<u>-Institutional l</u>	<u>Providers</u>			
Се	nterplace Health	Inc Sarasota	Provider Number : 025148202							
			Date: 08/31/2022							
17	50 17th Street		Fiscal Year End : N/A							
Sa	rasota, FL 3423	4			Aud	it Status : N/A				
Pro	ovider Type:					Current Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				137.26	141.53	10/01/2022		
	Hospid	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SIA	١						
	#06	655 / H55 Inpatient Respite Car	e							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
	Basis :	7		Rate	Туре	:				
		Budget		Ż	X	Prospect	ve			
•		Unaudited costs	_			Total Pro	spective			
•		Desk audited costs	-			Prospecti	ve Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
		Average Nursing Home Rate Sarasota	-			Settleme	nt based on cost	s		
	<u>Distribution</u> Fiscal Agent	<u>:</u>	T. K. Fe Senior		emen	t Analyst Supe	rvisor	184		
	Contract Management			id Progr	ram I	inance				
	Permanent File									
	Program Deve									
	5	•								



025148204 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	_						<u> </u>		
Се	nterplan Health Ir	nc North Port		Pro	vider	Number :	025148204		
				Dat	Date: 08/31/2022				
				Fisc	cal Ye	ar End : N	/A		
,				Auc	dit Sta	tus : N/A			
Pre	ovider Type:				Curre	ent Rate	New Rate	Effective Date	
	Rural H	ealth Clinic							
	Swing-l	Bed Provider							
	X Federal	ly Qualified Health Centers				137.26	141.53	10/01/2022	
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-60))						
	#06	51a / H5L Routine Home Care (61	+)						
	#06	52 / H52 Continuous Home Care							
	#05	51 / 0561 Continuous Home Care -	SIA						
	#06	55 / H55 Inpatient Respite Care							
	#06	56 / H56 General Inpatient Care							
	#06	58 Room and Board							
	Basis :]	Rate	Typ	e :]			
l		J Budget		X		J Prospecti	ve		
•		- Unaudited costs				- Total Pro			
•		Desk audited costs				_	ve Adjusted for	New costs	
•		Field audited costs				•	,		
•		- Medicare - Prospective				- Interim			
	X	Payment System Rate				- Total Inte	rim		
•		Average Nursing Home Rate	-			- Settlemei	nt based on cost	ts	
•		Sarasota				-			
	<u>Distribution:</u>		K. Feehrer,					A \	
	Fiscal Agent		nior Manage	emer	nt Ana	alyst Super	rvisor	2/42	
	Contract Mana	gement Me	dicaid Prog	ram	Finan	ce			
	Permanent File)							
	Program Devel	opment:							
	For in	formation Only (No Change in rate)							



025148206 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u>_l</u>	<u> Medicaid Reimbursement Per</u>	Diem Rates fo	or No	on-Inst	titutional	<u>Providers</u>			
Се	nterplace	Health,	Inc	Provider Number : 025148206							
					Date: 08/31/2022						
РС	Box 224	172			Fis	scal Ye	ear End : N	I/A			
Ве	fast, ME	04915			Αι	udit Sta	itus : N/A				
Pro	ovider Ty	/pe:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	ealth Clinic								
		Swing-F	Bed Provider								
	X	Federal	ly Qualified Health Centers				137.26	141.53	10/01/2022		
		Hospice	e Provider								
	#0651 / H51 Routine Home Care			1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	ire							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Car	е							
		#06	56 / H56 General Inpatient Car	·e							
		#06	58 Room and Board								
	Bas	is:		Rate	э Ту	pe :]				
•			Budget		Χ		Prospect	ive			
-			Unaudited costs	-		Total Prospective					
-			Desk audited costs	-		Prospective Adjusted for New costs			New costs		
•			Field audited costs				_				
•			Medicare - Prospective				Interim				
	X	(Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Sarasota				_				
	Distri	bution:		T. K. Feehrer					ΛV. Λ		
Fiscal Agent			Senior Manag		ent Ana	alyst Supe	rvisor	1/h			
Contract Management			Medicaid Pro	gran	n Finan	ice					
	Permanent File										
	Program Development:										



025148208 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Per	Diem Rates for	r Nor	<u>ı-Insti</u>	tutional	<u>Providers</u>		
Се	nterplac	e Health	Inc.		Prov	vider 1	Number :	025148208		
					Date	e : 08/	31/2022			
PC	Box 22	472		Fiscal Year End : N/A						
Ве	lfast, ME	04915			Aud	it Stat	us : N/A			
Pr	ovider T	уре:				Curre	nt Rate	New Rate	Effective Date	
		Rural H	Health Clinic					,		
		Swing-	-Bed Provider							
	X	Federa	Illy Qualified Health Centers				137.26	141.53	10/01/2022	
		Hospic	ce Provider							
		#06	651 / H51 Routine Home Care (1-60)						
		#06	651a / H5L Routine Home Care	(61 +)						
		#06	652 / H52 Continuous Home Ca	ire						
		#05	551 / 0561 Continuous Home C	are - SIA						
		#06	655 / H55 Inpatient Respite Car	е						
		#06	656 / H56 General Inpatient Car	е						
		#06	658 Room and Board							
	Ba	sis :		Rate	Туре	e :				
,			⊐ Budget		Χ		Prospect	ive		
			Unaudited costs				Total Pro	spective		
•			Desk audited costs				Prospect	ive Adjusted for	New costs	
			Field audited costs							
			Medicare - Prospective				Interim			
		X	Payment System Rate	-			Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cost	s	
•			Sarasota							
	Distr	ibution	<u>:</u>	T. K. Feehrer,					1V.1	
	Fiscal Agent			Senior Manage			· ·	rvisor	2/12	
	Contra	act Mana	agement	Medicaid Progr	ram F	Financ	ce			
	Perma	anent Fil	е							
	Progra	am Deve	elopment:							
		For i	nformation Only (No Change in r	ate)						



025148212 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Per	Diem R	ates for	. N	on-Ins	titutional	<u>Providers</u>		
Се	nterplace	e Health	Inc	Provider Number : 025148212							
				Date: 08/31/2022							
РС	Box 22	472		Fiscal Year End : N/A							
Ве	fast, ME	04915				Αι	udit St	atus : N/A			
Pro	vider T	уре:					Curr	ent Rate	New Rate	Effective Date	
		Rural H	ealth Clinic								
		Swing-l	Bed Provider								
	X	Federal	ly Qualified Health Centers					137.26	141.53	10/01/2022	
		Hospic	e Provider								
	#0651 / H51 Routine Home Care			1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA	\						
		#06	55 / H55 Inpatient Respite Car	re .							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate	Ту	pe :	7			
י			Budget	-		Χ		□ Prospect	ive		
-			Unaudited costs	_				– Total Pro	spective		
•			Desk audited costs	-				Prospect	ive Adjusted for	New costs	
•			Field audited costs	-				_			
-			Medicare - Prospective	-				_ Interim			
)	X	Payment System Rate	-				Total Inte	erim		
•			Average Nursing Home Rate	-				Settleme	nt based on cost	ts	
			Sarasota					_			
	Distri	bution:		l T. K. F	eehrer.					AV 1	
	Fiscal Agent				eme	ent An	alyst Supe	rvisor	2/42		
	Contra	act Mana	gement	Medica	id Prog	ran	n Finai	nce			
	Permanent File										
	Progra	am Devel	opment:								



027976514 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Dept of Health Walton County	Provider Number : 027976514
Walton Community Health Center	Date: 08/31/2022
362 State Highway 83	Fiscal Year End : N/A
Defuniak Springs, FL 32433	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	133.82	137.98	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029152803 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates	s for No	n-Institutional	<u>Providers</u>				
Со	llier Health Servi	ces - Marion E. Fether	Provider Number: 029152803							
			Date: 08/31/2022							
14	54 Madison Aver	nue	Fiscal Year End : N/A							
lm	mokalee, FL 339	934		Au	dit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural I	lealth Clinic								
	Swing	Bed Provider								
	X Federally Qualified Health Centers				162.52	167.58	10/01/2022			
	Hospic	e Provider								
	#06	551 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	552 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SIA							
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	re							
	#06	558 Room and Board								
	Basis :]	R	Rate Typ	pe:					
		Budget		Х	Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for	New costs			
•		Field audited costs								
		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate Collier	_		Settleme	nt based on cost	s			
	<u>Distribution</u> Fiscal Agent	<u> </u>	T. K. Feeh Senior Mai		ent Analyst Supe	rvisor	184			
	Contract Management		Medicaid F	rogram	Finance					
	Permanent File									
	Program Deve									
	. rogiani bove									



029152805 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for N	Non-Institutional	<u>Providers</u>	
Collier Health Services - East Naples Medical Ctr	F	Provider Number :	029152805	
	С	Date: 08/31/2022		
1454 Madison Avenue	F	iscal Year End : N	I/A	
Immokalee, FL 33962	A	udit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		162.52	167.58	10/01/2022
Hospice Provider				
#0651 / H51 Routine Home Care ((1-60)			
#0651a / H5L Routine Home Care	(61 +)			
#0652 / H52 Continuous Home Ca	are			
#0551 / 0561 Continuous Home C	are - SIA			
#0655 / H55 Inpatient Respite Car	re			
#0656 / H56 General Inpatient Ca	re			
#0658 Room and Board				
Basis:	Rate T	ype :		
Budget	X	Prospect	ive	
Unaudited costs		Total Pro	spective	
Desk audited costs		Prospect	ive Adjusted for	New costs
Field audited costs				
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte	erim	
Average Nursing Home Rate		Settleme	nt based on cost	s
Collier				
<u>Distribution:</u>	T. K. Feehrer,			A > / A
Fiscal Agent		nent Analyst Supe	rvisor	JK4
Contract Management	Medicaid Progra	m Finance		-
Permanent File				



029152806 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rate	s for No	n-Institutional	<u>Providers</u>			
Со	llier Hlth Svc-Go	Iden Gate Pediatrics		Pro	ovider Number :	029152806			
				Date: 08/31/2022					
14	54 Madison Ave			Fis	cal Year End : N	I/A			
lm	mokalee, Fl 34°	116		Au	dit Status : N/A				
Pre	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	Illy Qualified Health Centers			162.52	167.58	10/01/2022		
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	655 / H55 Inpatient Respite Car	'e						
	#06	656 / H56 General Inpatient Car	re						
	#06	558 Room and Board							
	Basis :]	F	Rate Typ	pe:				
		Budget		Х	Prospect	ive			
•		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
•		Average Nursing Home Rate Collier			Settleme	nt based on cost	S		
	Distribution	<u>:</u>	T. K. Feeh		ent Analyst Supe	rvisor	NX4		
	Fiscal Agent		Medicaid F						
	Contract Mana			- 9					
	Permanent Fil								
	Program Deve	лоршеш.							



029152807 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	ates for	Nor	n-Institutional I	<u>Providers</u>	
Со	llier Hlth Svc-Ch	ildrens Hlth Network			Pro	vider Number :	029152807	
					Date	e: 08/31/2022		
14	54 Madison Ave				Fisc	al Year End : N	I/A	
lmı	mokalee, Fl 34°	103			Aud	it Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				162.52	167.58	10/01/2022
	Hospic	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - Sl	A				
	#06	655 / H55 Inpatient Respite Car	е					
	#06	656 / H56 General Inpatient Car	е					
	#06	658 Room and Board						
	Basis :]		Rate	Туре	e :		
		Budget		,	X	Prospect	ive	
•		Unaudited costs	-			Total Pro	spective	
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs
		Field audited costs	-					
		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
•		Average Nursing Home Rate Collier	_			Settleme	nt based on cost	rs .
	Distribution Fiscal Agent	<u>:</u>		eehrer, Manage	emer	nt Analyst Supe	rvisor	1X.F
	Contract Mana	agement	Medica	aid Progi	ram	Finance		
	Permanent Fil							
	Program Deve							
	-	-						



029152810 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	<u>Medicaid Reimbursement Per</u>	Diem Rates f	or N	on-Inst	titutional	<u>Providers</u>	
Со	llier Hlth	Svc- Imr	mokalee FCC		Pı	rovider	Number :	029152810	
					Da	ate : 08	3/31/2022		
14	54 Madis	son Ave			Fi	scal Ye	ear End : N	I/A	
lmı	mokalee	, FI 3414	12		Αι	udit Sta	itus : N/A		
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date
		Rural H	ealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				162.52	167.58	10/01/2022
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care ((1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Car	re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Bas	sis :]	Rat	te Ty	pe :]		
י			Budget		Χ		Prospect	ive	
-			Unaudited costs				Total Pro	spective	
-			Desk audited costs				- Prospect	ive Adjusted for	New costs
•			Field audited costs				_		
•			Medicare - Prospective				Interim		
)	X	Payment System Rate				Total Inte	erim	
-			Average Nursing Home Rate				Settleme	nt based on cost	S
			Collier				_		
	<u>Dist</u> ri	bution:		T. K. Feehre	r.				A \
	Fiscal	Agent		Senior Mana		ent Ana	alyst Supe	rvisor	2/42
	Contra	act Mana	gement	Medicaid Pro	ogran	n Finan	ice		
	Perma	anent File	}						
	Progra	am Deve	opment:						



029152812 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	r Diem Rates fo	r Nor	<u>n-Institutional</u>	<u>Providers</u>	
Collier Health Ser	vices		Pro	vider Number :	029152812	
			Date	e: 08/31/2022		
1008 Goodlette F	Frank Rd Suite 100		Fisc	al Year End :	N/A	
Naples, FL 34102	2		Aud	lit Status : N/A		
Provider Type:				Current Rate	New Rate	Effective Date
Rura	l Health Clinic				<u>'</u>	
Swin	g-Bed Provider					
X Fede	rally Qualified Health Centers			162.52	167.58	10/01/2022
Hosp	ice Provider					
#(0651 / H51 Routine Home Care	(1-60)				
#(0651a / H5L Routine Home Care	e (61 +)				
#(0652 / H52 Continuous Home C	are				
#(0551 / 0561 Continuous Home C	Care - SIA				
#(0655 / H55 Inpatient Respite Ca	re				
#(0656 / H56 General Inpatient Ca	re				
#(0658 Room and Board					
Basis :	7	Rate	Туре	e :		
	 Budget		Χ	Prospec	tive	
	Unaudited costs			Total Pr	ospective	
	Desk audited costs			Prospec	tive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
X	Payment System Rate			Total Int	erim	
	Average Nursing Home Rate			Settleme	ent based on cos	ts
	Collier					
<u>Distributio</u>	<u>n:</u>	T. K. Feehrer,				1 V 1
Fiscal Agent		Senior Manag	emer	nt Analyst Supe	ervisor	2/1/2
Contract Ma	nagement	Medicaid Prog	gram I	Finance		
Permanent F	File					
Program Dev	velopment:					



029152814 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u> </u>	Medicaid Reimbursement Per	Diem R	ates for	. N	lon-Ir	stitutional	<u>Providers</u>	
Со	llier Hea	Ith Servic	ces, Inc.			Р	rovide	er Number :	029152814	
						D	ate:	08/31/2022		
14	54 Madis	on Ave V	V			Fi	iscal `	Year End : N	I/A	
lmı	mokalee,	, FL 341	42			Α	udit S	Status : N/A		
Pro	ovider T	уре:					Cu	rrent Rate	New Rate	Effective Date
		Rural H	ealth Clinic							
		Swing-l	Bed Provider							
	X	Federal	ly Qualified Health Centers					162.52	167.58	10/01/2022
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA	١					
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate	Ту	/pe :			
'			Budget	-		X		Prospect	ive	
•			Unaudited costs	-				Total Pro	spective	
•			Desk audited costs	-				Prospect	ive Adjusted for	New costs
•			Field audited costs							
•			Medicare - Prospective					Interim		
)	X	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	ts
-			Collier							
	Distri	bution:		l T. K. Fe	eehrer					A>/ A
	Fiscal					em	ent A	nalyst Supe	rvisor	2/2
	Contra	act Mana	gement	Medica	id Prog	rar	m Fin	ance		
	Perma	nent File)							
	Progra	am Devel	opment:							



029506001 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	No	on-Inst	itutional I	<u>Providers</u>	
Trenton Medical Center, Inc.		Pr	ovider	Number :	029506001	
		Da	ate : 08	/31/2022		
911 S. Main St		Fis	scal Ye	ar End : N	/A	
Trenton, FL 32693		Αι	udit Sta	tus : N/A		
Provider Type:			Curre	ent Rate	New Rate	Effective Date
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers				115.47	119.07	10/01/2022
Hospice Provider						
#0651 / H51 Routine Home Care (1	-60)					
#0651a / H5L Routine Home Care ((61 +)					
#0652 / H52 Continuous Home Car	re					
#0551 / 0561 Continuous Home Ca	are - SIA					
#0655 / H55 Inpatient Respite Care)					
#0656 / H56 General Inpatient Care	e					
#0658 Room and Board						
Basis :	Rate	Ту	pe :]		
Budget		X		ı Prospecti	ve	
Unaudited costs				- Total Pro	spective	
Desk audited costs				- Prospecti	ve Adjusted for	New costs
Field audited costs	-			_		
Medicare - Prospective				- Interim		
X Payment System Rate				Total Inte	rim	
Average Nursing Home Rate				Settleme	nt based on cost	s
Gilchrist	-			-		
<u>Distribution:</u>	T. K. Feehrer,					AV.A
Fiscal Agent	Senior Manage	eme	ent Ana	llyst Super	visor	2/1/2
Contract Management	Medicaid Prog	ran	n Finan	ce		
Permanent File						
Program Development:						



029506007 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	Nor	-Institutional I	<u>Providers</u>	
Trenton Medical Center - Bradford		Prov	vider Number :	029506007	
		Date	e : 08/31/2022		
911 S. Main St		Fisc	al Year End : N	/A	
Trenton, FL 32693		Aud	it Status : N/A		
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			115.47	119.07	10/01/2022
Hospice Provider					
#0651 / H51 Routine Home Care (1	1-60)				
#0651a / H5L Routine Home Care	(61 +)				
#0652 / H52 Continuous Home Ca	re				
#0551 / 0561 Continuous Home Ca	are - SIA				
#0655 / H55 Inpatient Respite Card	e				
#0656 / H56 General Inpatient Car	е				
#0658 Room and Board					
Basis :	Rate	Туре) :		
Budget		X	 Prospecti	ve	
Unaudited costs			Total Pro	spective	
Desk audited costs			Prospecti	ve Adjusted for	New costs
Field audited costs					
Medicare - Prospective			Interim		
X Payment System Rate			Total Inte	rim	
Average Nursing Home Rate Gilchrist			Settleme	nt based on cost	s
<u>Distribution:</u> Fiscal Agent	T. K. Feehrer, Senior Manage	emen	t Analyst Supe	rvisor	JKJ
Contract Management	Medicaid Progr	ram F	inance		
Permanent File					
Program Development:					



029506009 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Number : 029506009
Date: 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	115.47	119.07	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





029506011 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Healthcare	Provider Number : 029506011
TMC Healthcare	Date: 08/31/2022
630 N. Main Street	Fiscal Year End : N/A
Williston, FL 326961705	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	115.47	119.07	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

184



029506013 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Palms Pediatrics	Provider Number : 029506013	
Palms Pediatrics	Date: 08/31/2022	
PO Box 640	Fiscal Year End : N/A	
Trenton, FL 32693	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	115.47	119.07	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





029506015 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date		
Trenton, FL 32693	Audit Status : N/A		
PO Box 640	Fiscal Year End : N/A		
Palms Medical Group	Date: 08/31/2022		
Trenton Medical Center	Provider Number : 029506015		

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	115.47	119.07	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

<u>Distribution:</u>

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

Supervisor



029506017 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022	
911 S Main Street	Fiscal Year End : N/A	
Trenton, FL 326933239	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	115.47	119.07	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



029506019 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center IncLive Oak	Provider Number : 029506019	
Palms Medical Group	Date: 08/31/2022	
911 S. Main St	Fiscal Year End : N/A	
Trenton, FL 326933239	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	115.47	119.07	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



029506021 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center-Orange Park	Provider Number : 029506021	
Palms Medical Group	Date: 08/31/2022	
23343 NW County Rd 236	Fiscal Year End : N/A	
High Springs, FI 32643	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	115.47	119.07	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029506023 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center	Provider Number : 029506023	
Palms Medical Group - Bell	Date: 08/31/2022	
23343 NW County Rd 236	Fiscal Year End : N/A	
High Springs, FL 32643-9669	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	115.47	119.07	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029506025 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	. N	on-Ir	<u>istitutional l</u>	<u>Providers</u>	
Trenton Medical Center Inc.				Provider Number : 02950			029506025		
Pa	Palms Medical Grou[Da				ate :	08/31/2022			
91	1 S. Main St.				Fi	scal	Year End : N	I/A	
Tre	enton, FL 32693				Αι	udit S	Status : N/A		
Pro	ovider Type:					Cu	rrent Rate	New Rate	Effective Date
	Rural I	Health Clinic							,
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers					115.47	119.07	10/01/2022
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SI	Α					
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
	Basis :	7		Rate	Ту	pe :	\neg		
ָּ ער ייניייייייייייייייייייייייייייייייייי		⊐ Budget	'		X		 Prospect	ive	
•		Unaudited costs	'				— Total Pro	spective	
•		Desk audited costs	'				— Prospect	ive Adjusted for	New costs
•		Field audited costs	'						
•		Medicare - Prospective	'				Interim		
	X	Payment System Rate					Total Inte	erim	
•		Average Nursing Home Rate					Settleme	nt based on cost	ts
•		Columbia							
									2 .
	<u>Distribution</u>	· <u>-</u>		Feehrer, r Manage	eme	ent A	nalyst Supe	rvisor	11/1
	Fiscal Agent	agament		aid Prog					
	Contract Mana	_	2 2	9		•			
	Permanent Fil								
	Program Deve	нортнени.							



029523001 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicaid Neillibursement Fer Dien		<u>Oli-iliStitutiOliai</u>			
Suncoast Community Health Center - Dover Health Center Prov			ovider Number : 029523001			
		D	ate: 08/31/2022			
			scal Year End : I	N/A		
			udit Status : N/A			
Provider Type:			Current Rate	New Rate	Effective Dat	
Rura	l Health Clinic					
Swin	g-Bed Provider					
X Fede	rally Qualified Health Centers		157.97	162.89	10/01/202	
Hosp	ice Provider					
#	0651 / H51 Routine Home Care (1-60)					
#	0651a / H5L Routine Home Care (61 -	-)				
	0652 / H52 Continuous Home Care					
	0551 / 0561 Continuous Home Care -	SIA				
	0655 / H55 Inpatient Respite Care					
	0656 / H56 General Inpatient Care					
#	0658 Room and Board					
Basis :		Rate Ty	pe:			
	Budget	Х	Prospec	tive		
	Unaudited costs		Total Pro	ospective		
	Desk audited costs		Prospec	tive Adjusted for	New costs	
	Field audited costs					
	Medicare - Prospective		Interim			
X	Payment System Rate		Total Int	erim		
	Average Nursing Home Rate		Settleme	ent based on cost	is	
	Hillsborough					

Distribution:

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Program Development:

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T. K. Feehrer, Senior Management Analyst Supervisor





029541800 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	<u>Medicaid Reimbursement Per D</u>	nem Rates for	<u>non-inst</u>	itutionai	<u>Providers</u>	
Jessie Trice Community Health Center - Main			Provider Number : 029541800			
			Date : 08	/31/2022		
700 S. Royal Poinciana Blvd, Suite 300 Fisc			Fiscal Ye	ar End : N	I/A	
Miami Sp	orings, FL 33166	,	Audit Sta	tus : N/A		
Provider	т Туре:		Curre	nt Rate	New Rate	Effective Date
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers			152.01	156.74	10/01/202
	Hospice Provider					
	#0651 / H51 Routine Home Care (1-	60)				
	#0651a / H5L Routine Home Care (6	61 +)				
	#0652 / H52 Continuous Home Care	•				
	#0551 / 0561 Continuous Home Car	e - SIA				
	#0655 / H55 Inpatient Respite Care					
	#0656 / H56 General Inpatient Care					
	#0658 Room and Board					
E	Basis :	Rate T	ype :]		
	 Budget	X		J Prospect	ive	
	 Unaudited costs			Total Pro	spective	
	Desk audited costs			Prospective Adjusted for New costs		

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029541802 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

•	Medicaid Reimbursement Per	Diem Rates for N	<u>on-institutionai</u>	<u>Providers</u>			
Jessie Trice Community Health Center - North			rovider Number :	ovider Number : 029541802			
		D	ate: 08/31/2022				
00 S. Royal Poinc	iana Blvd	F	iscal Year End : N	I/A			
/liami Springs, FL	33166	A	udit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Da		
Rural I	lealth Clinic						
Swing-	Bed Provider						
X Federa	lly Qualified Health Centers		152.01	156.74	10/01/20		
Hospid	e Provider						
#06	51 / H51 Routine Home Care (1-60)					
#06	51a / H5L Routine Home Care	(61 +)					
#06	552 / H52 Continuous Home Ca	are					
#05	51 / 0561 Continuous Home C	are - SIA					
#06	555 / H55 Inpatient Respite Car	e					
#06	556 / H56 General Inpatient Car	re					
#06	58 Room and Board						
Basis:	7	Rate Ty	pe:				
	Budget	X	Prospect	ive			
	Unaudited costs		Total Pro	spective			
	Desk audited costs		Prospect	ive Adjusted for	New costs		
	Field audited costs						
	Medicare - Prospective		Interim				
X	Payment System Rate		Total Inte	erim			
	Average Nursing Home Rate		Settleme	nt based on cost	ts		
	Dade						
Distribution		T V Feebrer			A./ A		
Fiscal Agent	<u>.</u>	T. K. Feehrer, Senior Managem	ent Analyst Supe	rvisor	N/4		

Medicaid Program Finance

Fiscal Agent

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Program Development:



029541804 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date				
Miami Springs, FL 33166	Audit Status : N/A				
700 S. Royal Poinciana Blvd Suite 300	Fiscal Year End : N/A				
	Date: 08/31/2022				
Jessie Trice Community Health Center - Cope North	Provider Number : 029541804				

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	152.01	156.74	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



Program Development:

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Florida Agency for Health Care Administration

029541806 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Pe	r Diem Rates for	Non-I	<u>nstitutional</u>	<u>Providers</u>		
Jessie Tr	ice Community Health Center - Northshor	е	Provid	ovider Number : 029541806			
		I	Date :	08/31/2022			
700 S. Ro	oyal Poinciana Blvd	I	Fiscal	Year End : N	I/A		
Miami Sp	rings, FL 33166	,	Audit	Status : N/A			
Provider	Туре:		Cı	ırrent Rate	New Rate	Effective Date	
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers			152.01	156.74	10/01/2022	
	Hospice Provider						
	#0651 / H51 Routine Home Care	(1-60)					
	#0651a / H5L Routine Home Care	e (61 +)					
	#0652 / H52 Continuous Home C	are					
	#0551 / 0561 Continuous Home (Care - SIA					
	#0655 / H55 Inpatient Respite Ca	ire					
	#0656 / H56 General Inpatient Ca	are					
	#0658 Room and Board						
В	asis:	Rate T	ype :				
	Budget	X		Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
	X Payment System Rate			Total Inte	erim		
-	Average Nursing Home Rate			Settleme	nt based on cost	ts	
	Dade						
Dist	<u>tribution:</u>	T. K. Feehrer,				A \ / A	
	al Agent	Senior Manager	ment /	Analyst Supe	rvisor	JKJ -	
Con	tract Management	Medicaid Progra	am Fir	nance			
Perr	manent File						



029541808 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:		Current Rate	New Rate	Effective Date
Miami Springs, FL 33166	Audit Status : N/A			
700 S. Royal Poinciana Blvd	Fis	Fiscal Year End : N/A		
	Date: 08/31/2022			
Jessie Trice Community Health Center - Norland HCC	Pr	ovider Number :	029541808	

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	152.01	156.74	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029541810 - 2022/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Charles Drew Elem	Provider Number : 029541810		
	Date: 08/31/2022		
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A		
Miami Springs, FL 33166	Audit Status : N/A		

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	152.01	156.74	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





029541846 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center	Provider Number : 029541846
Norland Primary Health	Date: 08/31/2022
5607 NW 27th Ave, Ste 1	Fiscal Year End : N/A
Miami, FL 33142	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	152.01	156.74	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



029541850 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per D	iem Rates for N	on-Institutional	<u>Providers</u>	
Jessica Trice C	Community Health Center- 75th Street	Pi	rovider Number :	029541850	
		Da	ate: 08/31/2022		
5607 NW 27th	Ave, Suite 1	Fi	scal Year End : N	I/A	
Miami, FL 331	422826	Au	udit Status : N/A		
Provider Type	: :		Current Rate	New Rate	Effective Date
Ru	ıral Health Clinic				
Sv	ving-Bed Provider				
X Fe	derally Qualified Health Centers		152.01	156.74	10/01/202
Но	spice Provider				
	#0651 / H51 Routine Home Care (1-	60)			
	#0651a / H5L Routine Home Care (6	61 +)			
	#0652 / H52 Continuous Home Care	•			
	#0551 / 0561 Continuous Home Car	e - SIA			
	#0655 / H55 Inpatient Respite Care				
	#0656 / H56 General Inpatient Care				
	#0658 Room and Board				
Basis	:	Rate Ty	pe:		
	Budget	X	Prospect	ive	
	Unaudited costs		Total Pro	spective	
	Desk audited costs		Prospect	ive Adjusted for	New costs
	Field audited costs				
	Medicare - Prospective		Interim		
Χ	Payment System Rate		Total Inte	erim	
	Average Nursing Home Rate		Settleme	nt based on cost	ts
	 Dade				
Distribut	tion:	T K Feehrer			A \ / /

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Program Development:

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Senior Management Analyst Supervisor





029541852 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	r Diem Ra	ates for	No	n-Inst	itutional	<u>Providers</u>	
Jes	ssie Trice C	Comm Hith Ctr- Opa-Locka			Pro	ovider	Number :	029541852	
					Da	te : 08	/31/2022		
560	07 NW 27th	n Ave Ste1			Fis	cal Ye	ar End : N	I/A	
Mia	ami, FI 331	42			Au	dit Sta	tus : N/A		
Pro	ovider Typ	e:				Curre	ent Rate	New Rate	Effective Date
	R	ural Health Clinic							
	S	wing-Bed Provider							
	X F	ederally Qualified Health Centers					152.01	156.74	10/01/2022
	Н	ospice Provider							
		#0651 / H51 Routine Home Care ((1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	are						
		#0551 / 0561 Continuous Home C	Care - SIA						
		#0655 / H55 Inpatient Respite Ca	re						
		#0656 / H56 General Inpatient Ca	re						
		#0658 Room and Board							
	Basis	:		Rate	Тур	e:]		
'		Budget			Χ		Prospect	ive	
•		Unaudited costs					Total Pro	spective	
•		Desk audited costs	-				Prospect	ive Adjusted for	New costs
•		Field audited costs					_		
•		Medicare - Prospective	-				Interim		
	Χ	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cost	ts
-		Dade					_		
	Distribu	ution:	I T. K. Fe	eehrer.					A \
	Fiscal Ag	gent			eme	nt Ana	lyst Supe	rvisor	2K2
	Contract	Management	Medica	id Prog	ram	Finan	ce		
	Permane	ent File							
	Program	Development:							



029541858 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Ra	ates for	No	<u>n-Institutional</u>	<u>Providers</u>	
Jessie Trice Comm Hlth Ctr-Carol City					Pro	vider Number :	029541858	
					Dat	te: 08/31/2022		
560	07 NW 27th Ave				Fis	cal Year End : I	N/A	
Mia	ami, Fl 33142				Aud	dit Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				152.01	156.74	10/01/2022
	Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SIA	\				
	#06	655 / H55 Inpatient Respite Car	е					
	#06	656 / H56 General Inpatient Car	re					
	#06	658 Room and Board						
	Basis :]		Rate	Тур	e :		
י		Budget			X	Prospec	tive	
-		Unaudited costs	_			Total Pro	ospective	
-		Desk audited costs	_			Prospec	tive Adjusted for	New costs
-		Field audited costs						
-		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Int	erim	
_		Average Nursing Home Rate Dade	-			Settleme	ent based on cost	s
	<u>Distribution</u>	• <u>•</u>	T. K. Fe		amei	nt Analyst Supe	arvisor	1X1
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	Contract Mana	_	Modica	iia i iogi	iuiii	i manoo		
	Permanent Fil							
	Program Deve	elopment:						



029541862 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Rural Health Clinic Swing-Bed Provider	Medicaid Reimbursement Per Diem Rates for	r Non-Inst	itutional	<u>Providers</u>	
Fiscal Year End : N/A Miami, FI 33142 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Fiscal Year End : N/A Audit Status : N/A Rate Type: Surrent Rate Fiscal Year End : N/A Audit Status : N/A Rate Type: State Type : X Prospective Frospective Interim Total Interim Settlement based on costs	ssie Trice-54th Ave	Provider	Number :	029541862	
Miami, FI 33142 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0555 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Current Rate New Rate Effective Da Refective Da		Date : 08	/31/2022		
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0555 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Unaudited costs Prospective Total Prospective Prospective Adjusted for New costs	07 NW 27th Ave	Fiscal Ye	ar End : N	I/A	
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 152.01 156.74 10/01/20 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective Unaudited costs Total Prospective Desk audited costs Interim Medicare - Prospective Interim Average Nursing Home Rate Settlement based on costs	ami, Fl 33142	Audit Sta	tus : N/A		
Swing-Bed Provider X Federally Qualified Health Centers 152.01 156.74 10/01/20 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Basis:	ovider Type:	Curre	ent Rate	New Rate	Effective Date
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	Rural Health Clinic				
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Basis:	Swing-Bed Provider				
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	X Federally Qualified Health Centers		152.01	156.74	10/01/2022
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :	Hospice Provider				
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Basis:	#0651 / H51 Routine Home Care (1-60)				
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :	#0651a / H5L Routine Home Care (61 +)				
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :	#0652 / H52 Continuous Home Care				
#0656 / H56 General Inpatient Care #0658 Room and Board Basis :	#0551 / 0561 Continuous Home Care - SIA				
#0658 Room and Board Basis :	#0655 / H55 Inpatient Respite Care				
Basis: Unaudited costs Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Rate Type: X Prospective Total Prospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs	#0656 / H56 General Inpatient Care				
Budget X Prospective Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate X Prospective Total Prospective Prospective A Prospective Total Interim Total Interim Settlement based on costs	#0658 Room and Board				
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Total Prospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs	Basis : Rate	Type :]		
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Prospective Adjusted for New costs Interim Total Interim Settlement based on costs	Budget	X	Prospect	ive	
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Field audited costs Interim Total Interim Settlement based on costs	Unaudited costs		Total Pro	spective	
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Interim Total Interim Settlement based on costs	Desk audited costs		Prospect	ive Adjusted for	New costs
X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	Field audited costs		-		
Average Nursing Home Rate Settlement based on costs	Medicare - Prospective		Interim		
	X Payment System Rate		Total Inte	erim	
Dade	Average Nursing Home Rate		Settleme	nt based on cos	ts
	Dade		_		
Distribution: T. K. Feehrer, ∧√√	<u>Distribution:</u> T. K. Feehrer,				AV. A
Fiscal Agent Senior Management Analyst Supervisor	Caniar Managa	ement Ana	alyst Supe	rvisor	21/24 <u> </u>
Contract Management Medicaid Program Finance	Contract Management Medicaid Progr	ram Finan	ce		
Permanent File	Permanent File				
	Program Development:				



029541865 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Pe	er Diem Rates for I	Non-Institutional	<u>Providers</u>	
Jessie Trice Community Health System-Miami	F	Provider Number :	029541865	
	[Date: 08/31/2022		
217 NW 15th Street	F	iscal Year End : N	I/A	
Miami, FL 33136	, and the second	Audit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		152.01	156.74	10/01/2022
Hospice Provider				
#0651 / H51 Routine Home Care	(1-60)			
#0651a / H5L Routine Home Car	e (61 +)			
#0652 / H52 Continuous Home C	are			
#0551 / 0561 Continuous Home	Care - SIA			
#0655 / H55 Inpatient Respite Ca	are			
#0656 / H56 General Inpatient Ca	are			
#0658 Room and Board				
Basis :	Rate T	ype :		
Budget	X	Prospect	ive	
Unaudited costs		Total Pro	spective	
Desk audited costs		Prospect	ive Adjusted for	New costs
Field audited costs		 -		
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte	erim	
Average Nursing Home Rate		Settleme	nt based on cost	s
Dade				
<u>Distribution:</u>	T. K. Feehrer,			۸٧.٨
Fiscal Agent		nent Analyst Supe	rvisor	2/12
Contract Management	Medicaid Progra	m Finance		
Permanent File				
Program Development:				



029541875 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	ates for	Nor	n-Institutional I	<u>Providers</u>	
Jessie Trice Community Health Centers, Inc					Pro	vider Number :	029541875	
					Date	e: 08/31/2022		
536	61 NW 2	2ND AVE # M2			Fisc	cal Year End : N	I/A	
Mia	ami, FL	33142			Aud	lit Status : N/A		
Pro	ovider T	/pe:				Current Rate	New Rate	Effective Date
		Rural Health Clinic						
		Swing-Bed Provider						
	X	Federally Qualified Health Centers				152.01	156.74	10/01/2022
		Hospice Provider						
		#0651 / H51 Routine Home Care ((1-60)					
		#0651a / H5L Routine Home Care	(61 +)					
		#0652 / H52 Continuous Home Ca	are					
		#0551 / 0561 Continuous Home C	are - SI <i>A</i>	1				
		#0655 / H55 Inpatient Respite Car	re					
		#0656 / H56 General Inpatient Ca	re					
		#0658 Room and Board						
	Bas	is :		Rate	Туре	e :		
ן נ		Budget			X	Prospecti	ive	
•	Unaudited costs					Total Pro	spective	
Desk audited costs			-			Prospecti	ive Adjusted for	New costs
•		Field audited costs	-					
-		Medicare - Prospective	-			Interim		
	>	C Payment System Rate	-			Total Inte	erim	
-		Average Nursing Home Rate	-			Settleme	nt based on cost	rs
-		Dade	-					
	Diotri	hution.						
<u>Distribution:</u> Fiscal Agent		T. K. F. Senior		emer	nt Analyst Super	rvisor	NA	
		•				Finance		J/187
		ct Management		- 9-				
		nent File						
	Progra	m Development:						



029543400 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	Medicaid Reimbursement Per	Diem R	ates for	N	on-Ins	titutional	<u>Providers</u>				
Ru	ral Heal	th Care -	Main			Pı	rovide	Number :	029543400				
						D	Date: 08/31/2022						
P.C). Box 8	17				Fi	iscal Y	scal Year End : N/A					
Pa	atka, FL	32178				Αı	udit St	atus : N/A					
Pro	vider T	уре:					Curr	ent Rate	New Rate	Effective Date			
		Rural F	lealth Clinic										
		Swing-	Bed Provider										
	X	Federa	lly Qualified Health Centers					134.41	138.59	10/01/2022			
		Hospic	e Provider										
		#06	51 / H51 Routine Home Care (1-60)									
		#06	51a / H5L Routine Home Care	(61 +)									
		#06	52 / H52 Continuous Home Ca	are									
		#05	51 / 0561 Continuous Home C	are - SIA	\								
		#06	55 / H55 Inpatient Respite Car	re .									
		#06	56 / H56 General Inpatient Ca	re									
		#06	58 Room and Board										
	Ва	sis :]		Rate	Ту	pe :						
'			Budget			Χ		□ Prospect	ive				
•			Unaudited costs	_				Total Pro	spective				
•			Desk audited costs	-				– Prospect	ive Adjusted for	New costs			
•			Field audited costs	-				_					
•			Medicare - Prospective					_ Interim					
		X	Payment System Rate					Total Inte	erim				
•			Average Nursing Home Rate					Settleme	nt based on cost	is			
-			Alachua										
	Distr	ibution:		l T. K. Fe	eehrer.					AV 1			
	Fiscal	Agent				em	ent An	alyst Supe	rvisor	2/42			
	Contra	act Mana	gement	Medica	id Prog	rar	n Fina	nce					
	Perma	anent File	e										
	Progra	am Deve	lopment:										



029543401 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	<u>Medicaid Reimbursement Per</u>	Diem Rates f	or N	on-Inst	titutional	<u>Providers</u>			
Ru	ral Healt	h Care -	Palatka Family Medical Center	Provider Number : 029543401							
				Date: 08/31/2022							
P.C	D. Box 8	17		Fiscal Year End : N/A							
Pa	atka, FI	32178			Αι	udit Sta	tus : N/A				
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	ealth Clinic								
		Swing-l	Bed Provider								
	X	Federal	ly Qualified Health Centers				134.41	138.59	10/01/2022		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
#0651a / H5L Routine Home Ca #0652 / H52 Continuous Home #0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C #0656 / H56 General Inpatient C #0658 Room and Board			(61 +)								
			52 / H52 Continuous Home Ca	are							
			are - SIA								
			55 / H55 Inpatient Respite Car	е							
			re								
		#06	58 Room and Board								
	Bas	sis :]	Ra	te Ty	pe:]				
י			Budget		Χ		Prospect	ive			
-			Unaudited costs				Total Pro	spective			
-			Desk audited costs	-			- Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
•			Medicare - Prospective				Interim				
)	X	Payment System Rate				Total Inte	erim			
-			Average Nursing Home Rate	-			Settleme	nt based on cost	S		
			Alachua				_				
	Distri	bution:		T. K. Feehre	r.				AV 1		
	Fiscal	Agent		Senior Mana		ent Ana	alyst Supe	rvisor	2h2		
	Contra	act Mana	gement	Medicaid Pro	ogran	n Finan	ice				
	Perma	nent File)								
	Progra	am Devel	opment:								



029543402 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates f	or I	Non-	<u>-Institutional l</u>	<u>Providers</u>			
Ru	ral Health Care	- Interlachen Family Med. Center	Provider Number: 029543402							
				Γ	Date: 08/31/2022					
P.C	D. Box 817			F	Fisca	al Year End : N	/A			
Pa	latka, Fl 32178			ļ	Audi	t Status : N/A				
Pro	ovider Type:				C	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	g-Bed Provider								
	X Feder	ally Qualified Health Centers				134.41	138.59	10/01/2022		
	Hospi	ice Provider								
	#0	651 / H51 Routine Home Care (1-60)							
	#0	651a / H5L Routine Home Care	(61 +)							
	#0	652 / H52 Continuous Home Ca	re							
	#0	551 / 0561 Continuous Home C	are - SIA							
	#0	655 / H55 Inpatient Respite Car	е							
	#0	656 / H56 General Inpatient Car	е							
	#0	658 Room and Board								
ſ	Basis :		Rat	e T	уре	:				
١.		 Budget		X	<u>, </u>	Prospecti	ve			
-		Unaudited costs				 Total Pro	spective			
-		Desk audited costs				Prospect	ve Adjusted for	New costs		
•		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
-		Average Nursing Home Rate				Settleme	nt based on cost	S		
•		— Alachua								
	Distribution	 1 :	T. K. Feehre	r				A \		
Fiscal Agent					ment	: Analyst Supe	rvisor	JK.Z		
	Contract Mar	nagement	Medicaid Pro	gra	am F	inance				
	Permanent F	•								
	Program Dev	relopment:								



029543403 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem I	Rates for	Non	-Institutional	<u>Providers</u>			
Ru	ral Health Ca	re - Crescent City Family Med. Cen	nter Provider Number : 029543403							
			Date: 08/31/2022							
Р.С	D. Box 817		Fiscal Year End : N/A							
Pa	atka, Fl 321	78			Aud	it Status : N/A				
Pro	ovider Type:					Current Rate	New Rate	Effective Date		
	Rur	al Health Clinic								
	Swi	ng-Bed Provider								
	X Fed	lerally Qualified Health Centers				134.41	138.59	10/01/2022		
	Hos	spice Provider								
		#0651 / H51 Routine Home Care (1-60)							
		#0651a / H5L Routine Home Care	(61 +)							
		#0652 / H52 Continuous Home Ca	are							
		#0551 / 0561 Continuous Home C	are - Sl	IA						
		#0655 / H55 Inpatient Respite Car	e							
		#0656 / H56 General Inpatient Ca	re							
		#0658 Room and Board								
	Basis :			Rate	Туре	·:				
ָ 		Budget	'	>	Κ	 Prospect	ive			
•		Unaudited costs				Total Pro	spective			
•		Desk audited costs				Prospect	ive Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate	,			Total Inte	erim			
•		Average Nursing Home Rate	,			Settleme	nt based on cost	ts		
•		Alachua								
	<u>Distributi</u>	on:		Fl.						
	Fiscal Age			Feehrer, r Manage	men	t Analyst Supe	rvisor	N/4		
	•	lanagement		caid Progra						
	Permanent	_								
		evelopment:								
	og.aD	5.5.5pm6na								



029543405 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	<u>Medicaid Reimbursement Per</u>	Diem Rates	for No	on-Inst	titutional	<u>Providers</u>			
Ru	ral Healt	h Care -	Keystone Family Med. Center	Provider Number : 029543405							
				Date: 08/31/2022							
Р.С). Box 8	17		Fiscal Year End : N/A							
Pa	latka, Fl	32178			Αι	udit Sta	itus : N/A				
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				134.41	138.59	10/01/2022		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
#0651a / H5L Routine Home Ca #0652 / H52 Continuous Home #0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C #0656 / H56 General Inpatient C #0658 Room and Board			(61 +)								
			52 / H52 Continuous Home Ca	are							
			are - SIA								
			·e								
			re								
		#06	58 Room and Board								
	Bas	sis :]	Ra	te Ty	pe:]				
'			Budget		Х		Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				- Prospect	ive Adjusted for	New costs		
•			Field audited costs				-				
•			Medicare - Prospective				Interim				
	2	X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	is		
•			Alachua				_				
	<u>Distri</u>	bution:		T. K. Feehre	er.				A \		
	Fiscal	Agent		Senior Man		ent Ana	alyst Supe	rvisor	2K2		
	Contra	act Mana	gement	Medicaid Pr	ogran	n Finan	ice				
	Perma	anent File)								
	Progra	am Deve	opment:								



029543406 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursemer	nt Per Diem Rates for	Non-Institu	<u>ıtional </u>	<u>Providers</u>				
Rural Health Care - Hawthorne Family Med. 0	Center	Provider Number : 029543406						
	I	Date : 08/3	Date: 08/31/2022					
P.O. Box 817		iscal Year	End : N	I/A				
Palatka, FI 32178	,	Audit Status	s : N/A					
Provider Type:		Current	Rate	New Rate	Effective Date			
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Cent	ers		134.41	138.59	10/01/2022			
Hospice Provider								
#0651 / H51 Routine Home (Care (1-60)							
#0651a / H5L Routine Home	Care (61 +)							
#0652 / H52 Continuous Ho	me Care							
#0551 / 0561 Continuous Ho	ome Care - SIA							
#0655 / H55 Inpatient Respir	te Care							
#0656 / H56 General Inpatie	nt Care							
#0658 Room and Board				New Rate Effective Date 138.59 10/01/2022 Ve spective ve Adjusted for New costs rim at based on costs				
Basis :	Rate T	ype :						
Budget	X	P	rospect	ive				
Unaudited costs		T	otal Pro	spective				
Desk audited costs		P	rospect	ive Adjusted for	New costs			
Field audited costs								
Medicare - Prospective		In	iterim					
X Payment System Rate		T	otal Inte	erim				
Average Nursing Home	Rate	S	ettleme	nt based on cost	rs			
Alachua		_						
<u>Distribution:</u> Fiscal Agent	T. K. Feehrer, Senior Manager	ment Analys	st Supe	rvisor	1X.4			
Contract Management	Medicaid Progra	m Finance		<u>=</u>				
Permanent File								
Program Development:								



029543411 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates f	or N	lon-In	stitutional l	<u>Providers</u>			
Rura	l Health Car	e - Family Med & Dental Ctr - Elm S	Street	Provider Number : 029543411						
				D	Date: 08/31/2022					
P.O.	Box 817			F	iscal `	Year End : N	/A			
Palat	ka, FL 321	77		A	udit S	Status : N/A				
Prov	ider Type:				Cu	rrent Rate	New Rate	Effective Date		
	Rura	al Health Clinic								
	Swir	ng-Bed Provider								
	X Fede	erally Qualified Health Centers				134.41	138.59	10/01/2022		
	Hos	pice Provider								
	#	10651 / H51 Routine Home Care (1	1-60)							
	#	60651a / H5L Routine Home Care	(61 +)							
	#	10652 / H52 Continuous Home Ca	re							
#0552 / H52 Continuous Home C #0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite Ca #0656 / H56 General Inpatient C			are - SIA							
			e							
			е							
	#	60658 Room and Board								
	Basis :		Ra	te Ty	/pe :					
-		Budget		Х		Prospecti	ve			
		Unaudited costs				— Total Pro	spective			
		Desk audited costs				Prospect	ve Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	rim			
		Average Nursing Home Rate				Settleme	nt based on cost	s		
		Putnam				_				
	Distributio	on:	T. K. Feehre	r				A>/ A		
Fiscal Agent			Senior Mana		nent A	nalyst Supe	rvisor			
	Contract Ma		Medicaid Pro	ograi	m Fin	ance		-		
	Permanent	•								
	Program De	evelopment:								



029543413 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

B 111 L1 611 1						
Provider Type:		Current Rate	New Rate	Effective Date		
Palatka, FL 321780817	Audit Status : N/A					
PO Drawer 817	Fis	Fiscal Year End : N/A				
Eastside Family Dental Center	Date: 08/31/2022					
Rural Health Care, Inc.	Provider Number : 029543413					

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	134.41	138.59	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor





029543414 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care Corp	Provider Number : 029543414		
Family Medical & Dental Centers	Date: 08/31/2022		
PO Box 817	Fiscal Year End : N/A		
Palatka, FL 32178	Audit Status : N/A		

Provide	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	134.41	138.59	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

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029543416 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date					
Palatka, FL 32178	Audit Status : N/A					
PO Box 817	Fiscal Year End : N/A					
Family Medical & Dental - Clay Co.	Date: 08/31/2022					
Rural Health Care Inc	Provider Number : 029543416					

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	134.41	138.59	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

<u>Distribution:</u>

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029543418 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care Inc.	Provider Number : 029543418
Family Medical & Dental Ctrs - Green Cove	Date: 08/31/2022
PO Box 817	Fiscal Year End : N/A
Palatka, FL 321780817	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	134.41	138.59	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029543422 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Azelea Health - Palm Coast 1302 River St Palatka, FI 32177 Date: 08/31/2022 Fiscal Year End: N/A Audit Status: N/A Provider Type: Current Rate New Rate	Rural Health Clinic					
1302 River St Fiscal Year End : N/A	Provider Type:	Current Rate New Rate Effective Date				
	Palatka, FI 32177	Audit Status : N/A				
Azelea Health - Palm Coast Date : 08/31/2022	1302 River St	Fiscal Year End : N/A				
	Azelea Health - Palm Coast	Date: 08/31/2022				
Rural Health Care Provider Number : 029543422	Rural Health Care	Provider Number : 029543422				

Provider 7	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	134.41	138.59	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029543424 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care	Provider Number : 029543424		
Azalea Health - State Road	Date: 08/31/2022		
PO Box 817	Fiscal Year End : N/A		
Palatka, FL 32178-0817	Audit Status : N/A		

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	134.41	138.59	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

t Supervisor



029543427 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates fo	r N	lon-	Institutional I	<u>Providers</u>		
Rural Health Care- Azalea Health Dunn Avenue			Provider Number: 029543427						
			Date: 08/31/2022						
1455 Du	unn Avenue			F	isca	I Year End : N	/A		
Daytona	a Beach, FL	. 32114-1437		A	udit	Status : N/A			
Provider Type:					С	urrent Rate	New Rate	Effective Date	
	Rural I	Health Clinic							
	Swing	-Bed Provider							
Х	Federa	ally Qualified Health Centers				134.41	138.59	10/01/2022	
	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care (1	I-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	re						
	#0	551 / 0561 Continuous Home Ca	are - SIA						
	#06	655 / H55 Inpatient Respite Card	e						
	#06	656 / H56 General Inpatient Car	е						
	#06	658 Room and Board							
	Basis :	7	Rate	: Ty	ype	:			
		□ Budget		Х		Prospective			
		Unaudited costs				Total Prospective			
		Desk audited costs				Prospective Adjusted for New costs			
		Field audited costs							
		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	rim		
		Average Nursing Home Rate				Settleme	nt based on cost	s	
		Alachua							
Die	stribution		T K Foobsor					A / A	
Fiscal Agent		T. K. Feehrer, Senior Management Analyst Supervisor				JK4			
Contract Management			Medicaid Pro	grai	m Fi	inance			
	Permanent File								
Program Development:									
	~	•							



029543429 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Azalea Health	Provider Number: 029543429
Azalea Health Dunn Ave	Date: 08/31/2022
1425 Dunn Ave	Fiscal Year End : N/A
Daytona Beach, FL 32114	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	134.41	138.59	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029544200 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	ates for N	lon-In	stitutional I	<u>Providers</u>		
Miami Beach Community Health Center - Stanley C			Myers Provider Number : 029544200						
					Date: 08/31/2022				
710	Alton Ro	oad		F	iscal Y	ear End : N	/A		
Mia	ami, FL 3	3139		P	Audit St	tatus : N/A			
Pro	Provider Type:				Cur	rent Rate	New Rate	Effective Date	
		Rural Health Clinic							
		Swing-Bed Provider							
	X	Federally Qualified Health Centers				142.70	147.15	10/01/2022	
		Hospice Provider							
		#0651 / H51 Routine Home Care (1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	are						
		#0551 / 0561 Continuous Home C	are - SIA	4					
		#0655 / H55 Inpatient Respite Car	е						
		#0656 / H56 General Inpatient Car	re						
		#0658 Room and Board							
ſ	Bas	is:	Т	Rate T	ype :				
'		Budget		Х		Prospective			
-		Unaudited costs	-			Total Prospective			
-		Desk audited costs	-			Prospective Adjusted for New costs			
•		Field audited costs	-						
-		Medicare - Prospective	-			 Interim			
	Х	Payment System Rate				Total Inte	rim		
•		Average Nursing Home Rate				Settleme	nt based on cost	s	
		Dade				_			
	Distrik	oution:	 	eehrer				A>/ A	
	Fiscal Agent		T. K. Feehrer, Senior Management Analyst Supervisor						
	Contract Management		Medica	aid Progra	m Fina	ince			
	Permanent File								
	Program Development:								



029544201 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem	Rates for	r No	n-Ins	titutional I	<u>Providers</u>		
Miami Beach Community Health Center - Beverly P			ress Provider Number : 029544201							
					Date: 08/31/2022					
710	O Alton Road			Fis	scal Year End : N/A					
Mia	Miami, FL 33139			Audit Status : N/A						
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date	
	Rural H	lealth Clinic								
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers					142.70	147.15	10/01/2022	
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	are							
	#05	51 / 0561 Continuous Home C	are - S	IA						
	#06	55 / H55 Inpatient Respite Car	e							
	#06	56 / H56 General Inpatient Car	re							
	#06	58 Room and Board								
	Basis :	7		Rate	Тур	e :				
•		Budget			Χ		Prospecti	ve		
•		Unaudited costs	İ				Total Prospective			
•		Desk audited costs					Prospecti	Prospective Adjusted for New costs		
•		Field audited costs					_			
•		Medicare - Prospective					Interim			
	X	Payment System Rate					Total Inte	rim		
•		Average Nursing Home Rate Dade					Settleme	nt based on cost	S	
	<u>Distribution:</u> Fiscal Agent			Feehrer, or Manage	eme	nt An	alvst Sunei	visor	1/1	
				Senior Management Analyst Supervisor Medicaid Program Finance						
	Contract Management			i i og						
	Permanent File									
	Program Deve									



029544207 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	r No	n-Institutional	<u>Providers</u>			
Miami Beach Com	nmunity Health Center - Nanay He	alth Center	ter Provider Number : 029544207					
			Date: 08/31/2022					
710 Alton Road			Fis	cal Year End : N	/A			
Miami, FL 33139			Au	dit Status : N/A				
Provider Type:				Current Rate	New Rate	Effective Date		
Rural	Health Clinic				ı			
Swin	g-Bed Provider							
X Fede	rally Qualified Health Centers			142.70	147.15	10/01/2022		
Hosp	ice Provider							
#(0651 / H51 Routine Home Care (1-60)						
#(0651a / H5L Routine Home Care	(61 +)						
#(0652 / H52 Continuous Home Ca	re						
#(0551 / 0561 Continuous Home C	are - SIA						
#(0655 / H55 Inpatient Respite Car	е						
#(0656 / H56 General Inpatient Car	е						
#(0658 Room and Board							
Basis :	7	Rate	Тур	oe:				
	 Budget		Χ	Prospect	ve			
	Unaudited costs			Total Pro	Total Prospective			
	Desk audited costs			Prospect	Prospective Adjusted for New costs			
	Field audited costs							
	Medicare - Prospective			Interim				
X	Payment System Rate			Total Inte	rim			
	Average Nursing Home Rate			Settleme	nt based on cost	S		
	Dade							
Distribution	n·							
Fiscal Agent		T. K. Feehrer, Senior Manag		nt Analyst Supe	rvisor	1X4		
J	Contract Management		gram	Finance				
Permanent F	· ·							
Program Dev								



029544214 - 2022/10

Bureau of Medicaid Program 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	Provider Number : 029544214
	Date: 08/31/2022
11645 Biscayne Blvd, Suite 207	Fiscal Year End : N/A
Miami, FL 331813138	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	142.70	147.15	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029544215 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022
11645 Biscayne Blvd, Suite 207	Fiscal Year End : N/A
Miami, FL 331813138	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	142.70	147.15	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029544217 - 2022/10

Bureau of Medicaid Program 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	Provider Number : 029544217
	Date: 08/31/2022
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			
Х	Federally Qualified Health Centers	142.70	147.15	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



Program Development:

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Florida Agency for Health Care Administration

029544220 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	r	Nor	n-Institutional I	<u>Providers</u>			
Miami Be	each Community Hlth Ctr- Biscayne Blvd			Prov	Provider Number : 029544220				
			ľ	Date	e: 08/31/2022				
11645 Bi	scayne Blvd		ľ	Fisc	scal Year End : N/A				
North Mia	ami, Fl 33181			Aud	Audit Status : N/A				
Provider	Туре:				Current Rate	New Rate	Effective Date		
	Rural Health Clinic								
	Swing-Bed Provider								
Х	Federally Qualified Health Centers				142.70	147.15	10/01/2022		
	Hospice Provider								
	#0651 / H51 Routine Home Care ((1-60)					'		
	#0651a / H5L Routine Home Care	(61 +)							
	#0652 / H52 Continuous Home Ca	are							
	#0551 / 0561 Continuous Home C	are - SIA							
	#0655 / H55 Inpatient Respite Car								
	#0656 / H56 General Inpatient Ca	re							
	#0658 Room and Board								
E	Basis:	Rate	٠ ٦	Гуре	e :				
	Budget		>	<	Prospective				
-	Unaudited costs				Total Pro	spective			
-	Desk audited costs				Prospecti	ve Adjusted for	New costs		
	Field audited costs								
	Medicare - Prospective				Interim				
	X Payment System Rate				Total Inte	rim			
-	Average Nursing Home Rate				Settleme	nt based on cost	s		
	Dade								
<u>Dis</u>	tribution:	T. K. Feehrer,					A \		
Fisc	cal Agent			men	nt Analyst Super	visor	1/4°		
Con	ntract Management	Medicaid Prog	gra	am I	Finance				
Peri	manent File								



029544222 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	r Diem I	Rates for	r Noı	n-Inst	itutional l	<u>Providers</u>			
Mia	ami Beach Co	mm Hlth Ctr-N Miami		Provider Number: 029544222							
					Dat	Date: 08/31/2022					
110	645 Biscayne	Blvd			Fisc	al Ye	ar End : N	/A			
No	rth Miami, Fl	33181			Auc	audit Status : N/A					
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date		
	Rura	al Health Clinic						ı			
	Swii	ng-Bed Provider									
	X Fed	erally Qualified Health Centers					142.70	147.15	10/01/2022		
	Hos	pice Provider									
	;	#0651 / H51 Routine Home Care ((1-60)								
	‡	#0651a / H5L Routine Home Care	(61 +)								
	7	#0652 / H52 Continuous Home Ca	are								
	#	#0551 / 0561 Continuous Home C	are - S	IA							
	#	#0655 / H55 Inpatient Respite Car	re								
	#	#0656 / H56 General Inpatient Ca	re								
	‡	#0658 Room and Board									
	Basis :			Rate	Тур	e :]				
'		Budget	'		Χ		Prospecti	ve			
•		Unaudited costs					- Total Pro	spective			
•		Desk audited costs					- Prospecti	ve Adjusted for	New costs		
•		Field audited costs					-				
•		Medicare - Prospective					Interim				
	Χ	Payment System Rate					Total Inte	rim			
•		Average Nursing Home Rate					Settleme	nt based on cost	is		
•		Duval					-				
	Distribution	<u>on:</u>	_ T. K.	Feehrer,					AV 1		
	Fiscal Ager	nt			emer	nt Ana	alyst Supe	rvisor	2h2		
	Contract Ma	anagement	Medic	aid Prog	ram	Finan	ce				
	Permanent	File									
	Program De	evelopment:									



029544224 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	Nor	n-Institution	nal F	<u>Providers</u>	
Miami Beach Community Health Center		Prov	vider Numbe	er : (029544224	
		Date	e : 08/31/20	22		
11645 Biscayne Blvd Fis			al Year End	d : N	/A	
Miami, FL 33181		Aud	it Status : N	l/A		
Provider Type:			Current Ra	te	New Rate	Effective Date
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers			142	2.70	147.15	10/01/2022
Hospice Provider						
#0651 / H51 Routine Home Care (1-60)					
#0651a / H5L Routine Home Care	(61 +)					
#0652 / H52 Continuous Home Ca	re					
#0551 / 0561 Continuous Home C	are - SIA					
#0655 / H55 Inpatient Respite Car	е					
#0656 / H56 General Inpatient Car	е					
#0658 Room and Board						
Basis:	Rate	Туре	:			
Budget		X	Prosp	ecti	ve	
Unaudited costs			Total	Pro	spective	
Desk audited costs			Prosp	ecti	ve Adjusted for	New costs
Field audited costs						
Medicare - Prospective			Interir	m		
X Payment System Rate	-		 Total	Inte	rim	
Average Nursing Home Rate			Settle	emer	nt based on cost	s
Dade						
<u>Distribution:</u> Fiscal Agent	T. K. Feehrer, Senior Manage	emen	ıt Analyst Sı	uper	visor	184
Contract Management	Medicaid Progr			•		
Permanent File	· ·					
Program Development:						



029545100 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem Ra	ates for	· N	lon-Ins	stitutional	<u>Providers</u>	
Community Health Centers, Inc.				Provider Number : 029545100						
						Date: 08/31/2022				
P.C	P.O. Box 1249			iscal Y	ear End : N	I/A				
Apopka, FL 32704			Α	udit St	atus : N/A					
Pro	ovider T	уре:					Curi	rent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					154.33	159.14	10/01/2022
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA	١					
#0655 / H55 Inpatient Respite Care										
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate	Ту	/pe :	7		
'			Budget			Χ		Prospect	ive	
•			Unaudited costs	_				Total Pro	spective	
•			Desk audited costs	_				Prospect	ive Adjusted for	New costs
•			Field audited costs	_				_		
•			Medicare - Prospective					 Interim		
)	X	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cost	ts
-			Orange					_		
	Distri	bution:		l T. K. Fe	eehrer.					A \ / A
	Fiscal	Agent				em	ent Ar	nalyst Supe	rvisor	2/42
	Contra	act Mana	gement	Medica	id Prog	rar	m Fina	nce		
	Perma	nent File)							
	Progra	am Deve	lopment:							



029545110 - 2022/10

Bureau of Medicaid Program 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	Provider Number : 029545110
Southlake Family Health	Date: 08/31/2022
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			
Х	Federally Qualified Health Centers	154.33	159.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029545111 - 2022/10

Bureau of Medicaid Program 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	Provider Number : 029545111
WG Family Health Center	Date: 08/31/2022
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			
Х	Federally Qualified Health Centers	154.33	159.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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029545112 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Leesburg	Provider Number : 029545112
Leesburg Community	Date: 08/31/2022
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			
Х	Federally Qualified Health Centers	154.33	159.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Apopka Fmly Hlth	Provider Number : 029545113
Apopka Family Health	Date: 08/31/2022
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	154.33	159.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Modification Barboniant For Bronn Russ	<u> </u>	on montanona	<u> </u>			
Community	y Health Centers, Inc Apopka Childrens Hlth	Pr	Provider Number: 029545114				
		Da	ate: 08/31/2022				
P.O. Box 2329		Fis	scal Year End : N	I/A			
Apopka, FL 32704		Αι	udit Status : N/A				
Provider 1	Гуре:		Current Rate	New Rate	Effective Date		
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers		154.33	159.14	10/01/2022		
	Hospice Provider						
	#0651 / H51 Routine Home Care (1-60)				,		
	#0651a / H5L Routine Home Care (61 +)						
	#0652 / H52 Continuous Home Care						
	#0551 / 0561 Continuous Home Care - SIA						

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

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#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care

#0658 Room and Board

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		Medicaid Reimbursement Per	Diem F	Rates for	. No	on-Ins	stitutional l	<u>Providers</u>	
Со	mmunity Health	Centers, Inc Pine Hills			Pr	ovide	r Number :	029545115	
					Da	Date: 08/31/2022			
P.C	D. Box 2329				Fis	scal Y	ear End : N	/A	
Ар	Apopka, FL 32704				Αι	ıdit St	atus : N/A		
Pro	ovider Type:					Curi	rent Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers					154.33	159.14	10/01/2022
	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SI	Α					
	#06	655 / H55 Inpatient Respite Car	e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
ſ	Basis :	7		Rate	Туј	pe :	7		
١.		 Budget	'		X		⊐ Prospecti	ve	
-		Unaudited costs	-				– Total Pro	spective	
-		Desk audited costs					Prospect	ve Adjusted for	New costs
-		Field audited costs	-				_		
-		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	rim	
•		Average Nursing Home Rate					Settleme	nt based on cost	ts
		Orange					_		
	Distribution			eehrer,					A>/ A
	Fiscal Agent	<u>.</u>			eme	ent Ar	alyst Supe	rvisor	JKJ
	Contract Mana	agement	Medic	aid Prog	ram	n Fina	nce		
	Permanent Fil								
	Program Deve								
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029545119 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	Non	<u>-Institutional I</u>	<u>Providers</u>	
Community Health	Centers - Lake Ellenor		Prov	vider Number :	029545119	
			Date	e : 08/31/2022		
P.O. Box 2329			Fisca	al Year End : N	/A	
Apopka, FL 3270	4		Audi	it Status : N/A		
Provider Type:			C	Current Rate	New Rate	Effective Date
Rural	Health Clinic					
Swing	g-Bed Provider					
X Feder	ally Qualified Health Centers			154.33	159.14	10/01/2022
Hospi	ice Provider					
#0	651 / H51 Routine Home Care (1-60)				
#0	651a / H5L Routine Home Care	(61 +)				
	652 / H52 Continuous Home Ca					
	551 / 0561 Continuous Home C					
	655 / H55 Inpatient Respite Car					
	656 / H56 General Inpatient Car	re				
#0	658 Room and Board					
Basis :		Rate	Туре	·:		
	Budget		X	Prospecti	ve	
	Unaudited costs			Total Pro	spective	
	Desk audited costs			Prospecti	ve Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
X	Payment System Rate			Total Inte	rim	
	Average Nursing Home Rate			Settlemei	nt based on cost	S
	Orange					
Distribution	<u>1:</u>	T. K. Feehrer,				AV 1
Fiscal Agent		Senior Manage	emen	t Analyst Super	rvisor	4
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc.	Provider Number : 029545121
Apopka Dental	Date: 08/31/2022
PO Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	154.33	159.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers	Provider Number : 029545123
Bithlo Family Health Center	Date: 08/31/2022
PO Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	154.33	159.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers Inc	Provider Number : 029545125
Meadow Woods Childrens Health Center	Date: 08/31/2022
110 South Woodland Street	Fiscal Year End : N/A
Winter Garden, FL 347873546	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic		,	
	Swing-Bed Provider			
X	Federally Qualified Health Centers	154.33	159.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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029545129 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers-Tavares			ovider Number : 029545129			
			Date: 08/31/2022			
110 S Woodl	0 S Woodland St			N/A		
Winter Garde	en, Fl 34787	А	udit Status : N/A	1		
Provider Ty	pe:		Current Rate	New Rate	Effective Date	
ı	Rural Health Clinic			'		
	Swing-Bed Provider					
Х	Federally Qualified Health Centers		154.3	159.14	10/01/2022	
ŀ	Hospice Provider					
	#0651 / H51 Routine Home Care (1-	60)				
	#0651a / H5L Routine Home Care (6	61 +)				
	#0652 / H52 Continuous Home Care	•				
	#0551 / 0561 Continuous Home Car	e - SIA				
	#0655 / H55 Inpatient Respite Care					
	#0656 / H56 General Inpatient Care					
	#0658 Room and Board					
Basi	s:	Rate Ty	/pe :			
<u> </u>	Budget	X	Prospe	ctive		
	Unaudited costs		Total P	rospective		
	Desk audited costs		Prospe	ctive Adjusted for	New costs	
	Field audited costs					
	Medicare - Prospective		Interim			
Х	Payment System Rate		Total Ir	terim		
	Average Nursing Home Rate		Settlem	ent based on cost	ts	
	 Lake					

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029545131 - 2022/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Commun	Community Health Centers-Orlando		Provider Number : 029545131				
		Da	ate: 08/31/2022				
110 S W	oodland St	Fis	scal Year End : N	I/A			
Winter G	arden, FI 34787	Au	Audit Status : N/A				
Provide	r Type:		Current Rate	New Rate	Effective Date		
	Rural Health Clinic						
	Swing-Bed Provider						
Х	Federally Qualified Health Centers		154.33	159.14	10/01/2022		
	Hospice Provider						
	#0651 / H51 Routine Home Care (1-60)				,		
	#0651a / H5L Routine Home Care (61 +)						
	#0652 / H52 Continuous Home Care						

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

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#0551 / 0561 Continuous Home Care - SIA

#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care

#0658 Room and Board

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Senior Management Analyst Supervisor

Medicaid Program Finance



029545137 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	r Diem F	Rates for	Noi	n-Institutional	<u>Providers</u>	
Community Health Centers, Inc.				Pro	Provider Number : 029545137			
					Dat	e: 08/31/2022		
110 S Woodland Street Fis			Fisc	cal Year End : N	/A			
Wi	nter Garden, F	L 34787			Auc	lit Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rura	I Health Clinic						
	Swin	g-Bed Provider						
	X Fede	rally Qualified Health Centers				154.33	159.14	10/01/2022
	Hosp	pice Provider						
	#	0651 / H51 Routine Home Care ((1-60)					
	#	0651a / H5L Routine Home Care	(61 +)					
	#	0652 / H52 Continuous Home Ca	are					
	#	0551 / 0561 Continuous Home C	are - SI	Α				
	#	0655 / H55 Inpatient Respite Ca	re					
	#	0656 / H56 General Inpatient Ca	re					
	#	0658 Room and Board						
	Basis :			Rate	Тур	e:		
ָ י		 Budget	'		X	Prospect	ve	
•		Unaudited costs	'			Total Pro	spective	
•		Desk audited costs	'			Prospect	ve Adjusted for	New costs
•		Field audited costs	'					
•		Medicare - Prospective	'			Interim		
	Χ	Payment System Rate				Total Inte	rim	
•		Average Nursing Home Rate	'			Settleme	nt based on cost	S
•		Lake						
	<u>Distributio</u>	n:	_	Feehrer,				A>/ A
	Fiscal Agent				emer	nt Analyst Supe	rvisor	JKJ -
	Contract Ma	nagement	Medic	aid Progi	ram	Finance		
	Permanent F							
	Program De	velopment:						



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		_	<u>Medicaid Reimbursement Per</u>	Diem Rates f	or N	on-Ins	titutional	<u>Providers</u>	
Со	mmunity	Health (Centers, Inc.		Р	rovider	Number :	029545139	
					D	ate : 08	3/31/2022		
110	110 S Woodland Street				Fi	iscal Ye	ear End : N	I/A	
Wi	nter Gard	den, FL	34787		Α	udit Sta	atus : N/A		
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
		Rural H	ealth Clinic						
		Swing-	Bed Provider						
	X	Federa	ly Qualified Health Centers				154.33	159.14	10/01/2022
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care (1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Car	'e					
		#06	56 / H56 General Inpatient Car	re					
		#06	58 Room and Board						
	Bas	sis :]	Ra	te Ty	pe :]		
'			Budget		Х		Prospect	ive	
•			Unaudited costs				Total Pro	spective	
•			Desk audited costs				- Prospect	ive Adjusted for	New costs
•			Field audited costs				_		
•			Medicare - Prospective	-			Interim		
)	<	Payment System Rate				Total Inte	erim	
•			Average Nursing Home Rate	-			Settleme	nt based on cost	S
-			Lake						
	Distri	bution:		T. K. Feehre	r.				AV 1
	Fiscal	Agent		Senior Mana		ent Ana	alyst Supe	rvisor	2h2
	Contra	ct Mana	gement	Medicaid Pro	ograr	n Finar	nce		
	Perma	nent File)						
	Progra	ım Devel	opment:						



029545141 - 2022/10

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	Medicaid Reimbursement Per	Diem Rates fo	r N	on-Ins	stitutional	<u>Providers</u>	
ommunity Health	Centers Inc		Pı	rovide	r Number :	029545141	
			D	ate : 0	8/31/2022		
00 S Dollins Ave	Ste 100-A		Fi	scal Y	ear End : N	I/A	
rlando, FL 3280	5-3009		Αı	udit St	atus : N/A		
ovider Type:				Cur	rent Rate	New Rate	Effective Date
Rural	Health Clinic						
Swing	g-Bed Provider						
X Feder	ally Qualified Health Centers				154.33	159.14	10/01/2022
Hosp	ice Provider						
#0	0651 / H51 Routine Home Care (1-60)					
#0	0651a / H5L Routine Home Care	(61 +)					
#0	0652 / H52 Continuous Home Ca	are					
#0	0551 / 0561 Continuous Home C	are - SIA					
#0	0655 / H55 Inpatient Respite Car	·e					
#0	0656 / H56 General Inpatient Ca	re					
#0	0658 Room and Board						
Basis :		Rate	• Ty	pe :	7		
	Budget		Χ		Prospect	ive	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospect	ive Adjusted for	New costs
	Field audited costs				_		
	Medicare - Prospective				 Interim		
Χ	Payment System Rate				Total Inte	erim	
	Average Nursing Home Rate				_ Settleme	nt based on cos	ts
	Orange						
Distribution	1:	T. K. Feehrer					A>/ A
Fiscal Agent		Senior Manag		ent Ar	nalyst Supe	rvisor	4
Contract Mar	nagement	Medicaid Pro	gran	n Fina	nce		
Permanent F	ile						
Program Dev	velopment:						



029545142 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates	s for N	lon-In	stitutional	<u>Providers</u>	
Со	mmunity Health	Centers Inc.		Р	rovide	r Number :	029545142	
				D	ate : 0	8/31/2022		
600 S Dollins Ave Ste 100-A			F	iscal Y	ear End : N	I/A		
Or	lando, FL 32805	5-3009		А	udit St	tatus : N/A		
Pr	ovider Type:				Cur	rent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				154.33	159.14	10/01/2022
	Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#00	552 / H52 Continuous Home Ca	are					
	#0	551 / 0561 Continuous Home C	are - SIA					
	#00	655 / H55 Inpatient Respite Car	re .					
	#06	656 / H56 General Inpatient Car	re					
	#00	658 Room and Board						
	Basis :	7	R	Rate Ty	/pe :			
'		Budget		Х		Prospect	ive	
		Unaudited costs				Total Pro	spective	
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs
•		Field audited costs				_		
		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
•		Orange						
	Distribution	<u> </u>	T. K. Feeh	rer				A \
	Fiscal Agent				nent Ar	nalyst Supe	rvisor	2/1/2
	Contract Mana	agement	Medicaid F	rogra	m Fina	ince		
	Permanent Fil	е						
	Program Deve	elopment:						



029545146 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	Non-Institutional	<u>Providers</u>	
Community Health Centers Inc		Provider Number :	029545146	
		Date: 08/31/2022		
7900 Forest City Rd	Fiscal Year End : N	I/A		
Orlando, FL 32810-3002	,	Audit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		154.33	159.14	10/01/2022
Hospice Provider				
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care	(61 +)			
#0652 / H52 Continuous Home Ca	re			
#0551 / 0561 Continuous Home C	are - SIA			
#0655 / H55 Inpatient Respite Car	e			
#0656 / H56 General Inpatient Car	е			
#0658 Room and Board				
Basis :	Rate T	ype :		
Budget	×	Prospect	ive	
Unaudited costs		Total Pro	spective	
Desk audited costs		Prospect	ive Adjusted for	New costs
Field audited costs				
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte	erim	
Average Nursing Home Rate		Settleme	nt based on cost	ts
Orange				
<u>Distribution:</u>	T. K. Feehrer,			AV 1
Fiscal Agent		nent Analyst Supe	rvisor	<u> </u>
Contract Management	Medicaid Progra	am Finance		
Permanent File				



029547700 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dunal Haalth Clinia				·		
Provider Type:	Cı	urrent Rate	New Rate	Effective Date		
Sumterville, FL 33585	Audit					
1425 S. U.S. Hwy 301	Fiscal	Fiscal Year End : N/A				
	Date :	: 08/31/2022				
Thomas E. Langley Medical Center	Provid	Provider Number : 029547700				

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	141.74	146.15	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1



029547702 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	ates for	r No	on-Inst	titutional	<u>Providers</u>	
amily Me	edical Ce	enter at the Shores			Pro	ovider	Number :	029547702	
					Da	ate : 08	3/31/2022		
425 S. L	J.S. Hwy	301			Fis	scal Ye	ear End : N	I/A	
Sumtervil	le, FL 3	3585			Au	ıdit Sta	ntus : N/A		
rovider	Type:					Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic						ı	ı
	Swing	g-Bed Provider							
X	Feder	rally Qualified Health Centers					141.74	146.15	10/01/2022
	Hosp	ice Provider							
	#0	0651 / H51 Routine Home Care (1-60)						
	#0	0651a / H5L Routine Home Care	(61 +)						
	#0	0652 / H52 Continuous Home Ca	ire						
	#0	0551 / 0561 Continuous Home C	are - SIA	4					
	#0	0655 / H55 Inpatient Respite Car	е						
	#0	0656 / H56 General Inpatient Car	e						
	#0	0658 Room and Board							
В	asis :		Т	Rate	Тур	pe:	1		
		Budget			Χ		Prospect	ive	
		Unaudited costs					Total Pro	spective	
		Desk audited costs					Prospect	ive Adjusted for	New costs
		Field audited costs					_		
		Medicare - Prospective					Interim -		
	Χ	Payment System Rate	_				Total Inte	erim	
		Average Nursing Home Rate	_				Settleme	nt based on cost	ts
		Sumter							
Dist	ributio	<u>n:</u>	 T. K. F	eehrer,					AV 1
	al Agent				eme	ent Ana	alyst Supe	rvisor	4
Cont	tract Mar	nagement	Medica	aid Prog	ram	Finan	nce		

Contract Management

Permanent File

Program Development:



029547709 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Ra	ates for	Non	-Institutional I	<u>Providers</u>	
Project Health			Provider Number : 029547709					
					Date	e : 08/31/2022		
142	25 US Hwy 301				Fisc	al Year End : N	/A	
Su	mterville, FL 33	585			Audi	t Status : N/A		
Pro	ovider Type:				C	Current Rate	New Rate	Effective Date
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				141.74	146.15	10/01/2022
	Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	е					
	#06	656 / H56 General Inpatient Car	re .					
	#06	658 Room and Board						
ſ	Basis :]		Rate 1	Туре	:		
٠		Budget	_	>	Κ	Prospecti	ve	
•		Unaudited costs	_			Total Pro	spective	
-		Desk audited costs	-			Prospecti	ve Adjusted for	New costs
-		Field audited costs	-					
-		Medicare - Prospective	-			Interim		
	Χ	Payment System Rate				Total Inte	rim	
•		Average Nursing Home Rate Citrus	-			Settleme	nt based on cost	ds .
	Distribution Fiscal Agent	<u>:</u>	T. K. Fe Senior I		men	t Analyst Supe	visor	N.A
	Contract Mana	agement	Medica	id Progra	am F	inance	<u>s_</u>	▼
	Permanent Fil	•						
	Program Deve							
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029547723 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Ra	ites for	Non	-Institutional I	<u>Providers</u>	
Pro	ject Health Inve	rness			Prov	vider Number :	029547723	
С			Date	e : 08/31/2022				
15	151 East Highland Blvd Fis			Fisc	al Year End : N	/A		
Inv	erness, FL 344	52			Audi	it Status : N/A		
Pro	ovider Type:				(Current Rate	New Rate	Effective Date
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				141.74	146.15	10/01/2022
	Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	552 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	e					
	#06	656 / H56 General Inpatient Car	re					
	#06	658 Room and Board						
[Basis :	7		Rate 1	Туре	:		
		Budget		>	X	Prospect	ve	
•		Unaudited costs	_			Total Pro	spective	
•		Desk audited costs	_			Prospect	ve Adjusted for	New costs
		Field audited costs						
		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	rim	
•		Average Nursing Home Rate Sumter	_			Settleme	nt based on cost	s
	<u>Distribution</u> Fiscal Agent	<u>:</u>	T. K. Fe Senior N		men	t Analyst Supe	rvisor	184
	Contract Mana	agement	Medicai	d Progra	am F	inance		
	Permanent Fil							
	Program Deve							
	9 2 0 0	F						



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029547724 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	Non-Institutional	<u>Providers</u>			
Project Health Langley Health Services		Provider Number	: 029547724			
		Date: 08/31/2022				
314 South Line Avenue	Fiscal Year End :	N/A				
Inverness, FL 34452		Audit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		141.7	4 146.15	10/01/2022		
Hospice Provider						
#0651 / H51 Routine Home Care (1	1-60)					
#0651a / H5L Routine Home Care	(61 +)					
#0652 / H52 Continuous Home Ca	re					
#0551 / 0561 Continuous Home Ca	are - SIA					
#0655 / H55 Inpatient Respite Care	е					
#0656 / H56 General Inpatient Car	е					
#0658 Room and Board						
Basis:	Rate 1	ype :				
Budget	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Prospec	tive			
Unaudited costs		Total Pr	ospective			
Desk audited costs		Prospec	tive Adjusted for	New costs		
Field audited costs						
Medicare - Prospective		Interim				
X Payment System Rate		Total Int	erim			
Average Nursing Home Rate		Settleme	ent based on cos	ts		
Sumter						
<u>Distribution:</u>	T. K. Feehrer,			NV A		
Fiscal Agent		ment Analyst Supe	ervisor	7/1/2		
Contract Management	Medicaid Progra	am Finance				
Permanent File						



029547727 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Ins	titutional	<u>Providers</u>	
Pro	ject Health Leca	anto			Pr	ovide	Number :	029547727	
			Da	ate : 0	8/31/2022				
512	2 N Lecanto Higl	nway 491			Fis	scal Y	ear End : N	I/A	
Led	canto, FL 34461				Αu	ıdit St	atus : N/A		
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers					141.74	146.15	10/01/2022
	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SI	Α					
	#06	655 / H55 Inpatient Respite Car	e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
ſ	Basis :	7		Rate	Туј	pe:			
١.		□ Budget	'		X		⊐ Prospect	ive	
-		Unaudited costs	-				– Total Pro	spective	
-		Desk audited costs					– Prospect	ive Adjusted for	New costs
•		Field audited costs	-				_		
-		Medicare - Prospective	-				_ Interim		
	Χ	Payment System Rate					Total Inte	erim	
-		Average Nursing Home Rate					Settleme	nt based on cost	s
•		Sumter					_		
	Diotribution								
	Distribution Fiscal Agent	<u>-</u>		Feehrer, r Manage	eme	ent An	alyst Supe	rvisor	1111
	Contract Mana	agement		aid Prog					
	Permanent Fil	_		J					
	Program Deve								
	i logialli Deve	лоршен.							



029547729 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date			
Crystal River, FL 34429-8905	Audit Status : N/A			
547 SE Fort Island Trail Suite C&D	Fiscal Year End : N/A			
	Date: 08/31/2022			
Project Health Crystal River Pediatrics	Provider Number : 029547729			

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	141.74	146.15	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029547731 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates to	or No	<u>on-Institutional</u>	<u>Providers</u>	
Project Health	Crystal River		Pro	ovider Number :	029547731	
			Da	ite: 08/31/2022		
547 SE Fort Isla	and Trail E		Fis	scal Year End : I	N/A	
Crystal River, F	FL 34429		Au	dit Status : N/A		
Provider Type	:			Current Rate	New Rate	Effective Date
Ru	ral Health Clinic					
Sw	ring-Bed Provider					
X Fee	derally Qualified Health Centers			141.74	146.15	10/01/2022
Но	spice Provider					
	#0651 / H51 Routine Home Care (1-60)				
	#0651a / H5L Routine Home Care	(61 +)				
	#0652 / H52 Continuous Home Ca	are				
	#0551 / 0561 Continuous Home C	are - SIA				
	#0655 / H55 Inpatient Respite Car	е				
	#0656 / H56 General Inpatient Car	re				
	#0658 Room and Board					
Basis :		Rate	е Тур	pe:		
	Budget		Χ	Prospec	tive	
	Unaudited costs	-		Total Pro	ospective	
	Desk audited costs			Prospec	tive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
Χ	Payment System Rate			Total Int	erim	
	Average Nursing Home Rate			Settleme	ent based on cost	ts
	Sumter					
Distribut	ion:	T. K. Feehrer				A \ / /\
Fiscal Age				ent Analyst Supe	ervisor	JKJ
		Medicaid Pro	aram	Finance		

Contract Management Permanent File Program Development: _____ For information Only (No Change in rate)



029547735 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Project Health, Inc.	Provider Number : 029547735
Langley Health Services	Date: 08/31/2022
1425 S US 301	Fiscal Year End : N/A
Sumterville, FL 33585-5141	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	141.74	146.15	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





029548500 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	r No	<u>n-Instit</u>	utional l	<u>Providers</u>			
ampa Communit	ampa Community Health Center - Peter D			Provider Number : 029548500					
			Dat	e: 08/3	31/2022				
O Box 82969	O Box 82969			Fiscal Year End : N/A					
ampa, FL 33682	mpa, FL 33682			Audit Status : N/A					
Provider Type:				Curren	t Rate	New Rate	Effective Date		
Rural	Health Clinic								
Swin	g-Bed Provider								
X Fede	rally Qualified Health Centers				134.34	138.53	10/01/2022		
Hosp	ice Provider								
#(0651 / H51 Routine Home Care ((1-60)							
#(0651a / H5L Routine Home Care	(61 +)							
#(0652 / H52 Continuous Home Ca	are							
#(0551 / 0561 Continuous Home C	are - SIA							
#(0655 / H55 Inpatient Respite Car	re							
#(0656 / H56 General Inpatient Ca	re							
#(0658 Room and Board								
Basis:		Rate	Тур	e :					
	 Budget		Х	F	Prospecti	ve			
	Unaudited costs				Γotal Pro	spective			
	Desk audited costs			F	Prospect	ve Adjusted for	New costs		
	Field audited costs								
	Medicare - Prospective			I	nterim				
X	Payment System Rate				Γotal Inte	rim			
	Average Nursing Home Rate				Settleme	nt based on cost	s		
	Hillsborough								
Distribution	<u>n:</u>	T. K. Feehrer,					۸٧.٨		
Fiscal Agent		Senior Manag				rvisor	1/h		
Contract Management		Medicaid Prog	ram	Finance	е				
Permanent F	File								
Program Dev	velopment:								



Program Development:

__ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029548502 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	r Diem Rates for	Non	<u>-Institutional l</u>	<u>Providers</u>			
Tampa C	ommunity Health Center - Salvation Army		Prov	rovider Number : 029548502				
			Date	ate: 08/31/2022				
PO Box 8	32969		Fisc	iscal Year End : N/A				
Tampa, F	FL 33682		Audi	udit Status : N/A				
Provider	Туре:		(Current Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
Х	Federally Qualified Health Centers			134.34	138.53	10/01/2022		
	Hospice Provider							
	#0651 / H51 Routine Home Care	(1-60)						
	#0651a / H5L Routine Home Care	e (61 +)						
	#0652 / H52 Continuous Home C	are						
	#0551 / 0561 Continuous Home C	Care - SIA						
	#0655 / H55 Inpatient Respite Ca	re						
	#0656 / H56 General Inpatient Ca	re						
	#0658 Room and Board							
В	Basis:	Rate -	Туре	:				
	Budget)	X	Prospecti	ctive			
	Unaudited costs			Total Pro	Total Prospective			
Desk audited costs				Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
	X Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	Hillsborough							
Dis	tribution:	T. K. Feehrer,				AV 1		
Fiscal Agent		Senior Manage	emen	t Analyst Supe	rvisor	2K2		
Contract Management		Medicaid Progr	ram F	inance				
Perr	manent File							



029548503 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date				
Tampa, FL 33682	Audit Status : N/A				
PO Box 82969	Fiscal Year End : N/A				
	Date: 08/31/2022				
Tampa Community Health Center - Sine Domus	Provider Number: 029548503				

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	134.34	138.53	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





Permanent File

Program Development:

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Florida Agency for Health Care Administration

029548504 - 2022/10

	Medicaid Reimbursement Per	Diem Rates for	Non-l	Institutional	<u>Providers</u>			
Tampa C	ommunity Health Center - Lee Davis		Provider Number: 029548504					
			Date: 08/31/2022					
PO Box 8	32969		Fiscal	iscal Year End : N/A				
Tampa, F	L 33682		Audit	Status : N/A				
Provider	Type:		Cı	urrent Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers			134.34	138.53	10/01/2022		
	Hospice Provider							
	#0651 / H51 Routine Home Care (1-60)						
	#0651a / H5L Routine Home Care	(61 +)						
	#0652 / H52 Continuous Home Ca	are						
	#0551 / 0561 Continuous Home C	are - SIA						
	#0655 / H55 Inpatient Respite Car	e						
	#0656 / H56 General Inpatient Car	re						
	#0658 Room and Board							
В	asis:	Rate 1	уре :	:				
	Budget	×	(Prospect	ive			
	Unaudited costs				Total Prospective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
	X Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	Hillsborough							
Dist	tribution:	T. K. Feehrer,				NVA		
Fisc	al Agent	Senior Manage			rvisor	1/ht		
Con	tract Management	Medicaid Progra	am Fi	nance				



Program Development:

__ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029548505 - 2022/10

	Medicaid Reimbursement Pe	r Diem Rates for	Nor	<u>n-Institutional </u>	<u>Providers</u>			
Tampa C	ommunity Health Center- 131st Ave		Provider Number : 029548505					
			Date: 08/31/2022					
PO Box 8	32969		Fisc	Fiscal Year End : N/A				
Tampa, F	TI 33682		Aud	it Status : N/A				
Provider	Туре:			Current Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
Х	Federally Qualified Health Centers			134.34	138.53	10/01/2022		
	Hospice Provider							
	#0651 / H51 Routine Home Care	(1-60)			,			
	#0651a / H5L Routine Home Care	e (61 +)						
	#0652 / H52 Continuous Home C	are						
	#0551 / 0561 Continuous Home C	Care - SIA						
	#0655 / H55 Inpatient Respite Ca	re						
	#0656 / H56 General Inpatient Ca	re						
	#0658 Room and Board							
В	asis:	Rate -	Туре					
	Budget	>	X	 Prospect	ive			
	Unaudited costs			 Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
	X Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	Hillsborough							
<u>Dis</u> t	tribution:	T. K. Feehrer,				٨.٧٨		
Fisc	al Agent	Senior Manage	emen	it Analyst Supe	rvisor	2h2		
Con	tract Management	Medicaid Progr	ram l	Finance				
Perr	manent File							



029548506 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic					
Provider Type:		Current Rate	New Rate	Effective Date	
Tampa, FL 33682	Audit Status : N/A				
PO Box 82969	Fiscal Year End : N/A				
	Date: 08/31/2022				
Tampa Community Health Center - Rome Ave	Provider Number : 029548506				

	Swing-Bed Provider			
X	Federally Qualified Health Centers	134.34	138.53	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

rvisor J



029548513 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Pe	r Diem Ra	tes for	Non	-Inst	itutional l	<u>Providers</u>	
Tar	npa Cor	nmunity	Health Center - Waters Ave			Prov	Provider Number : 029548513			
						Date: 08/31/2022				
РΟ	Box 829	969				Fisc	al Ye	ar End : N	/A	
Tar	npa, FL	33682				Aud	it Sta	tus : N/A		
Pro	vider T	уре:				(Curre	ent Rate	New Rate	Effective Date
		Rural	Health Clinic							
		Swing	-Bed Provider							
	X	Federa	ally Qualified Health Centers					134.34	138.53	10/01/2022
		Hospi	ce Provider							
		#0	651 / H51 Routine Home Care	(1-60)						
		#0	651a / H5L Routine Home Care	e (61 +)						
		#0	652 / H52 Continuous Home C	are						
		#0	551 / 0561 Continuous Home (Care - SIA						
		#0	655 / H55 Inpatient Respite Ca	re						
		#0	656 / H56 General Inpatient Ca	re						
		#0	658 Room and Board							
	Bas	sis :	7		Rate	Туре) :]		
٠			Budget			Χ		Prospecti	ve	
-			Unaudited costs					Total Pro	spective	
-			Desk audited costs					Prospect	ve Adjusted for	New costs
-			Field audited costs					-		
-			Medicare - Prospective					Interim		
)	X	Payment System Rate					Total Inte	rim	
_			Average Nursing Home Rate					Settleme	nt based on cost	s
_			Hillsborough					_		
	Distri	bution	<u></u>	T. K. Fe	ehrer.					AV 1
	Fiscal	Agent				emen	t Ana	alyst Supe	rvisor	1/2×
	Contra	act Man	agement	Medicai	d Progi	ram F	inan	ce		
	Perma	nent Fi	le							
	Progra	am Dev	elopment:							



029548516 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center	Provider Number : 029548516
Mobil Dental Van	Date: 08/31/2022
PO Box 82969	Fiscal Year End : N/A
Tamp, FL 33682	Audit Status : N/A

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	134.34	138.53	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029548517 - 2022/10

	Medicaid Reimbursement Per	Diem Rates for	· Nor	n-Institutional	<u>Providers</u>				
Tampa Fa	amily Health Center #11		Pro	vider Number :	029548517				
			Date	e: 08/31/2022					
PO Box 8	2969		Fisc	Fiscal Year End : N/A					
Tampa, F	L 336822969		Aud	lit Status : N/A					
Provider	Туре:			Current Rate	New Rate	Effective Date			
	Rural Health Clinic								
	Swing-Bed Provider								
X	Federally Qualified Health Centers			134.34	138.53	10/01/2022			
	Hospice Provider								
	#0651 / H51 Routine Home Care (1-60)							
	#0651a / H5L Routine Home Care	(61 +)							
	#0652 / H52 Continuous Home Ca	are							
	#0551 / 0561 Continuous Home C	are - SIA							
	#0655 / H55 Inpatient Respite Car	е							
	#0656 / H56 General Inpatient Car	re							
	#0658 Room and Board								
В	asis:	Rate	Туре	e :					
	 Budget		X	——— Prospect	ive				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
	X Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	s			
	Hillsborough								
<u>Dist</u>	ribution:	T. K. Feehrer,				AV A			
Fisca	al Agent			nt Analyst Supe	rvisor	2/1/2			
Cont	Contract Management		ram I	Finance					
Pern	nanent File								



029548519 - 2022/10

			Medicaid Reimbursement Per	Diem Rates	s for No	n-Ins	titutional l	<u>Providers</u>			
Та	mpa Fan	nily Hea	lth Center #27		Pro	ovider	Number :	029548519			
					Da	te : 08	3/31/2022				
PC	Box 82	969			Fis	iscal Year End : N/A					
Та	mpa, FL	33682			Au	dit Sta	atus : N/A				
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural	Health Clinic								
		Swing	-Bed Provider								
	X	Federa	ally Qualified Health Centers				134.34	138.53	10/01/2022		
		Hospid	ce Provider								
		#06	651 / H51 Routine Home Care (1-60)							
		#06	651a / H5L Routine Home Care	(61 +)							
		#06	652 / H52 Continuous Home Ca	ire							
		#0	551 / 0561 Continuous Home C	are - SIA							
		#06	655 / H55 Inpatient Respite Car	е							
		#06	656 / H56 General Inpatient Car	е							
		#06	658 Room and Board								
	Bas	sis :	7	R	ate Typ	oe :	7				
			Budget		Х		Prospecti	ve			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				- Prospecti	ve Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
	2	X	Payment System Rate				Total Inte	rim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			— Hillsborough				_				
	Distri	bution	<u>:</u>	T. K. Feeh	rer,				1V.1		
	Fiscal	Agent		Senior Mar				rvisor	2/12		
	Contra	act Mana	agement	Medicaid F	Program	Finar	nce				
	Perma	anent Fil	le								
	Progra	am Deve	elopment:								
		For i	information Only (No Change in r	ate)							



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Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029548520 - 2022/10

	-	<u>Medicaid Reimbursement Per</u>	Diem Ra	tes fo	r N	<u>ion-In</u>	<u>stitutional</u>	<u>Providers</u>	
Tampa Fa	amily Heal	th center #26			Р	rovide	er Number :	029548520	
					D	ate : 0	08/31/2022		
PO Box 8	32969				F	iscal Y	Year End : N	I/A	
Tampa, F	FL 33682				Α	udit S	tatus : N/A		
Provider	Туре:					Cur	rent Rate	New Rate	Effective Date
	Rural H	lealth Clinic							1
	Swing-	Bed Provider							
Х	Federa	lly Qualified Health Centers					134.34	138.53	10/01/2022
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care ((1-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	52 / H52 Continuous Home Ca	are						
	#05	51 / 0561 Continuous Home C	are - SIA						
	#06	55 / H55 Inpatient Respite Car	re						
	#06	56 / H56 General Inpatient Car	re						
	#06	58 Room and Board							
В	Basis :]		Rate	Ту	/pe :			
		Budget			Χ		Prospect	ive	
		Unaudited costs					Total Pro	spective	
		Desk audited costs					Prospect	ive Adjusted for	New costs
		Field audited costs							
		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cost	ts
		Hillsborough							
<u>Dist</u>	tribution:		T. K. Fe						ΛVΛ
Fisc	al Agent						nalyst Supe	rvisor	1/ht
Con	tract Mana	gement	Medicai	d Prog	rar	m Fina	ance		



029548521 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem F	Rates for	r No	<u>n-Institutional</u>	<u>Providers</u>	
Tai	mpa Family Heal	Provider Number : 029548521						
					Dat	te: 08/31/2022		
РО	Box 82969				Fisc	cal Year End :	N/A	
Taı	mpa, FL 33682				Aud	dit Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rural H	lealth Clinic					<u>'</u>	
	Swing-	Bed Provider						
	X Federa	lly Qualified Health Centers				134.3	138.53	10/01/2022
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	are					
	#05	51 / 0561 Continuous Home C	are - SI	Α				
	#06	55 / H55 Inpatient Respite Car	е					
	#06	56 / H56 General Inpatient Car	e					
	#06	58 Room and Board						
	Basis :]		Rate	Тур	e :		
		Budget	'		Χ	Prospec	tive	
-		Unaudited costs	•			Total Pr	ospective	
-		Desk audited costs				Prospec	tive Adjusted for	New costs
-		Field audited costs						
-		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Int	erim	
-		Average Nursing Home Rate Hillsborough				Settleme	ent based on cos	ts
	Distribution:			eehrer, r Manag	emei	nt Analyst Supe	ervisor	184
	Contract Mana	aement	Medic	aid Prog	ıram	Finance		•
	Permanent File							
	Program Deve							



Permanent File

Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029548527 - 2022/10

	Medicaid Reimbursement Pe	r Diem Rates for I	Non-Institutional	<u>Providers</u>	
Tampa Fa	mily Health Center #23	F	Provider Number	: 029548527	
			Date: 08/31/2022		
PO Box 82	2969	F	iscal Year End :	N/A	
Tampa, FL	336822969	Į.	Audit Status : N/A		
Provider 1	Гуре:		Current Rate	New Rate	Effective Date
	Rural Health Clinic				
	Swing-Bed Provider				
X	Federally Qualified Health Centers		134.3	4 138.53	10/01/2022
	Hospice Provider				
	#0651 / H51 Routine Home Care	(1-60)		·	
	#0651a / H5L Routine Home Care	e (61 +)			
	#0652 / H52 Continuous Home C	are			
	#0551 / 0561 Continuous Home C	Care - SIA			
	#0655 / H55 Inpatient Respite Ca	re			
	#0656 / H56 General Inpatient Ca	re			
	#0658 Room and Board				
Ва	sis:	Rate T	ype :		
	Budget	X	Prospec	tive	
	Unaudited costs		Total Pr	ospective	
	Desk audited costs		Prospec	tive Adjusted for	New costs
	Field audited costs				
	Medicare - Prospective		Interim		
	X Payment System Rate		Total Int	erim	
	Average Nursing Home Rate		Settlem	ent based on cos	ts
	Hillsborough				
<u>Distr</u>	<u>ibution:</u>	T. K. Feehrer,			٨٧.٨
Fisca	l Agent		nent Analyst Sup	ervisor	1/h/t
Contr	Contract Management		m Finance		



029548529 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem	Rates for	. No	on-Ins	titutional	<u>Providers</u>			
Та	mpa Family Heal	th Center Inc 28			Pr	ovide	Number :	029548529			
					Da	ate:0	8/31/2022				
PC	Box 82969				Fiscal Year End : N/A						
Та	mpa, FL 336822	969			Αι	ıdit St	atus : N/A				
Pr	ovider Type:					Curr	ent Rate	New Rate	Effective Date		
	Rural H	lealth Clinic									
	Swing-	Bed Provider									
	X Federa	lly Qualified Health Centers					134.34	138.53	10/01/2022		
	Hospic	e Provider									
	#06	51 / H51 Routine Home Care (1-60)								
	#06	51a / H5L Routine Home Care	(61 +)								
	#06	52 / H52 Continuous Home Ca	are								
	#05	51 / 0561 Continuous Home C	are - S	IA							
	#06	555 / H55 Inpatient Respite Car	e								
	#06	56 / H56 General Inpatient Ca	re								
	#06	558 Room and Board									
	Basis :]		Rate	Туј	pe :	7				
, '		Budget			X		Prospect	ve			
•		Unaudited costs					Total Pro	spective			
•		Desk audited costs					Prospect	ve Adjusted for	New costs		
		Field audited costs					_				
'		Medicare - Prospective					 Interim				
	X	Payment System Rate					Total Inte	rim			
		Average Nursing Home Rate					Settleme	nt based on cost	s		
		Hillsborough									
	<u>Distribution</u> :		_ T. K	Feehrer,					A)/ A		
	Fiscal Agent				eme	ent An	alyst Supe	rvisor	2/42		
	Contract Mana	agement	Medio	caid Prog	ram	Fina	nce				
	Permanent File	е									
	Program Deve	elopment:									



Program Development:

_____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029548531 - 2022/10

		<u>Medicaid Rein</u>	<u>nbursement Per</u>	Diem Rates for	No	on-Inst	titutional	<u>Providers</u>			
Tampa Family Health Centers - #31				Pr	ovider	Number :	029548531				
					Da	ate : 08	3/31/2022				
PC	Box 82	969			Fis	Fiscal Year End : N/A					
Та	mpa, FL	336822969			Αι	udit Sta	tus : N/A				
Pro	vider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural Health Clinic						ı			
		Swing-Bed Provider									
	X	Federally Qualified H	ealth Centers				134.34	138.53	10/01/2022		
		Hospice Provider									
		#0651 / H51 Routi	ne Home Care (1-60)				,			
		#0651a / H5L Rou	tine Home Care	(61 +)							
		#0652 / H52 Conti	nuous Home Ca	are							
		#0551 / 0561 Cont	tinuous Home C	are - SIA							
		#0655 / H55 Inpati	ient Respite Car	е							
		#0656 / H56 Gene	ral Inpatient Ca	re							
		#0658 Room and	Board								
	Bas	sis:		Rate	Ту	pe :]				
'		Budget			X		Prospect	ive			
•		Unaudited cos	sts				Total Pro	spective			
•		Desk audited	costs				Prospect	ive Adjusted for	New costs		
•		Field audited	costs				_				
•		Medicare - Pr	ospective				Interim				
	2	X Payment Sys	tem Rate				Total Inte	erim			
		Average Nurs	ing Home Rate				Settleme	nt based on cost	s		
		Hill	sborough				_				
		bution : Agent		T. K. Feehrer, Senior Manage	eme	ent Ana	alyst Supe	rvisor	114		
	Contra	act Management		Medicaid Progr	ran	n Finan	ice				
	Perma	nent File									



029548533 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Ins	titutional l	<u>Providers</u>			
Tai	mpa Family Hea	Ith Centers- 22nd St			Pr	ovider	Number :	029548533			
					Da	ate : 08	3/31/2022				
P.C	D Box 82969				Fis	Fiscal Year End : N/A					
Tai	mpa, Fl 33682				Αu	ıdit Sta	atus : N/A				
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date		
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers					134.34	138.53	10/01/2022		
	Hospid	ce Provider									
	#06	651 / H51 Routine Home Care (1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
	#06	652 / H52 Continuous Home Ca	are								
	#0	551 / 0561 Continuous Home C	are - SI	Α							
	#06	655 / H55 Inpatient Respite Car	е								
	#06	656 / H56 General Inpatient Car	re								
	#06	558 Room and Board									
	Basis :	7		Rate	Туј	pe :	7				
ָ 		 Budget	'		X		⊐ Prospecti	ive			
-		Unaudited costs	'				– Total Pro	spective			
-		Desk audited costs	'				Prospect	ive Adjusted for	New costs		
-		Field audited costs	'				_				
-		Medicare - Prospective	'				_ Interim				
	Χ	Payment System Rate					Total Inte	erim			
•		Average Nursing Home Rate					Settleme	nt based on cost	ts		
-		— Hillsborough					_				
	Distributi										
	Distribution	<u>.</u> <u>-</u>		Feehrer, r Manage	eme	ent An	alyst Supe	rvisor	1/4		
	Fiscal Agent	agamont		aid Prog			•		<i></i>		
	Contract Mana Permanent Fil			J							
	Program Deve	ыортнети.									



029548535 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem	Rates fo	r No	n-Inst	<u>titutional l</u>	<u>Providers</u>	
Та	mpa Family Heal	th Center- Fletcher Ave			Pro	ovider	Number :	029548535	
					Da	te : 08	3/31/2022		
Ρ.	O Box 82969				Fis	cal Ye	ear End : N	/A	
Та	mpa, FI 33682				Au	dit Sta	itus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural H	lealth Clinic							
	Swing-	Bed Provider							
	X Federa	lly Qualified Health Centers					134.34	138.53	10/01/2022
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	52 / H52 Continuous Home Ca	are						
	#05	51 / 0561 Continuous Home C	are - S	IA					
	#06	55 / H55 Inpatient Respite Car	e						
	#06	56 / H56 General Inpatient Ca	re						
	#06	58 Room and Board							
	Basis :]		Rate	Тур	e :]		
'		Budget			Х		Prospecti	ve	
•		Unaudited costs					Total Pro	spective	
•		Desk audited costs					Prospecti	ve Adjusted for	New costs
•		Field audited costs					_		
•		Medicare - Prospective					Interim		
	X	Payment System Rate					Total Inte	rim	
•		Average Nursing Home Rate					Settleme	nt based on cost	s
•		Hillsborough					-		
	<u>Distribution:</u>		l T. K.	Feehrer,					A \
	Fiscal Agent				eme	nt Ana	alyst Supe	rvisor	14X
	Contract Mana	agement	Medio	caid Prog	gram	Finan	ice		
	Permanent File	е							
	Program Deve	lopment:							



029548550 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem I	Rates for	. No	on-In	stitutional	<u>Providers</u>			
Tai	mpa Family Heal	Ith Centers, Inc.			Pr	ovide	r Number :	029548550			
					Da	ate : C	8/31/2022				
120	085 W Hillsborou	ıgh Ave			Fis	iscal Year End : N/A					
Tai	mpa, FL 33625				Αι	ıdit S	tatus : N/A				
Pro	ovider Type:					Cur	rent Rate	New Rate	Effective Date		
	Rural I	lealth Clinic									
	Swing-	Bed Provider									
	X Federa	Ily Qualified Health Centers					134.34	138.53	10/01/2022		
	Hospic	e Provider									
	#06	51 / H51 Routine Home Care (1-60)								
	#06	51a / H5L Routine Home Care	(61 +)								
	#06	552 / H52 Continuous Home Ca	are								
	#05	551 / 0561 Continuous Home C	are - Sl	IA							
	#06	555 / H55 Inpatient Respite Car	e								
	#06	556 / H56 General Inpatient Car	re								
	#06	558 Room and Board									
ſ	Basis :	7		Rate	Туј	pe :					
ָ 		∟ Budget	'		X		ー Prospect	ive			
-		Unaudited costs					— Total Pro	spective			
-		Desk audited costs					Prospect	ive Adjusted for	New costs		
-		Field audited costs									
-		Medicare - Prospective	,				 Interim				
	Χ	Payment System Rate	· •				Total Inte	erim			
•		Average Nursing Home Rate	· •				 Settleme	nt based on cost	s		
-		– Hillsborough					_				
	Distalland										
	Distribution:			Feehrer, r Manage	eme	ent Aı	nalyst Supe	rvisor	1/4		
	Fiscal Agent	agamant		aid Prog							
	Contract Mana Permanent File			J							
	Permanent File Program Deve										
	r logialli Deve	лортнети.									



029548553 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for No	on-Institutional	<u>Providers</u>	
Tampa Family Health Centers	Pr	ovider Number :	029548553	
	Da	ate: 08/31/2022		
1212 E Bears Ave	Fis	scal Year End : N	I/A	
Lutz, FL 33549	Αι	udit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		134.34	138.53	10/01/2022
Hospice Provider				
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care	(61 +)			
#0652 / H52 Continuous Home Ca	ire			
#0551 / 0561 Continuous Home C	are - SIA			
#0655 / H55 Inpatient Respite Car	е			
#0656 / H56 General Inpatient Car	е			
#0658 Room and Board				
Basis:	Rate Ty	pe:		
Budget	X	Prospect	ive	
Unaudited costs		Total Pro	spective	
Desk audited costs		Prospect	ive Adjusted for	New costs
Field audited costs				
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte	erim	
Average Nursing Home Rate		Settleme	nt based on cost	s
Hillsborough				
<u>Distribution:</u>	T. K. Feehrer,			ΛV. Λ
Fiscal Agent	Senior Manageme	ent Analyst Supe	rvisor	2/1/2
Contract Management	Medicaid Program	n Finance		
Permanent File				



029548554 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Drawider Type	Current Bata New Bata Effective Date
Tampa, FL 33607	Audit Status : N/A
2727 W DR MARTIN LUTHER KING JR BLVD	Fiscal Year End : N/A
	Date: 08/31/2022
TAMPA FAMILY HEALTH CENTER INC	Provider Number : 029548554

Provide	rovider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	134.34	138.53	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





029549300 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	lates for	Nor	<u>-Institutional l</u>	<u>Providers</u>			
Се	ntral Florida Hea	alth Care - Frostproof	Provider Number : 029549300							
			Date: 08/31/2022							
109	9 West Wall Stre	et	Fiscal Year End : N/A							
Fro	ostproof, FL 338	43			Aud	it Status : N/A				
Pro	ovider Type:					Current Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				162.52	167.58	10/01/2022		
	Hospid	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - Sl	A						
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	e							
	#06	658 Room and Board								
	Basis :]		Rate	Туре	e :				
٠		Budget		Ż	X	Prospecti	ve			
•		Unaudited costs	-			Total Pro	spective			
•		Desk audited costs	-			Prospect	ve Adjusted for	New costs		
		Field audited costs	-							
		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
•		Average Nursing Home Rate Polk	_			Settleme	nt based on cost	rs .		
	<u>Distribution</u> Fiscal Agent	<u> </u>		eehrer, Manage	emen	it Analyst Supe	visor	184		
	Contract Management		Medica	aid Progr	ram F	inance				
	Permanent Fil									
	Program Deve									



029549301 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Pe	r Diem Rates for	Non-	Institutional	<u>Providers</u>				
Central Florida Health Care - Wachula	Provider Number: 029549301							
		Date: 08/31/2022						
204 E. Palmetto Street		Fiscal Year End : N/A						
Wauchula, FL 33873		Audit	Status : N/A					
Provider Type:		С	urrent Rate	New Rate	Effective Date			
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Centers			162.52	167.58	10/01/2022			
Hospice Provider								
#0651 / H51 Routine Home Care	(1-60)			,				
#0651a / H5L Routine Home Care	e (61 +)							
#0652 / H52 Continuous Home C	are							
#0551 / 0561 Continuous Home (Care - SIA							
#0655 / H55 Inpatient Respite Ca	re							
#0656 / H56 General Inpatient Ca	ire							
#0658 Room and Board								
Basis :	Rate -	Туре	:					
Budget	,	X	Prospect	ive				
Unaudited costs			Total Prospective					
Desk audited costs			Prospect	rospective Adjusted for New costs				
Field audited costs								
Medicare - Prospective			Interim					
X Payment System Rate			Total Inte	erim				
Average Nursing Home Rate			Settleme	nt based on cost	s			
Polk								
<u>Distribution:</u>	T. K. Feehrer,				AV 1			
Fiscal Agent	Senior Manage	ment	Analyst Supe	rvisor	2/1/2			
Contract Management	Medicaid Progr	am F	inance					
Permanent File								
Program Development:								



029549304 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	. No	on-Ins	stitutional	<u>Providers</u>				
Се	ntral Florida Hea	alth Call - Avon Park			Pr	ovide	r Number :	029549304				
					Da	ate:0	8/31/2022					
400	South Lake Av	renue			Fis	Fiscal Year End : N/A						
Αv	on Park, FL 338	325			Αι	ıdit St	atus : N/A					
Pro	ovider Type:					Curi	ent Rate	New Rate	Effective Date			
	Rural	Health Clinic										
	Swing	-Bed Provider										
	X Federa	ally Qualified Health Centers					162.52	167.58	10/01/2022			
	Hospi	ce Provider										
	#00	651 / H51 Routine Home Care (1-60)									
	#00	651a / H5L Routine Home Care	(61 +)									
	#00	652 / H52 Continuous Home Ca	are									
	#0	551 / 0561 Continuous Home C	are - SI	Α								
	#00	655 / H55 Inpatient Respite Car	е									
	#00	656 / H56 General Inpatient Car	e									
	#00	658 Room and Board										
ſ	Basis :	7		Rate	Туј	pe :						
ָ 		 Budget	'		X		⊐ Prospect	ive				
-		Unaudited costs	'				– Total Pro	spective				
-		Desk audited costs					– Prospect	ive Adjusted for	New costs			
-		Field audited costs	'				_					
-		Medicare - Prospective	'				_ Interim					
	Χ	Payment System Rate					Total Inte	erim				
-		Average Nursing Home Rate Polk					Settleme	nt based on cost	ss			
	Distribution	:		Feehrer,					A \			
	Fiscal Agent	_			eme	ent An	alyst Supe	rvisor	4			
	Contract Mana	agement	Medic	aid Prog	ram	n Fina	nce					
	Permanent Fil	•										
	Program Deve											



029549305 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem	Rates for	r No	<u>n-Ins</u>	titutional I	<u>Providers</u>		
Се	ntral Florida Hea	lth Center - Hardee			Pro	ovider	Number :	029549305		
					Da	te : 08	3/31/2022			
950	County Road 1	7A West			Fis	cal Ye	ear End : N	/A		
Av	on Park, FL 3382	25			Au	dit Sta	atus : N/A			
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date	
	Rural H	lealth Clinic								
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers					162.52	167.58	10/01/2022	
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	ire							
	#05	51 / 0561 Continuous Home C	are - S	IA						
	#06	55 / H55 Inpatient Respite Car	е							
	#06	56 / H56 General Inpatient Car	е							
	#06	58 Room and Board								
	Basis :]		Rate	Тур	oe :]			
,		Budget			Χ		Prospecti	ve		
•		Unaudited costs					Total Pro	ospective		
•		Desk audited costs					- Prospecti	ve Adjusted for	New costs	
•		Field audited costs					_			
•		Medicare - Prospective					Interim			
	X	Payment System Rate					Total Inte	rim		
		Average Nursing Home Rate					Settleme	nt based on cost	ts	
		Hardee								
	<u>Distribution:</u>		 T. K	Feehrer,					A \	
	Fiscal Agent				eme	ent An	alyst Supei	visor	1/4/L	
	Contract Management		Medic	aid Prog	ram	Finar	nce			
	Permanent File									
	Program Deve									



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029549307 - 2022/10

Medicaid Reimbursement Pe	er Diem Rates for I	Non-Institutional	<u>Providers</u>					
Central Florida Health Care -NW 9th Ave	F	Provider Number :	029549307					
		Date: 08/31/2022						
950 County Rd 17A West	F	iscal Year End : N	I/A					
Avon Park, FL 33825	Į.	Audit Status : N/A						
Provider Type:		Current Rate	New Rate	Effective Date				
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Centers		162.52	167.58	10/01/2022				
Hospice Provider								
#0651 / H51 Routine Home Care	(1-60)							
#0651a / H5L Routine Home Car	e (61 +)							
#0652 / H52 Continuous Home C	Care							
#0551 / 0561 Continuous Home	Care - SIA							
#0655 / H55 Inpatient Respite Ca	are							
#0656 / H56 General Inpatient C	are							
#0658 Room and Board								
Basis:	Rate T	ype :						
Budget	X	Prospective						
Unaudited costs		Total Pro	Total Prospective					
Desk audited costs		Prospect	ive Adjusted for	New costs				
Field audited costs								
Medicare - Prospective		Interim						
X Payment System Rate		Total Inte	erim					
Average Nursing Home Rate		Settleme	nt based on cost	ts				
Polk								
<u>Distribution:</u>	T. K. Feehrer,			NVA				
Fiscal Agent		Senior Management Analyst Supervisor						
Contract Management	Medicaid Progra	ım Finance						
Permanent File								



029549309 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	lates for	Non	<u>-Institutional l</u>	<u>Providers</u>				
Се	ntral FI HIthcare	-Dundee Rd			Prov	vider Number :	029549309				
			Date: 08/31/2022								
47	5th St NW		Fiscal Year End : N/A								
Wi	nter Haven, Fl 3	3881	Audit Status : N/A								
Pre	ovider Type:				(Current Rate	New Rate	Effective Date			
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				162.52	167.58	10/01/2022			
	Hospic	ce Provider									
	#06	651 / H51 Routine Home Care (1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
	#06	652 / H52 Continuous Home Ca	are								
	#0	551 / 0561 Continuous Home C	are - Sl	A							
	#06	655 / H55 Inpatient Respite Car	е								
	#06	656 / H56 General Inpatient Car	re								
	#06	558 Room and Board									
	Basis :	7		Rate	Турє	:					
١		 Budget)	X	Prospecti	ve				
•		Unaudited costs	-			Total Pro	spective				
•		Desk audited costs	-			Prospecti	ve Adjusted for	New costs			
•		Field audited costs	-								
•		Medicare - Prospective	-			Interim					
	Χ	Payment System Rate	-			Total Inte	rim				
		Average Nursing Home Rate Polk	_			Settleme	nt based on cost	S			
	<u>Distribution</u> Fiscal Agent	<u>. </u>		eehrer, Manage	emen	it Analyst Supe	rvisor	184			
	Contract Management		Medica	aid Progr	ram F	inance					
	Permanent Fil	· ·									
	Program Deve										
	. rogram bove	op.nont.									



029549311 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Pe	er Diem Rates for	Non-l	Institutional	<u>Providers</u>					
Central FI Healthcare- FI Ave		Provid	der Number :	029549311					
		Date	: 08/31/2022						
47 5th Ave St NW		Fiscal Year End : N/A							
Winter Haven, FI 04915		Audit	udit Status : N/A						
Provider Type:		Cı	urrent Rate	New Rate	Effective Date				
Rural Health Clinic									
Swing-Bed Provider									
X Federally Qualified Health Centers			162.52	167.58	10/01/2022				
Hospice Provider									
#0651 / H51 Routine Home Care	(1-60)								
#0651a / H5L Routine Home Car	e (61 +)								
#0652 / H52 Continuous Home C	Care								
#0551 / 0561 Continuous Home	Care - SIA								
#0655 / H55 Inpatient Respite Ca	are								
#0656 / H56 General Inpatient C	are								
#0658 Room and Board									
Basis :	Rate -	Туре :	:						
Budget	>	<	Prospect	ive					
Unaudited costs			Total Pro	spective					
Desk audited costs			Prospect	ive Adjusted for	New costs				
Field audited costs									
Medicare - Prospective			Interim						
X Payment System Rate			Total Inte	erim					
Average Nursing Home Rate			Settleme	nt based on cost	ts				
Polk									
<u>Distribution:</u> Fiscal Agent	T. K. Feehrer, Senior Manage	ment .	Analyst Supe	rvisor	1X.F				
Contract Management	Medicaid Progr	am Fi	nance		•				
Permanent File									
Program Development:									



029549316 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	r No	n-Institutional	<u>Providers</u>	
entral Florida He	alth Care-Winter Haven		Pro	vider Number :	029549316	
			Dat	e: 08/31/2022		
)1 Magnolia Ave	SW		Fisc	cal Year End : N	I/A	
inter Haven, Fl	33880		Aud	dit Status : N/A		
rovider Type:				Current Rate	New Rate	Effective Date
Rural	Health Clinic					
Swing	g-Bed Provider					
X Feder	ally Qualified Health Centers			162.52	167.58	10/01/2022
Hospi	ice Provider					
#0	651 / H51 Routine Home Care ((1-60)				
#0	651a / H5L Routine Home Care	e (61 +)				
#0	652 / H52 Continuous Home Ca	are				
#0	551 / 0561 Continuous Home C	are - SIA				
#0	655 / H55 Inpatient Respite Car	re				
#0	656 / H56 General Inpatient Ca	re				
#0	658 Room and Board					
Basis :		Rate	Тур	e :		
	 Budget		Χ	Prospect	rive	
	Unaudited costs			Total Pro	spective	
	Desk audited costs			Prospect	ive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
Χ	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	ts
	Polk					
Distribution	<u>1:</u>	T. K. Feehrer,				AV A
Fiscal Agent			emei	nt Analyst Supe	rvisor	2K2
Contract Mar	nagement	Medicaid Prog	ram	Finance		
Permanent F	ile					
Program Dev	relopment:					



029549318 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	No	on-Ins	titutional l	<u>Providers</u>					
Се	ntral Florida He	alth Care			Pr	ovider	Number :	029549318					
					Da	ate : 08	3/31/2022						
70	5 Ingraham Ave	nue			Fis	Fiscal Year End : N/A							
На	ines City, FL 33	3844			Au	udit Status : N/A							
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date				
	Rural	Health Clinic						,					
	Swing	-Bed Provider											
	X Feder	ally Qualified Health Centers					162.52	167.58	10/01/2022				
	Hospi	ce Provider											
	#0	651 / H51 Routine Home Care (1-60)										
	#0	651a / H5L Routine Home Care	(61 +)										
	#0	652 / H52 Continuous Home Ca	are										
	#0	551 / 0561 Continuous Home C	are - SI	IA									
	#0	655 / H55 Inpatient Respite Car	e										
	#0	656 / H56 General Inpatient Car	re										
	#0	658 Room and Board											
ſ	Basis :			Rate	Тур	pe :	7						
ן נ		 Budget	'		X		⊐ Prospecti	ive					
-		Unaudited costs					– Total Pro	spective					
•		Desk audited costs	'				– Prospecti	ive Adjusted for	New costs				
•		Field audited costs					_						
-		Medicare - Prospective	'				_ Interim						
	Χ	Payment System Rate	'				Total Inte	erim					
-		Average Nursing Home Rate Polk					Settleme	nt based on cost	rs				
	Distribution	n:	_ 	Feehrer,					A>/ A				
	Fiscal Agent	<u></u>			eme	ent An	alyst Supe	rvisor	JK.Z				
	Contract Man	agement	Medic	aid Prog	ram	Finar	nce						
	Permanent Fi	_											
	Program Dev												
	5	•											



029549319 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reim	nbursement Per	Diem R	ates for	r No	<u>n-Inst</u>	itutional	<u>Providers</u>				
Се	ntral Flor	ida Health Care Winter	Haven 1st Stree	t		Pro	vider	Number :	029549319				
						Dat	e : 08	/31/2022					
PC	Box 163	344				Fisc	Fiscal Year End : N/A						
Wi	nter Have	en, FL 04915-4058				Auc	dit Sta	tus : N/A					
Pr	ovider Ty	/pe:					Curre	ent Rate	New Rate	Effective Date			
		Rural Health Clinic											
		Swing-Bed Provider											
	X	Federally Qualified Ho	ealth Centers					162.52	167.58	10/01/2022			
		Hospice Provider											
		#0651 / H51 Routi	ne Home Care (1-60)					,				
		#0651a / H5L Rou	tine Home Care	(61 +)									
		#0652 / H52 Conti	nuous Home Ca	are									
		#0551 / 0561 Cont	inuous Home C	are - SI	4								
	#0655 / H55 Inpatient Respite Ca												
		#0656 / H56 Gener	ral Inpatient Car	e									
		#0658 Room and I	Board										
	Bas	is:			Rate	Тур	e :]					
'		Budget				X		Prospect	ive				
		Unaudited cos	sts	-				Total Pro	spective				
•		Desk audited	costs	-				Prospect	ive Adjusted for	New costs			
'		Field audited	costs					_					
		Medicare - Pro	ospective	-				Interim					
	>	C Payment Syst	em Rate					Total Inte	erim				
'		Average Nurs	ing Home Rate					Settleme	nt based on cost	ts			
			Polk										
	Distri Fiscal	bution: Agent			eehrer, Manage	emer	nt Ana	alyst Supe	rvisor	1X.F			
		ct Management		Medica	aid Prog	ram	Finan	се		T			
		nent File											
		m Development:											



029549321 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	No	on-Ins	titutional	<u>Providers</u>		
Се	ntral Florida Hea			Pr	ovide	Number :	029549321			
				Date: 08/31/2022						
30	5 West Central A	ve			Fis	scal Y	ear End : N	I/A		
Lal	ke Wales, FL 33	853			Αu	ıdit St	atus : N/A			
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date	
	Rural I	Health Clinic						,		
	Swing-	-Bed Provider								
	X Federa	Illy Qualified Health Centers					162.52	167.58	10/01/2022	
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SI	IA						
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	е							
	#06	658 Room and Board								
	Basis :	7		Rate	Туј	pe:	1			
י		Budget	'		X		Prospect	ive		
•		Unaudited costs	•				Total Pro	spective		
-		Desk audited costs					Prospect	ive Adjusted for	New costs	
-		Field audited costs					_			
-		Medicare - Prospective					 Interim			
	Χ	Payment System Rate	'				Total Inte	erim		
<u>-</u>		Average Nursing Home Rate Polk					Settleme _	nt based on cost	s	
	<u>Distribution</u>	<u>:</u>		Feehrer, r Manage	eme	ent An	alyst Supe	rvisor	184	
	Fiscal Agent	agamant		aid Prog						
	Contract Mana			9	•					
	Permanent Fil									
	Program Deve	вюртепт:								



029549328 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem I	Rates for	Nor	n-Institutional I	<u>Providers</u>		
Се	ntral FI Health	n Care Frostproof	Provider Number : 029549328						
					Date				
13	Ridge Cente	er Dr.			Fisc	al Year End : N	/A		
Da	venport , FL	33837-6413			Aud	it Status : N/A			
Pro	ovider Type:					Current Rate	New Rate	Effective Date	
	Rura	al Health Clinic							
	Swi	ng-Bed Provider							
	X Fed	erally Qualified Health Centers				162.52	167.58	10/01/2022	
	Hos	pice Provider							
	i	#0651 / H51 Routine Home Care (1-60)						
	i	#0651a / H5L Routine Home Care	(61 +)						
	;	#0652 / H52 Continuous Home Ca	are						
	;	#0551 / 0561 Continuous Home C	are - S	IA					
	į	#0655 / H55 Inpatient Respite Car	e						
	į	#0656 / H56 General Inpatient Ca	re						
	;	#0658 Room and Board							
	Basis :			Rate	Туре	e :			
ָּ 		Budget		,	X	Prospecti	ve		
		Unaudited costs				Total Pro	spective		
		Desk audited costs				Prospecti	ve Adjusted for	New costs	
•		Field audited costs							
•		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	rim		
		Average Nursing Home Rate Polk				Settleme	nt based on cost	ts .	
	Distribution	on:	TK	Feehrer,				A>/ A	
	Fiscal Ager				emer	nt Analyst Supe	rvisor	JK.	
	J	anagement	Medic	aid Progr	ram l	Finance			
	Permanent	•							
	Program De	evelopment:							



029550700 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	Non	-Institutional	<u>Providers</u>		
Pre	emier Commur	nity HC Group - Pasco	Provider Number : 029550700						
					Date	e : 08/31/2022			
379	946 CHURCH	AVE			Fisc	al Year End : N	/A		
Da	de City, FL 33	3525			Aud	it Status : N/A			
Pro	ovider Type:				(Current Rate	New Rate	Effective Date	
	Rura	I Health Clinic							
	Swin	g-Bed Provider							
	X Fede	erally Qualified Health Centers				158.78	163.72	10/01/2022	
	Hosp	oice Provider							
	#	0651 / H51 Routine Home Care (1-60)						
	#	0651a / H5L Routine Home Care	(61 +)						
	#	0652 / H52 Continuous Home Ca	are						
	#	0551 / 0561 Continuous Home C	are - SI	IA					
	#	0655 / H55 Inpatient Respite Car	e						
	#	0656 / H56 General Inpatient Ca	re						
	#	0658 Room and Board							
	Basis :			Rate	Туре	:			
'		 Budget	'	>	X	Prospect	ve		
•		Unaudited costs	'			Total Pro	spective		
•		Desk audited costs	'			Prospect	ve Adjusted for	New costs	
•		Field audited costs							
•		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	rim		
•		Average Nursing Home Rate				Settleme	nt based on cost	ts	
•		— Pasco							
	Distribution	on:		Feehrer,				A \	
	Fiscal Agent				men	t Analyst Supe	rvisor	JK#	
	Contract Ma		Medic	aid Progra	am F	inance			
	Permanent I	_							
	Program De								



029550701 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	<u>Medicaid Reimbursement Per</u>	Diem Rate	s for	Non-I	nstitutional	<u>Providers</u>	
Premier Community HC Group - Zephyrhills				Provider Number : 029550701					
					ı	Date :	08/31/2022		
379	946 CHL	JRCH AV	/E		ı	Fiscal	Year End : N	I/A	
Dade City, FL 33525					,	Audit	Status : N/A		
Pro	ovider T	уре:				Cı	urrent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				158.78	163.72	10/01/2022
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care ((1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Car	re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Bas	sis :]		Rate T	ype :			
'			Budget		Х	(Prospect	ive	
•			Unaudited costs				Total Pro	spective	
•			Desk audited costs				Prospect	ive Adjusted for	New costs
•			Field audited costs						
•			Medicare - Prospective				Interim		
	,	X	Payment System Rate				Total Inte	erim	
•			Average Nursing Home Rate				Settleme	nt based on cost	ts
-			Pasco						
	<u>D</u> istri	ibution:		T. K. Feel	hrer				A \
		Agent				ment /	Analyst Supe	rvisor	JKJ-
		act Mana	gement	Medicaid	Progra	am Fir	nance		
	Perma	anent File)						
	Progra	am Deve	lopment:						



029550702 - 2022/10

		Medicaid Reimbursement Per	Diem Rates for	r Nor	<u>ı-Insti</u>	<u>tutional F</u>	<u>Providers</u>	
Pre	mier Commun	ity HC Group - Summit		Prov	vider N	Number : (029550702	
				Date	e : 08/	31/2022		
379	946 CHURCH	AVE		Fisc	al Yea	ar End : N	/A	
Da	de City, FL 33	525		Aud	it Stat	us : N/A		
Pro	ovider Type:				Curre	nt Rate	New Rate	Effective Date
	Rura	l Health Clinic						
	Swin	g-Bed Provider						
	X Fede	rally Qualified Health Centers				158.78	163.72	10/01/2022
	Hosp	ice Provider						
	#(0651 / H51 Routine Home Care (1-60)					
	#(0651a / H5L Routine Home Care	(61 +)					
	#(0652 / H52 Continuous Home Ca	ire					
	#(0551 / 0561 Continuous Home C	are - SIA					
	#(0655 / H55 Inpatient Respite Car	е					
	#(0656 / H56 General Inpatient Car	е					
	#(0658 Room and Board						
ſ	Basis :		Rate	Туре	e:			
٠		 Budget		Χ		Prospecti	ve	
-		Unaudited costs				Total Pro	spective	
-		Desk audited costs				Prospecti	ve Adjusted for	New costs
-		Field audited costs						
-		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	rim	
-		Average Nursing Home Rate				Settlemer	nt based on cost	s
-		Pasco						
	Distributio	<u>n:</u>	T. K. Feehrer,					ΛV.Λ
	Fiscal Agent		Senior Manage			<u> </u>	visor	2/12
	Contract Ma	nagement	Medicaid Prog	ram F	Financ	е		
	Permanent F	File						
	Program Dev	velopment:						
	For	r information Only (No Change in r	ate)					



029550703 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Premier Community Healthcare Group - New Port Richey Date: 08/31/2022 PO Box 232 Pode City, FL 33526 Provider Type: Current Rate Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider Hospice Provider Hospice Provider	
PO Box 232 Dade City, FL 33526 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider Fiscal Year End: N/A Audit Status: N/A New Ra Provider New Ra 158.78	te Effective Date
Dade City, FL 33526 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider Audit Status : N/A Current Rate New Ra 158.78	te Effective Date
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider	te Effective Date
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 158.78 Hospice Provider	te Effective Date
Swing-Bed Provider X Federally Qualified Health Centers 158.78 Hospice Provider	
X Federally Qualified Health Centers 158.78 Hospice Provider	
Hospice Provider	
·	163.72 10/01/2022
#0054 / USA Devision Home Core /4 CO	
#0651 / H51 Routine Home Care (1-60)	<u> </u>
#0651a / H5L Routine Home Care (61 +)	
#0652 / H52 Continuous Home Care	
#0551 / 0561 Continuous Home Care - SIA	
#0655 / H55 Inpatient Respite Care	
#0656 / H56 General Inpatient Care	
#0658 Room and Board	
Basis : Rate Type :	
Budget X Prospective	
Unaudited costs Total Prospective	
Desk audited costs Prospective Adjus	sted for New costs
Field audited costs	
Medicare - Prospective Interim	
X Payment System Rate Total Interim	
Average Nursing Home Rate Settlement based Pasco	on costs
Distribution: T. K. Feehrer, Senior Management Analyst Supervisor	
Contract Management Medicaid Program Finance	
Permanent File	
Program Development:	



029550704 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem R	lates for	. N	lon-In	stitutional	<u>Providers</u>		
Pre	mier Co	Healthcare - Dade City	Provider Number : 029550704								
				Date: 08/31/2022							
РС	Box 23	2				Fi	iscal `	Year End : N	I/A		
Da	de City,	FL 3352	6			Α	udit S	Status : N/A			
Pro	vider T	уре:					Cui	rrent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers					158.78	163.72	10/01/2022	
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SI	A						
		#06	55 / H55 Inpatient Respite Car	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
ſ	Bas	sis :]		Rate	Ту	/pe :				
١.			Budget			X		 Prospect	ive		
-			Unaudited costs	-				— Total Pro	spective		
-			Desk audited costs	-				— Prospect	ive Adjusted for	New costs	
-			Field audited costs	-							
•			Medicare - Prospective	-				 Interim			
		X	Payment System Rate	-				Total Inte	erim		
-			Average Nursing Home Rate					Settleme	nt based on cos	ts	
			Pasco								
	Distri	bution:		l T. K. F	eehrer,					A)/ A	
	Fiscal	Agent				em	ent A	nalyst Supe	rvisor	1/2 L	
	Contra	act Mana	gement	Medic	aid Prog	rar	m Fina	ance			
	Perma	anent File)								
	Progra	am Deve	opment:								



029550714 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u>_l</u>	<u> Medicaid Reimbursement Per</u>	Diem Ra	tes for No	on-Institutiona	<u>Providers</u>				
Premier Community Healthcare-Pasco Co				Provider Number: 029550714							
				Date: 08/31/2022							
P.C	D.Box 232				Fis	scal Year End :	N/A				
Da	de City, FL	3352	6		Au	ıdit Status : N/A					
Pro	ovider Typ	e:				Current Rate	New Rate	Effective Date			
	F	Rural H	ealth Clinic								
	S	wing-l	Bed Provider								
	X F	ederal	ly Qualified Health Centers			158.7	8 163.72	10/01/2022			
	F	lospice	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Car	е							
		#06	56 / H56 General Inpatient Car	re							
		#06	58 Room and Board								
	Basis	S :			Rate Ty	pe:					
•			Budget		Х	Prospec	ctive				
•			Unaudited costs			Total Pr	ospective				
•			Desk audited costs			Prospec	ctive Adjusted for	New costs			
			Field audited costs								
			Medicare - Prospective			Interim					
	Х		Payment System Rate			Total In	terim				
			Average Nursing Home Rate			Settlem	ent based on cos	ts			
			Pasco								
	Distrib	ution:		T. K. Fe	ehrer.			A)/ /			
	Fiscal A	gent				ent Analyst Sup	ervisor	21/24 <u> </u>			
	Contract	t Mana	gement	Medicaio	d Program	Finance					
	Perman	ent File									
	Program	n Devel	opment:								



029550716 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	<u>Medicaid Reimbursement Per</u>	Diem Rates	for N	Non-Ins	stitutional	<u>Providers</u>	
Pre	emier Co	mm Hea	Ith Care Group-Denton Ave		P	Provide	r Number :	029550716	
					С	Date : 0	8/31/2022		
Р.С	Box 23	32			F	iscal Y	ear End : N	I/A	
Da	de City,	FI 33526	5		Α	udit St	atus : N/A		
Pro	ovider T	уре:				Cur	rent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				158.78	163.72	10/01/2022
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care (1-60)					
#0651a / H5L Routine Home Ca #0652 / H52 Continuous Home			(61 +)						
			are						
#0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C				are - SIA					
				re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Bas	sis :]	R	ate Ty	ype :	7		
'			Budget		Х		Prospect	ive	
•			Unaudited costs				Total Pro	spective	
•			Desk audited costs				Prospect	ive Adjusted for	New costs
•			Field audited costs				_		
•			Medicare - Prospective				 Interim		
	2	X	Payment System Rate				Total Inte	erim	
•			Average Nursing Home Rate				Settleme	nt based on cost	s
-			Pasco				_		
	<u>Dist</u> ri	bution:		T. K. Feeh	rer.				AV 1
Fiscal Agent				nent Ar	nalyst Supe	rvisor	2/42		
	Contra	act Mana	gement	Medicaid F	rogra	m Fina	nce		<u> </u>
Permanent File									
Program Development:									



029550720 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Pe				Rates for	· Nor	n-Institutional I	<u>Providers</u>			
Prei	mier Co	mmunity Healthcare Group Brooksville			Pro	vider Number :	029550720			
					Dat	e: 08/31/2022				
300	South	Main Street		Fiscal Year End : N/A						
Broo	oksville	, FL 34601			Aud	lit Status : N/A				
Pro	vider T	уре:				Current Rate	New Rate	Effective Date		
		Rural Health Clinic					ı			
		Swing-Bed Provider								
	X	Federally Qualified Health Centers				158.78	163.72	10/01/2022		
		Hospice Provider								
	#0651 / H51 Routine Home Care #0651a / H5L Routine Home Car #0652 / H52 Continuous Home C									
		#0551 / 0561 Continuous Home	Care - S	IA						
		#0655 / H55 Inpatient Respite Ca	are							
		#0656 / H56 General Inpatient Ca	are							
		#0658 Room and Board								
	Ba	sis:		Rate	Тур	e :				
-		 Budget			X	Prospective				
_		Unaudited costs				Total Prospective				
_		Desk audited costs				Prospecti	Prospective Adjusted for New costs			
_		Field audited costs								
_		Medicare - Prospective		1		Interim				
		X Payment System Rate				Total Inte	rim			
_		Average Nursing Home Rate				Settleme	nt based on cost	rs		
		Pasco								
	D:o4m	ihudian.								
		bution:		Feehrer, or Manage	emer	nt Analyst Super	rvisor	NA		
	Fiscal Agent			caid Progr				J/187		
	Contract Management		- 3	- 9						
Permanent File Program Development:										
	Progra	атт Белеюрттент.								



029550721 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	r Diem Rates fo	r Nor	n-Institutional	<u>Providers</u>	
remier Commun	ity Healthcare Group Springhill/Fo	orest Oaks	Pro	vider Number :	029550721	
			Dat	e: 08/31/2022		
551 Forest Oaks	Blvd		Fisc	cal Year End : N	N/A	
pringhill, FL 346	606		Aud	lit Status : N/A		
rovider Type:				Current Rate	New Rate	Effective Date
Rural	Health Clinic					
Swing	g-Bed Provider					
X Feder	rally Qualified Health Centers			158.78	163.72	10/01/2022
Hosp	ice Provider					
#(0651 / H51 Routine Home Care ((1-60)				
#(0651a / H5L Routine Home Care	e (61 +)				
#(0652 / H52 Continuous Home Ca	are				
#(0551 / 0561 Continuous Home C	Care - SIA				
#(0655 / H55 Inpatient Respite Ca	re				
#(0656 / H56 General Inpatient Ca	re				
#(0658 Room and Board					
Basis:		Rate	Тур	e :		
	Budget		Х	Prospec	tive	
	Unaudited costs			Total Pro	ospective	
	Desk audited costs			Prospec	tive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
X	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	ent based on cost	ts
	Pasco					
Distribution	<u>n:</u>	T. K. Feehrer,				٨٧.٨
Fiscal Agent				nt Analyst Supe	ervisor	1/h
Contract Mar	nagement	Medicaid Prog	gram	Finance		
Permanent F	Permanent File					
Program Dev	velopment:					



029550723 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per					lates for	N	on-Ins	titutional	<u>Providers</u>		
Pre	mier Co	mmunity	Healthcare Group			Pı	rovide	Number :	029550723		
						D	ate : 0	8/31/2022			
378	340 Med	ical Arts	Ct	Fiscal Year End : N/A							
Ze	ohyrhills	, FL 335	41	Audit Status : N/A							
Pro	vider T	уре:					Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers					158.78	163.72	10/01/2022	
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
	#0651a / H5L Routine Home Ca #0652 / H52 Continuous Home			(61 +)							
				are							
#0551 / 0561 Continuous Home				are - Sl	A						
		#06	55 / H55 Inpatient Respite Car	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate	Ту	pe :				
'			Budget			Χ		□ Prospect	ive		
•			Unaudited costs	-				– Total Pro	spective		
•			Desk audited costs	-			Prospective Adjusted for New costs				
•			Field audited costs	-				_			
•			Medicare - Prospective	-				 Interim			
	2	X	Payment System Rate	-				Total Inte	erim		
			Average Nursing Home Rate					Settleme	nt based on cost	ts	
-			Pasco					_			
	Distri	bution:		l_ TKF	eehrer,					A \	
Fiscal Agent				em	ent An	alyst Supe	rvisor	JKJ -			
Contract Management		Medica	aid Prog	rar	n Fina	nce					
Permanent File											
	Program Development:										
	r regram bevelopment.										



029550725 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	<u>Medicaid Reimbursement Per</u>	Diem Rates	for I	Non-In	<u>stitutional</u>	<u>Providers</u>			
Pre	emier Co	mmunity	Healthcare Group Inc	Provider Number : 029550725							
						Date : 0	08/31/2022				
PC	Box 23	2			F	iscal `	Year End : N	I/A			
Da	de City,	FL 3352	6		Audit Status : N/A						
Pro	ovider T	уре:				Cur	rent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				158.78	163.72	10/01/2022		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
	#0651a / H5L Routine Home Ca			(61 +)							
#0652 / H52 Continuous Home			are								
#0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C				are - SIA							
				re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]	R	ate T	ype :					
'			Budget		Х		 Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs								
•			Medicare - Prospective				Interim				
	2	X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	s		
-			Pasco				_				
	<u>D</u> istri	bution:		T. K. Feehr	er.				A \		
Fiscal Agent				nent A	nalyst Supe	rvisor	2K2+				
		act Mana	gement	Medicaid P	rogra	ım Fina	ance				
Permanent File											
Program Development:											



029550727 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Pe					Rates for	r N	lon-In	stitutional	<u>Providers</u>			
Pre	mier Co	mmunity	Healthcare Group Inc.			Р	rovide	er Number :	029550727			
						D	ate:	08/31/2022				
376	615 Mart	in Luther	King Blvd			F	iscal `	Year End : N	I/A			
Da	de City, I	FL 3352	3	Audit Status : N/A								
Pro	vider T	уре:					Cu	rrent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					158.78	163.72	10/01/2022		
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care ((1-60)								
	#0651a / H5L Routine Home Ca #0652 / H52 Continuous Home #0551 / 0561 Continuous Home			(61 +)								
				are								
				are - SI	Α							
	#0655 / H55 Inpatient Respite C											
		#06	56 / H56 General Inpatient Ca	re								
		#06	58 Room and Board									
ſ	Bas	sis :]		Rate	Ту	/pe :					
١.			Budget	'		Χ		 Prospect	ive			
-			Unaudited costs	'				— Total Pro	spective			
•			Desk audited costs					Prospective Adjusted for New costs				
•			Field audited costs									
-			Medicare - Prospective					Interim				
	>	<	Payment System Rate					Total Inte	erim			
•			Average Nursing Home Rate					Settlement based on costs				
			Pasco									
	<u>Dist</u> ri	bution:		 T. K. I	Feehrer,					A)/ /		
Fiscal Agent				em	nent A	nalyst Supe	rvisor	1/2 L				
Contract Management		Medic	aid Prog	rar	m Fin	ance						
Permanent File												
	Program Development:											
	r rogram bevelopment.											



029550729 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem R	ates for	Non	-Institutional I	<u>Providers</u>			
Pre	emier Community	Healthcare Group Inc			Prov	rider Number :	029550729			
					Date	e : 08/31/2022				
69	06 Madison St				Fisca	al Year End : N	/A			
Ne	w Port Richey, F	L 34652	Audit Status : N/A							
Pre	ovider Type:				C	Current Rate	New Rate	Effective Date		
	Rural H	lealth Clinic								
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers				158.78	163.72	10/01/2022		
	Hospic	e Provider								
	#0651 / H51 Routine Home Care		1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	ire							
	#05	51 / 0561 Continuous Home C	are - SIA	4						
	#06	55 / H55 Inpatient Respite Car	е							
	#06	56 / H56 General Inpatient Car	e							
	#06	58 Room and Board								
	Basis :	1		Rate 1	Туре	·:				
'		Budget		>	X	Prospect	ve			
		Unaudited costs	-			Total Pro	spective			
•		Desk audited costs	-			Prospective Adjusted for New costs				
•		Field audited costs	-							
•		Medicare - Prospective	-			Interim				
	X	Payment System Rate	-			Total Inte	rim			
•		Average Nursing Home Rate	-			Settleme	nt based on cost	is		
•		Pasco								
	Distribution:		l K F	eehrer,				A \		
	Fiscal Agent				men	t Analyst Supe	rvisor	JKJ-		
Contract Management		Medica	aid Progra	am F	inance					
Permanent File										
	Program Development:									



029551500 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem	Rates for	No	on-Ins	titutional l	<u>Providers</u>		
Се	ntral Florida	a Family Health Center			Pr	ovider Number : 029551500				
					Da	ate : 08	3/31/2022			
493	30 E. Lake	Mary Blvd			Fis	scal Ye	ear End : N	/A		
Sa	nford, FL 3	27716012			Αu	ıdit Sta	ntus : N/A			
Pro	ovider Type	e :				Curr	ent Rate	New Rate	Effective Date	
	R	ural Health Clinic								
	S	wing-Bed Provider								
	X Fe	ederally Qualified Health Centers					121.26	125.04	10/01/2022	
	H	ospice Provider								
		#0651 / H51 Routine Home Care (1-60)							
		#0651a / H5L Routine Home Care	(61 +)							
#0651 / H51 Routine Home Car #0651a / H5L Routine Home Ca #0652 / H52 Continuous Home #0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C #0656 / H56 General Inpatient C #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate			are							
			are - S	IA						
		#0655 / H55 Inpatient Respite Car	re							
		#0656 / H56 General Inpatient Ca	re							
		#0658 Room and Board								
	Basis	:		Rate	Туј	pe:	1			
		Budget			X		Prospecti	ve		
•		Unaudited costs					Total Pro	spective		
•		Desk audited costs					- Prospecti	ve Adjusted for	New costs	
•		Field audited costs					_			
		Medicare - Prospective					Interim			
	Х	Payment System Rate					Total Inte	rim		
		Average Nursing Home Rate					Settleme	nt based on cost	s	
		Seminole								
	Distribu	<u>tion:</u>	I Т. К.	Feehrer,					1V.1	
	Fiscal Ag	ent	Senio	r Manage	eme	ent Ana	alyst Supe	rvisor	2/42	
	Contract	Management	Medio	caid Prog	ram	n Finar	nce			
	Permane	nt File								
	Program	Development:								



029551502 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	<u>Medicaid Reimbursement Per</u>	Diem Rates fo	r No	on-Inst	<u>itutional l</u>	<u>Providers</u>		
Се	ntral Flo	rida Fam	ily Health-Alafaya		Pre	ovider	Number :	029551502		
					Da	ate : 08	/31/2022			
118	381-A E.	Colonial	Dr.	Fiscal Year End : N/A						
Orl	ando, Fl	32826			Au	ıdit Sta	tus : N/A			
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
		Rural H	ealth Clinic							
		Swing-l	Bed Provider							
	X	Federal	ly Qualified Health Centers				121.26	125.04	10/01/2022	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
#0651a / H5L Routine Home Ca #0652 / H52 Continuous Home			(61 +)							
			are							
#0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C				are - SIA						
				re .						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]	Rate	Тур	pe:]			
'			Budget		Х		Prospecti	ive		
•			Unaudited costs				Total Pro	spective		
•			Desk audited costs				Prospecti	ive Adjusted for	New costs	
•			Field audited costs				-			
•			Medicare - Prospective				Interim			
)	X	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cost	ts	
-			Orange				_			
	Distri	bution:		T. K. Feehrer,					AV 1	
Fiscal Agent		Senior Manag		ent Ana	alyst Supe	rvisor	2h2			
Contract Management		Medicaid Prog	gram	Finan	ce					
Permanent File										
Program Development:										



029551504 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	<u>r Diem Rates for</u>	r Non-	<u>-Institutional </u>	<u>Providers</u>				
Central Florida F	Family Health - Underhill Road		Provider Number : 029551504						
			Date	: 08/31/2022					
1930 E. Lake Ma	ary Blvd		Fisca	al Year End : N	I/A				
Sanford, FL 327	771		Audit Status : N/A						
Provider Type:			С	urrent Rate	New Rate	Effective Date			
Rura	al Health Clinic								
Swi	ng-Bed Provider								
X Fed	erally Qualified Health Centers			121.26	125.04	10/01/2022			
Hos	pice Provider								
7	#0651 / H51 Routine Home Care	(1-60)			,				
7	#0651a / H5L Routine Home Care	e (61 +)							
1	#0652 / H52 Continuous Home C	are							
1	#0551 / 0561 Continuous Home C	Care - SIA							
ŧ	#0655 / H55 Inpatient Respite Ca	re							
ŧ	#0656 / H56 General Inpatient Ca	re							
;	#0658 Room and Board								
Basis :		Rate	Туре	:					
	Budget		X	Prospect	ive				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
Χ	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cos	ts			
	Seminole								
Distribution	<u>on:</u>	T. K. Feehrer,				1V.1			
Fiscal Ager	Fiscal Agent			Analyst Supe	rvisor	1/h/2			
Contract Ma	anagement	Medicaid Progr	ram F	inance					
Permanent File									
Program De	evelopment:								



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029551506 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	Nor	<u>ı-Institutional I</u>	<u>Providers</u>			
Central Florida F	amily Health Center - Lake Ellenor		Prov	rovider Number : 029551506				
			Date	e : 08/31/2022				
4930 E. Lake Ma	ary Blvd		Fiscal Year End : N/A					
Sanford, FL 327	771		Aud	it Status : N/A				
Provider Type:				Current Rate	New Rate	Effective Date		
Rur	al Health Clinic							
Swi	ng-Bed Provider							
X Fed	erally Qualified Health Centers			121.26	125.04	10/01/2022		
Hos	pice Provider							
;	#0651 / H51 Routine Home Care (1-60)						
;	#0651a / H5L Routine Home Ca							
	#0652 / H52 Continuous Home Ca	are						
;	#0551 / 0561 Continuous Home C	are - SIA						
;	#0655 / H55 Inpatient Respite Car	е						
;	#0656 / H56 General Inpatient Car	re						
;	#0658 Room and Board							
Basis :		Rate	Туре	:				
	Budget	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	Prospective				
	Unaudited costs			Total Prospective				
	Desk audited costs			Prospecti	Prospective Adjusted for New costs			
	Field audited costs							
	Medicare - Prospective			Interim				
×	Payment System Rate			Total Inte	rim			
	Average Nursing Home Rate			Settleme	nt based on cost	s		
	Seminole							
Distributi	<u>on:</u>	T. K. Feehrer,				AV 1		
Fiscal Ager	nt	Senior Manage	men	ıt Analyst Supei	visor	2K2		
Contract Management		Medicaid Progr	am F	inance				
Permanent	File							



029551513 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Pe	r Diem Rates for N	lon-Institutional	<u>Providers</u>				
Central Flo	orida Family Health Center - Forsyth	P	rovider Number :	029551513				
			ate: 08/31/2022					
1930 E. La	ke Mary Blvd	F	Fiscal Year End : N/A					
Sanford, F	L 32771	Α	udit Status : N/A					
Provider 1	Гуре:		Current Rate	New Rate	Effective Date			
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers		121.26	125.04	10/01/202			
	Hospice Provider							
	#0651 / H51 Routine Home Care	(1-60)						
	#0651a / H5L Routine Home Care							
	#0652 / H52 Continuous Home C							
	#0551 / 0561 Continuous Home (Care - SIA						
	#0655 / H55 Inpatient Respite Ca	ire						
	#0656 / H56 General Inpatient Ca	are						
	#0658 Room and Board							
Ва	sis:	Rate Ty	/pe :					
	Budget	X	Prospect	ive				
	Unaudited costs		Total Pro	spective				
	Desk audited costs		Prospect	ive Adjusted for	New costs			
	Field audited costs							
	Medicare - Prospective		Interim					
	X Payment System Rate		Total Inte	erim				
	Average Nursing Home Rate		Settleme	nt based on cos	ts			
	Orange							
Distr	<u>ibution:</u>	T. K. Feehrer,			٨٧.٨			
Fisca			Senior Management Analyst Supervisor					
Contr	act Management	Medicaid Progra	m Finance					

Permanent File Program Development:



029551515 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per I	Diem Rates for	Non-In	<u>istitutional</u>	<u>Providers</u>	
entral Florida Family Health Center - Silver Star	Provider Number : 029551515				
	Date: 08/31/2022				
930 E Lake Mary Blvd		Fiscal '	Year End : N	I/A	
anford, FL 327716012		Audit S	Status : N/A		
rovider Type:		Cu	rrent Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			121.26	125.04	10/01/202
Hospice Provider					
#0651 / H51 Routine Home Care (1	-60)				
#0651a / H5L Routine Home Care (61 +)				
#0652 / H52 Continuous Home Car	·e				
#0551 / 0561 Continuous Home Ca	re - SIA				
#0655 / H55 Inpatient Respite Care					
#0656 / H56 General Inpatient Care	;				
#0658 Room and Board					
Basis:	Rate	Type :			
Budget]	X	— Prospect	ive	
Unaudited costs	-		 Total Pro	spective	
Desk audited costs			Prospect	ive Adjusted for	New costs
Field audited costs			<u> </u>		
Medicare - Prospective	-		Interim		
X Payment System Rate			 Total Inte	erim	
Average Nursing Home Rate			 Settleme	nt based on cost	ts
Orange			<u> </u>		
<u>Distribution:</u>	T. K. Feehrer,				A>/ A
	Senior Manage	ement A	nalyst Supe	rvisor	
FISCAL AGENT					
Fiscal Agent Contract Management	Medicaid Progr	ram Fin	ance		
•	Medicaid Progr	am Fin	ance		



029551517 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center	Provider Number : 029551517
True Health#2	Date: 08/31/2022
4930 E Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FI 32771	Audit Status : N/A

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	121.26	125.04	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029551518 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem I	Rates for	r No	n-Institutional	<u>Providers</u>	
Се	Central Florida Family Hlth Ctr					Provider Number : 029551518			
Tru	ie Health	l				Dat	e: 08/31/2022		
493	30 E Lak	e Mary E	Blvd			Fisc	cal Year End : N	I/A	
Sa	nford, FI	32771				Aud	dit Status : N/A		
Pro	ovider T	уре:					Current Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				121.26	125.04	10/01/2022
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care ((1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - S	IA				
	#0655 / H55 Inpatient Respite Ca								
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
ſ	Bas	sis :]		Rate	Тур	e :		
٠			Budget			X	Prospect	ive	
-			Unaudited costs				Total Pro	spective	
-			Desk audited costs				Prospect	ive Adjusted for	New costs
•			Field audited costs						
•			Medicare - Prospective				Interim		
_	>	<	Payment System Rate				Total Inte	erim	
•			Average Nursing Home Rate Seminole				Settleme	nt based on cost	is .
	Distri Fiscal	bution:			Feehrer, r Manage	emei	nt Analyst Supe	rvisor	184
		•	gement		aid Prog				
		nent File							
			lopment:						
		0.0							



029551521 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center	Provider Number : 029551521
True Health - Airport Blvd	Date: 08/31/2022
4930 E. Lake Mary Blvd.	Fiscal Year End : N/A
Sanford, FL 32771-5003	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	121.26	125.04	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029551526 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Daniel I. a. Tarris	Oursell Bata Nam Bata Effective Bata					
Sanford, FL 32771-8814	Audit Status : N/A					
225 Harvest Time Dr	Fiscal Year End : N/A					
True Health	Date: 08/31/2022					
Central Florida Family Health Ctr	Provider Number : 029551526					

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	121.26	125.04	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

SKA



029552300 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	<u>Medicaid Reimbursement Per</u>	Diem Rates f	or N	on-Inst	titutional	<u>Providers</u>	
Fa	mily Hea	Ith Cente	er of Columbia County, Inc.	Provider Number : 029552300					
					Date: 08/31/2022				
P.C	D. Box 24	49			Fi	scal Ye	ear End : N	I/A	
Lal	ke City, F	FL 3205	5		Αι	udit Sta	itus : N/A		
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date
		Rural H	ealth Clinic						
	Swing-Bed Provider								
	X	Federa	ly Qualified Health Centers				108.28	111.65	10/01/2022
		Hospic	e Provider						
	#0651 / H51 Routine Home Care			1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		52 / H52 Continuous Home Ca	are						
#0551 / 0561 Continuous Home C #0655 / H55 Inpatient Respite Ca #0656 / H56 General Inpatient Ca				are - SIA					
				·e					
				re					
		#06	58 Room and Board						
	Bas	sis :]	Rat	е Ту	pe :]		
'			Budget		Х		Prospect	ive	
•			Unaudited costs			Total Prospective			
•			Desk audited costs				Prospective Adjusted for New costs		New costs
•			Field audited costs				_		
•			Medicare - Prospective				Interim		
)	X	Payment System Rate				Total Inte	erim	
•			Average Nursing Home Rate				Settleme	nt based on cost	s
-			Columbia				_		
	Distri	bution:		T. K. Feehre	r.				AV 1
Fiscal Agent		Senior Mana		ent Ana	alyst Supe	rvisor	2h2		
	Contra	act Mana	gement	Medicaid Pro	ogran	n Finan	ice		
	Perma	nent File)						
	Progra	am Devel	opment:						



029554000 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	Medicaid Reimbursement Per	Diem Rates	s for N	on-Ins	titutional	<u>Providers</u>			
Во	rinquen	Health C	are Center, Inc.	Provider Number: 029554000							
					D	ate : 08	3/31/2022				
360	01 Fede	ral Highw	ay 3rd Floor	Fiscal Year End : N/A							
Mia	ami, FL	33137			Audit Status : N/A						
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				137.27	141.54	10/01/2022		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Car	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Ba	sis :]	R	Rate Ty	pe :]				
'			Budget		Х		Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				- Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
•			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	S		
-			Dade								
	Distr	ibution:		T. K. Feeh	rer.				AV 1		
Fiscal Agent			Senior Ma		ent Ana	alyst Supe	rvisor	2/42			
	Contra	act Mana	gement	Medicaid F	rograr	n Finar	nce				
	Permanent File										
	Progra	am Deve	lopment:								



029554002 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	Non-Ir	<u>nstitutional</u>	<u>Providers</u>				
orinquen Health	Care - Federal Hwy	Provider Number : 029554002							
			Date :	08/31/2022					
601 Federal High	nway 3rd Floor	Fiscal Year End : N/A							
ami, FL 33137			Audit S	Status : N/A					
ovider Type:				rrent Rate	New Rate	Effective Date			
Rural	Health Clinic								
Swing	g-Bed Provider								
X Feder	ally Qualified Health Centers			137.27	141.54	10/01/2022			
Hosp	ice Provider								
#0	0651 / H51 Routine Home Care (1-60)							
#0	0651a / H5L Routine Home Care	(61 +)							
#0	0652 / H52 Continuous Home Ca	are							
#0	0551 / 0561 Continuous Home C	are - SIA							
#0	0655 / H55 Inpatient Respite Car	œ .							
#0	0656 / H56 General Inpatient Ca	re							
#0	0658 Room and Board								
Basis :		Rate 1	уре :						
	 Budget	\	(Prospect	ive				
	Unaudited costs			— Total Pro	spective				
	Desk audited costs			Prospective Adjusted for New costs					
	Field audited costs								
	Medicare - Prospective			 Interim					
Χ	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			 Settleme	nt based on cost	ts			
	Dade								
Distribution	<u>1:</u>	T. K. Feehrer,				AV 1			
Fiscal Agent		Senior Manage	ment A	Analyst Supe	rvisor	1/4 ²			
Contract Mar	nagement	Medicaid Progra	am Fin	ance					
Permanent F	ile								
Program Dev	velopment:								



029554003 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem I	Rates for	Nor	n-Institutional	<u>Providers</u>			
Во	rinquen Health C	are Center, SW 8th Street			Prov	vider Number :	029554003			
					Date	e: 08/31/2022				
36	01 Federal Highw	vay, 3rd Floor Finance	Fiscal Year End : N/A							
Mia	ami, FL 3313737	95			Aud	it Status : N/A				
Pro	ovider Type:					Current Rate	New Rate	Effective Date		
	Rural H	lealth Clinic								
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers				137.27	141.54	10/01/2022		
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	are							
	#05	51 / 0561 Continuous Home C	are - S	IA						
	#06	55 / H55 Inpatient Respite Car	е							
	#06	e								
	#06	58 Room and Board								
	Basis :	1		Rate	Туре	e :				
'		Budget)	X	Prospect	ive			
		Unaudited costs				Total Pro	spective			
•		Desk audited costs				Prospect	ive Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
•		Dade								
	<u>Distribution:</u>		 T. K.	Feehrer,				A \		
	Fiscal Agent				emer	nt Analyst Supe	rvisor	14X		
	Contract Management			aid Progr	ram I	Finance				
	Permanent File									
	Program Deve	lopment:								



029554016 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates for	r No	n-Inst	titutional	<u>Providers</u>			
Bori	nquen H	lealth Care Center		Provider Number : 029554016						
			Date: 08/31/2022							
360	1 Federa	al Hwy, 6th Floor	Fiscal Year End : N/A							
Miai	mi, FL 3	31373795		Audit Status : N/A						
Pro	vider Ty	pe:			Curre	ent Rate	New Rate	Effective Date		
		Rural Health Clinic								
		Swing-Bed Provider								
	X	Federally Qualified Health Centers				137.27	141.54	10/01/2022		
		Hospice Provider								
		#0651 / H51 Routine Home Care (1-60)				,			
		#0651a / H5L Routine Home Care	(61 +)							
		#0652 / H52 Continuous Home Ca	are							
		#0551 / 0561 Continuous Home C	are - SIA							
		е								
		#0656 / H56 General Inpatient Car	re							
		#0658 Room and Board								
	Bas	is:	Rate	Тур	e :					
<u> </u>		Budget		Х		Prospect	ive			
		Unaudited costs				Total Pro	ospective			
		Desk audited costs				Prospect	ive Adjusted for	New costs		
		Field audited costs				_				
		Medicare - Prospective				Interim				
	Х	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	s		
		Dade				_				
	Distrik	oution:	T. K. Feehrer,					A \		
Fiscal Agent		Senior Manage	eme	nt Ana	alyst Supe	rvisor	JKJ -			
	Contrac	ct Management	Medicaid Prog	ram	Finan	ice				
	Permar	nent File								
	Program	m Develonment:								



029554019 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem F	Rates for	Nor	n-Institutional	<u>Providers</u>				
Во	rinquen Health C	are Center - 19	Provider Number : 029554019								
					Date: 08/31/2022						
360	01 Federal Highw	vay	Fiscal Year End : N/A								
Mia	ami, FL 3313737	795		Audit Status : N/A							
Pro	ovider Type:					Current Rate	New Rate	Effective Date			
	Rural H	lealth Clinic									
	Swing-	Bed Provider									
	X Federa	lly Qualified Health Centers				137.27	141.54	10/01/2022			
	Hospic	e Provider									
	#06	51 / H51 Routine Home Care (1-60)								
	#06	51a / H5L Routine Home Care	(61 +)								
	#06	52 / H52 Continuous Home Ca	are								
	#05	51 / 0561 Continuous Home C	are - SI	A							
	#06	555 / H55 Inpatient Respite Car	e								
	#06	re									
	#06	558 Room and Board									
	Basis :]		Rate	Тур	e:					
'		Budget)	X	Prospect	ive				
•		Unaudited costs	-			Total Pro	spective				
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs			
•		Field audited costs	-								
•		Medicare - Prospective	-			Interim					
	X	Payment System Rate	-			Total Inte	erim				
•		Average Nursing Home Rate	-			Settleme	nt based on cost	ts			
•		Dade									
	<u>Distribution:</u>		_ T. K. F	eehrer,				A \			
	Fiscal Agent				emer	nt Analyst Supe	rvisor	JKJ-			
	Contract Mana	agement	Medic	aid Progr	ram	Finance					
	Permanent File										
	Program Deve	elopment:									



029554021 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	r No	n-Institu	tional I	<u>Providers</u>				
Borinquen Health	Care Center - 21		Pro	vider Nu	mber :	029554021				
			Date: 08/31/2022							
601 Federal High	nway, 6th Floor		Fiscal Year End : N/A							
/liami, FL 33137	3795		Auc	udit Status : N/A						
Provider Type:				Current	Rate	New Rate	Effective Date			
Rural	Health Clinic									
Swin	g-Bed Provider									
X Fede	rally Qualified Health Centers				137.27	141.54	10/01/2022			
Hosp	ice Provider									
#(0651 / H51 Routine Home Care ((1-60)								
#(0651a / H5L Routine Home Care	e (61 +)								
#(0652 / H52 Continuous Home Ca	are								
#(0551 / 0561 Continuous Home C	are - SIA								
#(0655 / H55 Inpatient Respite Ca	re								
#(0656 / H56 General Inpatient Ca	re								
#(0658 Room and Board									
Basis:		Rate	Тур	e :						
	Budget		Χ	Pı	rospecti	ive				
	Unaudited costs			To	otal Pro	spective				
	Desk audited costs			 Рі	rospecti	ive Adjusted for	New costs			
	Field audited costs									
	Medicare - Prospective			In	terim					
X	Payment System Rate			To	otal Inte	erim				
	Average Nursing Home Rate			S	ettleme	nt based on cost	s			
	Dade									
Distribution	<u>n:</u>	T. K. Feehrer,					٨.٧٨			
Fiscal Agent		Senior Manag			st Supe	rvisor	1/h			
Contract Mar	nagement	Medicaid Prog	gram	Finance						
Permanent F	File									
Program Dev	velopment:									



029554023 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem F	Rates for	Nor	n-Institutional	<u>Providers</u>					
Во	rinquen Health C	are Center - 23			Pro	vider Number :	029554023					
					Date: 08/31/2022							
36	01 Federal Highw	vay	Fiscal Year End : N/A									
Mia	ami, FL 3313737	795		Audit Status : N/A								
Pro	ovider Type:					Current Rate	New Rate	Effective Date				
	Rural H	lealth Clinic										
	Swing-	Bed Provider										
	X Federa	lly Qualified Health Centers				137.27	141.54	10/01/2022				
	Hospic	e Provider										
	#06	51 / H51 Routine Home Care (1-60)									
	#06	51a / H5L Routine Home Care	(61 +)									
	#06	52 / H52 Continuous Home Ca	are									
	#05	51 / 0561 Continuous Home C	are - SI	Α								
	#06	555 / H55 Inpatient Respite Car	e									
	#06	re										
	#06	558 Room and Board										
	Basis :]		Rate	Туре	e :						
,		Budget)	X	 Prospect	ive					
•		Unaudited costs	'			Total Pro	spective					
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs				
		Field audited costs										
•		Medicare - Prospective	'			Interim						
	X	Payment System Rate				Total Inte	erim					
•		Average Nursing Home Rate				Settleme	nt based on cost	s				
•		Dade										
	<u>Distribution:</u>		_ T. K. F	eehrer,				A \				
	Fiscal Agent				emer	nt Analyst Supe	rvisor	2/2				
	Contract Mana	agement	Medic	aid Progr	ram	Finance						
	Permanent File											
	Program Deve	elopment:										



029554041 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	Non	-Institutional	<u>Providers</u>			
Во	rinquen Health	Care Center - 7th Street	Provider Number : 029554041							
					Date	e : 08/31/2022				
360	01 Federal High	way	Fiscal Year End : N/A							
Mia	ami, FL 331373	3795			Audi	t Status : N/A				
Pro	ovider Type:				(Current Rate	New Rate	Effective Date		
	Rural	Health Clinic						,		
	Swing	g-Bed Provider								
	X Feder	ally Qualified Health Centers				137.27	141.54	10/01/2022		
	Hospice Provider									
	#0651 / H51 Routine Home Care									
	#0	651a / H5L Routine Home Care	(61 +)							
	#0	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - SI	Α						
	#0	655 / H55 Inpatient Respite Car	'e							
	#0	656 / H56 General Inpatient Ca	re							
	#0	658 Room and Board								
	Basis :	7		Rate 1	Туре	·:				
ָ 		 Budget	'	>	X	Prospect	ive			
•		Unaudited costs	'			Total Pro	spective			
•		Desk audited costs	'			Prospect	ive Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective	'			Interim				
	Χ	Payment System Rate	'			Total Inte	erim			
•		Average Nursing Home Rate	'			Settleme	nt based on cost	ts		
•		 Dade								
								E .		
<u>Distribution:</u> Fiscal Agent				Feehrer, r Manage	men	t Analyst Supe	rvisor	NA		
				aid Progra			111001			
	Contract Man			ala i logii	<i>ω</i> 1					
	Permanent F									
	Program Development:									



029554043 - 2022/10

Bureau of Medicaid Program 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 : 029554043				
Kendall Regional	Date: 08/31/2022				
3601 Federal Highway	Fiscal Year End : N/A				
Miami, FL 331373795	Audit Status : N/A				

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	137.27	141.54	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

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029554045 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Ra	tes for	Non-I	nstitutional	<u>Providers</u>			
Во	rinquen Health C	Care Center North Miami	Provider Number : 029554045							
			Date: 08/31/2022							
126	603 NE 7th Aver	nue	Fiscal Year End : N/A							
No	rth Miami, FL 33	3161			Audit \$	Status : N/A				
Pro	ovider Type:				Cu	irrent Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				137.27	141.54	10/01/2022		
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - SIA							
	#06	655 / H55 Inpatient Respite Car	е							
	#06	re								
	#06	658 Room and Board								
ſ	Basis :]		Rate T	ype :					
١		Budget	-	Х	,	Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate Dade	_			Settleme	nt based on cos	is .		
	<u>Distribution:</u>		T. K. Fe Senior N		ment A	Analyst Supe	rvisor	184		
	Fiscal Agent Contract Mana	agement	Medicai							
	Permanent Fil			J						
	Permanent Fil									
	r logialli Deve	лоритені.								



029557400 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	r Diem R	ates for	· N	lon-lı	nstitutional	<u>Providers</u>	
Su	ncoast C	ommuni	ty HCC - Ruskin	Provider Number : 029557400						
				Date: 08/31/2022						
P.C	P.O. Box 1349					Fi	iscal	Year End : N	I/A	
Ru	skin, FL	33570				Α	udit \$	Status : N/A		
Pro	ovider T	уре:					Cu	irrent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					157.97	162.89	10/01/2022
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SI	4					
		#06	55 / H55 Inpatient Respite Ca	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate	Ту	/pe :			
'			Budget			X		 Prospect	ive	
•			Unaudited costs	_				Total Pro	spective	
•			Desk audited costs	-				Prospect	ive Adjusted for	New costs
•			Field audited costs	-						
•			Medicare - Prospective	_				Interim		
)	X	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cos	ts
-			Hillsborough							
	Distri	bution:		l T. K. F	eehrer,					A \ / A
Fiscal Agent					em	ent A	Analyst Supe	rvisor	2K2	
	Contra	act Mana	gement	Medica	aid Prog	rar	m Fir	nance		
	Perma	nent File	e							
	Progra	am Deve	lopment:							



029557402 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	No	on-Inst	titutional I	<u>Providers</u>	
Suncoast Community HCC- Plant City			Provider Number : 029557402						
				Date: 08/31/2022					
P.C	P.O.Box 2096				Fis	scal Ye	ear End : N	/A	
Pla	nt City, FI 3356	66			Au	ıdit Sta	itus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic							
	Swing	g-Bed Provider							
	X Feder	ally Qualified Health Centers					157.97	162.89	10/01/2022
	Hospi	ice Provider							
	#0	651 / H51 Routine Home Care (1-60)						
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - Sl	IA					
	#0	655 / H55 Inpatient Respite Car	e						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
ſ	Basis :			Rate	Тур	oe :]		
ן נ		—J Budget	'		X		ם Prospecti	ve	
-		Unaudited costs	,				- Total Pro	spective	
•		Desk audited costs					- Prospecti	ve Adjusted for	New costs
•		Field audited costs					-		
-		Medicare - Prospective					- Interim		
	Χ	Payment System Rate	,				- Total Inte	rim	
-		Average Nursing Home Rate	,				Settleme	nt based on cost	s
•		— Hillsborough					-		
									S
	<u>Distribution</u>	<u>ı:</u>		Feehrer, r Manage	me	nt Ans	alyst Supei	visor	NA
	Fiscal Agent			aid Prog			•	V1001	
	Contract Man	•	wicalc	aid i iog	. u				
	Permanent Fi								
	Program Dev	relopment:							



029557403 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		=	<u>Medicaid Reimbursement Per</u>	Diem Rates	for N	lon-Ins	<u>titutional</u>	<u>Providers</u>	
Suncoast Community HCC - Mobley Street			Provider Number : 029557403						
				Date: 08/31/2022					
P.C	D. Box 13	349			F	iscal Ye	ear End : N	I/A	
Ru	skin, FL	33575			Α	udit Sta	atus : N/A		
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				157.97	162.89	10/01/2022
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care (1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Car	re .					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Bas	sis :]	Ra	te Ty	/pe :	1		
'			Budget		Х		Prospect	ive	
•			Unaudited costs				Total Pro	spective	
•			Desk audited costs				- Prospect	ive Adjusted for	New costs
•			Field audited costs				_		
•			Medicare - Prospective				Interim		
)	X	Payment System Rate				Total Inte	erim	
•			Average Nursing Home Rate				Settleme	nt based on cost	s
-			Hillsborough				_		
	Distri	bution:		T. K. Feehro	er.				AV 1
Fiscal Agent			Senior Man		ent Ana	alyst Supe	rvisor	2K#_	
	Contra	act Mana	gement	Medicaid Pr	ograr	m Finar	nce		
	Perma	nent File)						
	Progra	am Deve	opment:						



029557408 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022		
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			
Х	Federally Qualified Health Centers	157.97	162.89	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Contract Management

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029557409 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022		
PO Box 40	Fiscal Year End : N/A		
Dover, FL 33527	Audit Status : N/A		

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	157.97	162.89	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029557412 - 2022/10

Bureau of Medicaid Program 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 : 029557412		
Oakfield Community Health Center	Date: 08/31/2022		
13110 Elk Mountain Drive	Fiscal Year End : N/A		
Riverview, FL 33579	Audit Status : N/A		

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	157.97	162.89	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029557414 - 2022/10

Bureau of Medicaid Program 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 : 029557414
Oakfield Community Dental Care	Date: 08/31/2022
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	157.97	162.89	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Fiscal Agent

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

risor JXJ



029557416 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022	
13110 Elk Mountain Dr.	Fiscal Year End : N/A	
Riverview, FL 33579	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	157.97	162.89	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029557417 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Center	Provider Number : 029557417
Suncoast Mobile Medical Bus	Date: 08/31/2022
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	157.97	162.89	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029557420 - 2022/10

Bureau of Medicaid Program 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 : 029557420
Wimauma Community Health Center	Date: 08/31/2022
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	157.97	162.89	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



029557422 - 2022/10

Bureau of Medicaid Program 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: 029557422
Palm River Community Health Center	Date: 08/31/2022
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	157.97	162.89	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029557424 - 2022/10

Bureau of Medicaid Program 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 : 029557424
Thonotosassa Community Health Center	Date: 08/31/2022
9555 E Fowler Avenue	Fiscal Year End : N/A
Thonotasassa, FL 33592	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	157.97	162.89	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029561200 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem Ra	ates for	Nor	n-Institutional	<u>Providers</u>	
Ма	natee County Ru	ral Health Services			Prov	vider Number :	029561200	
					Date	e: 08/31/2022		
700	0 8th Ave W				Fisc	al Year End : N	I/A	
Pa	lmetto, FL 34221				Aud	it Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rural H	lealth Clinic						
	Swing-	Bed Provider						
	X Federa	lly Qualified Health Centers				133.80	137.97	10/01/2022
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	ire						
	#05	51 / 0561 Continuous Home C	are - SIA					
	#06	55 / H55 Inpatient Respite Car	е					
	#06	56 / H56 General Inpatient Car	е					
	#06	58 Room and Board						
	Basis :]		Rate	Туре	e :		
'		Budget	-)	X	Prospect	ive	
•		Unaudited costs	_			Total Pro	spective	
•		Desk audited costs	_			Prospect	ive Adjusted for	New costs
•		Field audited costs	_					
•		Medicare - Prospective	_			Interim		
	X	Payment System Rate				Total Inte	erim	
•		Average Nursing Home Rate	_			Settleme	nt based on cost	ts
•		Manatee						
	<u>Distribution:</u>		 T. K. F	eehrer.				A\/ A
	Fiscal Agent				emer	nt Analyst Supe	rvisor	1/4/L
	Contract Management		Medica	id Progr	ram I	Finance		
Permanent File								
	Program Deve	lopment:						



029561201 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rat	tes for	Non-lı	nstitutional	<u>Providers</u>						
Ma	natee County R	ural Health Services- Bayshore		I	Provid	er Number :	029561201						
				I	Date :	08/31/2022							
700	8th Ave W			I	iscal	Year End : N	I/A						
Pal	metto, FL 3422	1	Audit Status : N/A										
Pro	vider Type:				Cu	rrent Rate	New Rate	ew Rate Effective Date 137.97 10/01/2022					
	Rural I	lealth Clinic											
	Swing	Bed Provider											
	X Federa	Illy Qualified Health Centers				133.80	137.97	10/01/2022					
	Hospic	e Provider											
	#06	551 / H51 Routine Home Care (1-60)										
	#06	551a / H5L Routine Home Care	(61 +)										
	#06	552 / H52 Continuous Home Ca	are										
	#05	551 / 0561 Continuous Home C	are - SIA										
	#06	655 / H55 Inpatient Respite Car	e										
	#06	656 / H56 General Inpatient Car	re										
	#06	558 Room and Board											
ſ	Basis :]		Rate T	ype :								
_		⊐ Budget		Х		 Prospect	ive						
_		Unaudited costs				— Total Pro	spective						
_		Desk audited costs				Prospect	ive Adjusted for	New costs					
-		Field audited costs											
_		Medicare - Prospective				Interim							
	Χ	Payment System Rate				Total Inte	erim						
_		Average Nursing Home Rate Manatee				Settleme	nt based on cos	rs es					
	<u>Distribution</u>	<u>-</u>	T. K. Fee			Amalyzat Cyma		NYI					
	Fiscal Agent		Medicaio			Analyst Supe	IVISOF						
	Contract Management		ivieuicalo	ı Fiogra	aiii FIN	ialice							
	Permanent Fil												
	Program Deve	elopment:											



029561202 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	<u>Medicaid Reimbursement Per</u>	Diem Rates	s for N	Non-Ins	titutional	<u>Providers</u>					
Ма	natee Co	ounty Ru	ral Health Svcs Hwy 301		F	Provide	rovider Number : 029561202						
					С	Date: 0	8/31/2022						
700	8th Ave	e W			F	iscal Y	ear End : N	I/A					
Pa	lmetto, F	L 34221			Α	udit St	atus : N/A						
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date				
		Rural H	lealth Clinic										
		Swing-	Bed Provider										
	X	Federa	lly Qualified Health Centers				133.80	137.97	10/01/2022				
		Hospic	e Provider										
		#06	51 / H51 Routine Home Care (1-60)									
	#0651a / H5L Routine Home Ca #0652 / H52 Continuous Home			(61 +)									
				are									
		#05	51 / 0561 Continuous Home C	are - SIA									
		#06	55 / H55 Inpatient Respite Car	re									
		#06	56 / H56 General Inpatient Ca	re									
		#06	58 Room and Board										
	Bas	sis :]	R	ate T	ype :							
•			Budget		Х		Prospect	ive					
-			Unaudited costs				Total Pro	spective					
-			Desk audited costs				Prospect	ive Adjusted for	New costs				
-			Field audited costs				_						
•			Medicare - Prospective				Interim						
)	X	Payment System Rate				Total Inte	erim					
•			Average Nursing Home Rate				Settleme	nt based on cost	ts				
			Manatee										
	Distri	bution:		I T. K. Feeh	rer.				AV 1				
Fiscal Agent		Senior Mar		nent An	alyst Supe	rvisor	2/42						
Contract Management		Medicaid F	rogra	m Fina	nce								
Permanent File													
	Program Development:												



029561203 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	<u>Medicaid Reimbursement Per</u>	Diem Rates	s for N	<u>lon-Ins</u>	titutional	<u>Providers</u>					
Ма	natee Co	ounty Ru	ral Health Ser Lawton Chiles		P	rovider	ovider Number : 029561203						
					D	ate : 08	3/31/2022						
700	8th Ave	e W			F	iscal Y	ear End : N	I/A					
Pa	lmetto, F	L 34221			A	udit Sta	atus : N/A						
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date				
		Rural H	ealth Clinic										
		Swing-l	Bed Provider										
	X	Federal	ly Qualified Health Centers				133.80	137.97	10/01/2022				
		Hospic	e Provider										
		#06	51 / H51 Routine Home Care (1-60)									
	#0651a / H5L Routine Home Ca #0652 / H52 Continuous Home			(61 +)									
				are									
		#05	51 / 0561 Continuous Home C	are - SIA									
		#06	55 / H55 Inpatient Respite Car	'e									
		#06	56 / H56 General Inpatient Car	re									
		#06	58 Room and Board										
	Bas	sis :]	R	ate Ty	ype :]						
'			Budget		Х		Prospect	ive					
•			Unaudited costs				Total Pro	spective					
•			Desk audited costs				- Prospect	ive Adjusted for	New costs				
•			Field audited costs				_						
•			Medicare - Prospective				Interim						
	>	<	Payment System Rate				Total Inte	erim					
•			Average Nursing Home Rate				Settleme	nt based on cost	ts				
-			Manatee				_						
	Distri	bution:		T. K. Feeh	rer.				AV 1				
	Fiscal	Agent		Senior Ma		nent An	alyst Supe	rvisor	2h2				
Contract Management		Medicaid F	Progra	m Finar	nce								
Permanent File													
	Program Development:												



029561204 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates f	or	Non	n-Institutional I	<u>Providers</u>	
Ма	natee County R	ural Health Ser - Southeast FHC	С		Prov	vider Number :	029561204	
					Date	e: 08/31/2022		
700	3 8th Ave W				Fisc	al Year End : N	/A	
Pa	lmetto, FL 3422	1			Aud	it Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				133.80	137.97	10/01/2022
	Hospi	ce Provider						
	#0	651 / H51 Routine Home Care (1	1-60)					
	#0	651a / H5L Routine Home Care	(61 +)					
	#0	652 / H52 Continuous Home Ca	re					
	#0	551 / 0561 Continuous Home Ca	are - SIA					
	#0	655 / H55 Inpatient Respite Card	e					
	#0	656 / H56 General Inpatient Car	е					
	#00	658 Room and Board						
	Basis :	7	Rat	e 1	Турє	e :		
		 Budget		>	X	Prospecti	ve	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospect	ve Adjusted for	New costs
•		Field audited costs						
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	rim	
•		Average Nursing Home Rate				Settleme	nt based on cost	S
•		Manatee						
	Distribution	<u>:</u>	T. K. Feehre	r.				A \
	Fiscal Agent	_			men	nt Analyst Supe	rvisor	JKJ -
	-		Medicaid Pro	gra	am F	Finance		
Permanent File								
	Program Deve	elopment:						



029561205 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates fo	r N	on-Ins	stitutional l	<u>Providers</u>	
Ма	natee County R	ural Health Ser - East Manatee H	lealth	Pı	rovide	r Number :	029561205	
				D	ate : 0	8/31/2022		
700	0 8th Ave W			Fi	scal Y	ear End : N	I/A	
Ра	lmetto, FL 3422	1		Αı	udit St	atus : N/A		
Pro	ovider Type:				Cur	rent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				133.80	137.97	10/01/2022
	Hospi	ce Provider						
	#00	651 / H51 Routine Home Care (1	1-60)					
	#00	651a / H5L Routine Home Care	(61 +)					
	#00	652 / H52 Continuous Home Ca	re					
	#0	551 / 0561 Continuous Home Ca	are - SIA					
	#00	655 / H55 Inpatient Respite Card	e					
	#00	656 / H56 General Inpatient Car	е					
	#00	658 Room and Board						
	Basis :	7	Rate	Ту	pe:	7		
		 Budget		Χ		⊐ Prospecti	ive	
•		Unaudited costs				– Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
•		Field audited costs				_		
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
•		Average Nursing Home Rate				Settleme	nt based on cost	S
•		Manatee				_		
	Distribution	<u>:</u>	T. K. Feehrer					A\/ A
	Fiscal Agent		Senior Manag		ent Ar	nalyst Supe	rvisor	JKJ -
	Contract Management		Medicaid Prog	gran	n Fina	nce		
Permanent File								
	Program Deve	elopment:						



029561206 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem I	Rates for	No	n-Inst	itutional l	<u>Providers</u>	
Ма	natee County R	ural Hlth Svc-Myakka FHCC			Pro	ovider	Number :	029561206	
					Da	te : 08	/31/2022		
700	0 8th Ave W				Fis	cal Ye	ar End : N	I/A	
Pa	lmetto, FI 34221				Au	dit Sta	tus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	Illy Qualified Health Centers					133.80	137.97	10/01/2022
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#0651a / H5L Routine Home Ca								
	#06	are							
	#05	are - S	IA						
	#06	е							
	#0656 / H56 General Inpatient C								
	#06	658 Room and Board							
	Basis :]		Rate	Тур	ре :]		
		⊐ Budget			Χ		Prospecti	ive	
•		Unaudited costs	İ				- Total Pro	spective	
•		Desk audited costs					Prospect	ive Adjusted for	New costs
•		Field audited costs					-		
•		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	erim	
•		Average Nursing Home Rate					Settleme	nt based on cost	s
-		Manatee					_		
	Distribution			Feehrer,					A>/ A
	<u>Distribution:</u> Fiscal Agent				eme	ent Ana	alyst Supe	rvisor	JKJ
	Contract Mana	agement	Medic	aid Prog	ram	Finan	ce		
	Permanent File								
	Program Deve								
	-	•							



029561207 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	Medicaid Reimbursement Per	Diem Rate	es for	Non-	<u>-Institutional</u>	<u>Providers</u>					
Ма	natee Co	ounty Ru	ıral Hlth Svc-Infectious Disease	Ctr		Provi	Provider Number : 029561207						
						Date	: 08/31/2022						
700	8th Ave	e W				Fisca	al Year End : N	I/A					
Pa	metto, F	1 34221				Audit	t Status : N/A						
Pro	ovider T	уре:				С	Surrent Rate	New Rate	Effective Date				
		Rural H	lealth Clinic										
		Swing-	Bed Provider										
	X	Federa	lly Qualified Health Centers				133.80	137.97	10/01/2022				
		Hospic	e Provider										
		#06	51 / H51 Routine Home Care (1-60)									
	#0651a / H5L Routine Home Ca			(61 +)									
				are									
		#05	51 / 0561 Continuous Home C	are - SIA									
		#06	55 / H55 Inpatient Respite Car	re									
		#06	56 / H56 General Inpatient Ca	re									
		#06	58 Room and Board										
	Bas	sis :]		Rate T	Туре	:						
'			Budget		Х	<	Prospect	ive					
•			Unaudited costs				Total Pro	spective					
•			Desk audited costs				Prospect	ive Adjusted for	New costs				
•			Field audited costs										
•			Medicare - Prospective				Interim						
)	<	Payment System Rate				Total Inte	erim					
•			Average Nursing Home Rate				Settleme	nt based on cost	ts				
-			Manatee										
	<u>Dist</u> ri	bution:		I T. K. Fee	hrer.				A \				
	Fiscal	Agent				ment	Analyst Supe	rvisor	2/42				
Contract Management		Medicaid	Progra	am F	inance								
Permanent File													
	Program Development:												



Program Development:

_____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029561210 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	Non-Institutional	<u>Providers</u>	
Manatee County Rural Health Ser North CHC Med	dical	Provider Number :	029561210	
		Date: 08/31/2022		
700 8th Ave W		Fiscal Year End : N	I/A	
Palmetto, FL 34221		Audit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		133.80	137.97	10/01/2022
Hospice Provider				
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care	(61 +)			
#0652 / H52 Continuous Home Ca	ire			
#0551 / 0561 Continuous Home C	are - SIA			
#0655 / H55 Inpatient Respite Car	e			
#0656 / H56 General Inpatient Car	'e			
#0658 Room and Board				
Basis:	Rate 1	ype :		
Budget	×	Prospect	ive	
Unaudited costs		Total Pro	spective	
Desk audited costs		Prospect	ive Adjusted for	New costs
Field audited costs				
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte	erim	
Average Nursing Home Rate		Settleme	nt based on cos	ts
Manatee				
<u>Distribution:</u>	T. K. Feehrer,			Λ././
Fiscal Agent		ment Analyst Supe	rvisor	2/1/2
Contract Management	Medicaid Progra	am Finance		
Permanent File				



029561214 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates f	<u>or</u>	Non	<u>-Institutional l</u>	<u>Providers</u>	
Ма	natee County R	ural Health Ser - Palametto FHC			Prov	vider Number :	029561214	
					Date	e : 08/31/2022		
700	3 8th Ave W				Fisc	al Year End : N	I/A	
Ра	lmetto, FL 3422	1			Aud	it Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				133.80	137.97	10/01/2022
	Hospi	ce Provider						
	#00	651 / H51 Routine Home Care (1	1-60)					
	#00	651a / H5L Routine Home Care	(61 +)					
	#00	652 / H52 Continuous Home Ca	re					
	#0	551 / 0561 Continuous Home Ca	are - SIA					
	#00	655 / H55 Inpatient Respite Card	e					
	#00	656 / H56 General Inpatient Car	е					
	#00	658 Room and Board						
	Basis :	7	Rat	е Т	Туре	:		
		 Budget		X	<	Prospecti	ive	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
•		Field audited costs						
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
•		Average Nursing Home Rate				Settleme	nt based on cost	S
•		Manatee						
	Distribution	<u>:</u>	T. K. Feehre	r.				A\/ A
	Fiscal Agent	_			men	t Analyst Supe	rvisor	JKJ -
	•		Medicaid Pro	gra	am F	inance		
Permanent File								
	Program Deve	elopment:						



029561218 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Provi								<u>Providers</u>	
Ма	natee County R	ural Health Services - Westgate			Pro	ovider N	Number :	029561218	
					Da	te: 08/	31/2022		
700	0 8th Ave W				Fis	cal Yea	ar End : N	/A	
Pa	lmetto, FL 3422	1			Au	dit Stat	us : N/A		
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing-	-Bed Provider							
	X Federa	Illy Qualified Health Centers					133.80	137.97	10/01/2022
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	are							
	#05	551 / 0561 Continuous Home C	are - SI	Α					
	#06	е							
	#0656 / H56 General Inpatient C								
	#06	658 Room and Board							
	Basis :]		Rate	Тур	pe:			
		⊐ Budget	'		X		Prospecti	ve	
•		Unaudited costs	'				Total Pro	spective	
•		Desk audited costs					Prospecti	ve Adjusted for	New costs
•		Field audited costs	'						
•		Medicare - Prospective					Interim		
	Χ	Payment System Rate	'				Total Inte	rim	
•		Average Nursing Home Rate					Settleme	nt based on cost	s
-		Manatee							
	Distribution			eehrer,					A>/ A
	Fiscal Agent	<u>-</u>			eme	ent Anal	yst Supei	visor	JKJ
	Contract Management		Medic	aid Prog	ram	Financ	е		▼
Permanent File									
	Program Deve								
	-	•							



029561220 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursen	<u>ient Per Diem Rates</u>	tor No	on-Inst	<u>itutional l</u>	<u>Providers</u>		
lanatee Co	ounty Rural Health Services - Co	ommunity Care HC	Pro	ovider l	Number :	029561220		
			Da	ite: 08/	31/2022			
00 8th Ave	W		Fis	scal Ye	ar End : N	/A		
almetto, F	L 34221		Au	ıdit Stat	us : N/A			
rovider Ty	/pe:			Curre	nt Rate	New Rate	Effective Date	
	Rural Health Clinic							
	Swing-Bed Provider							
Х	Federally Qualified Health Ce	enters			133.80	137.97	10/01/2022	
	Hospice Provider							
	#0651 / H51 Routine Home	e Care (1-60)						
	#0651a / H5L Routine Hor	me Care (61 +)						
	#0652 / H52 Continuous F	lome Care						
	#0551 / 0561 Continuous	Home Care - SIA						
	#0655 / H55 Inpatient Res	pite Care						
	#0656 / H56 General Inpat	ient Care						
	#0658 Room and Board							
Bas	is:	Ra	ate Typ	oe:				
	Budget		Х		Prospect	ve		
	Unaudited costs			Total Prospective				
	Desk audited costs				Prospecti	ve Adjusted for	New costs	
	Field audited costs							
	Medicare - Prospective	e			Interim			
×	Payment System Rate	•			Total Inte	rim		
	Average Nursing Hom	e Rate			Settleme	nt based on cost	ts	
	Manatee							
Distril	bution:	T. K. Feehr	er,				AV 1	
Fiscal	Agent	Senior Man		ent Ana	lyst Supe	rvisor	1/4 ²	
Contra	ct Management	Medicaid P	rogram	Finan	ce			
Perma	Permanent File							
Progra	m Development:							



029561224 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates f	or	<u>Non</u>	-Institutional I	<u>Providers</u>	
Ма	natee Rural Cou		I	Prov	vider Number :	029561224		
			Date: 08/31/2022					
700	3 8th Ave W			Ī	Fisc	al Year End : N	/A	
Ра	lmetto, FL 3422	1		,	Audi	it Status : N/A		
Pro	ovider Type:				(Current Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				133.80	137.97	10/01/2022
	Hospi	ce Provider						
	#00	651 / H51 Routine Home Care (1	1-60)					
	#00	651a / H5L Routine Home Care	(61 +)					
	#00	652 / H52 Continuous Home Ca	re					
	#0	551 / 0561 Continuous Home Ca	are - SIA					
	#00	655 / H55 Inpatient Respite Card	е					
	#00	656 / H56 General Inpatient Car	е					
	#00	658 Room and Board						
	Basis :	7	Rat	e T	Гуре	:		
		 Budget		Х	(Prospecti	ve	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospect	ve Adjusted for	New costs
•		Field audited costs						
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	rim	
•		Average Nursing Home Rate				Settleme	nt based on cost	S
•		Manatee						
	Distribution	<u>:</u>	T. K. Feehre	•_				A\/ A
	Fiscal Agent	_			men	t Analyst Supe	rvisor	JKJ -
	Contract Mana	agement	Medicaid Pro	gra	am F	inance		
	Permanent Fil	le						
	Program Deve	elopment:						



029561228 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Ra	tes for No	on-Institutional	<u>Providers</u>		
Manatee Rural Health Center - Whole Child Pedia			trics Provider Number : 029561228					
				Da	ate: 08/31/2022			
70	0 8th Ave W			Fis	scal Year End : N	I/A		
Pa	lmetto, FL 3422	1		Au	ıdit Status : N/A			
Pre	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers			133.80	137.97	10/01/2022	
	Hospic	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	e					
	#06	656 / H56 General Inpatient Ca	re					
	#06	558 Room and Board						
	Basis :	7		Rate Ty	pe:			
١		 Budget	_	Х	Prospect	ive		
•		Unaudited costs			Total Pro	spective		
•		Desk audited costs	-		Prospect	ive Adjusted for	New costs	
•		Field audited costs	-					
•		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
•		Average Nursing Home Rate			Settleme	nt based on cost	ts	
•		Manatee						
	Distribution		 T. K. Fe	obror			A>/ A	
	Fiscal Agent	<u>-</u>			ent Analyst Supe	rvisor	1K2	
	Contract Mana	agement	Medicai	d Program	Finance		▼ 3	
	Permanent Fil							
	Program Deve							
	•	•						



029561236 - 2022/10

Bureau of Medicaid Program 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 : 029561236
North County Family Vision Center	Date: 08/31/2022
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.80	137.97	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029561238 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u>_</u>	<u> Medicaid Reimbursement Per</u>	Diem R	ates for	. N	<u>lon-In</u>	stitutional	<u>Providers</u>			
Manatee County Rural Health Services, Inc.				Provider Number : 029561238								
						Date: 08/31/2022						
700	8th Ave	W				Fi	iscal \	ear End : N	I/A			
Pa	lmetto, Fl	_ 34221				Α	udit S	tatus : N/A				
Pro	ovider Ty	pe:					Cur	rent Rate	New Rate	Effective Date		
		Rural H	ealth Clinic							<u>'</u>		
		Swing-E	Bed Provider									
	X	Federal	ly Qualified Health Centers					133.80	137.97	10/01/2022		
		Hospice	e Provider									
		#06	51 / H51 Routine Home Care (1-60)								
		#06	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home Ca	are								
		#05	51 / 0561 Continuous Home C	are - SIA	4							
		#06	55 / H55 Inpatient Respite Car	е								
		#06	56 / H56 General Inpatient Car	re								
		#06	58 Room and Board									
	Bas	is:			Rate	Ту	/pe :					
י			Budget			X		Prospect	ive			
-			Unaudited costs	-				Total Pro	spective			
•			Desk audited costs	-				Prospect	ive Adjusted for	New costs		
•			Field audited costs	-				_				
-			Medicare - Prospective	-				Interim				
	Х	,	Payment System Rate	-				Total Inte	erim			
•			Average Nursing Home Rate	-				Settleme	nt based on cos	ts		
			Manatee									
	Distril	oution:		 T. K. F	eehrer					A>/ A		
	Fiscal /					em	ent Ai	nalyst Supe	rvisor	4		
	Contra	ct Mana	gement	Medica	id Prog	rar	m Fina	ance				
	Perma	nent File										
	Progra	m Devel	opment:									



029561240 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	<u>Medicaid Reimbursement Per Die</u>	m Rates to	INC	on-institutionai	<u>Providers</u>	
Manatee	County Rural Health Services		Pro	ovider Number :	029561240	
Bradento		Date: 08/31/2022				
700 8th A	ve W		Fis	scal Year End : N	I/A	
Palmetto,	FL 34221		Au	idit Status : N/A		
Provider	Type:			Current Rate	New Rate	Effective Date
	Rural Health Clinic					1
	Swing-Bed Provider					
Х	Federally Qualified Health Centers			133.80	137.97	10/01/2022
	Hospice Provider					
	#0651 / H51 Routine Home Care (1-60	0)				
	#0651a / H5L Routine Home Care (61	+)				
	#0652 / H52 Continuous Home Care					
	#0551 / 0561 Continuous Home Care	- SIA				
	#0655 / H55 Inpatient Respite Care					
	#0656 / H56 General Inpatient Care					
	#0658 Room and Board					
В	asis :	Rate	Тур	oe :		
	 Budget		X	I Prospect	ive	
	Unaudited costs			Total Pro	spective	
	Desk audited costs			Prospect	ive Adjusted for	New costs
	Field audited costs	<u>-</u>				
	Medicare - Prospective			Interim		
	X Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	ts
	Manatee					

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



029561242 - 2022/10

Bureau of Medicaid Program 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 : 029561242				
Arcadia Childrens Health Care	Date: 08/31/2022				
700 8th Ave W	Fiscal Year End : N/A				
Palmetto, FL 34221	Audit Status : N/A				

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.80	137.97	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



029561249 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem	Rates for	No	on-Ins	titutional	<u>Providers</u>	
Manatee County Rural Health Services-Riverside Dr					Provider Number : 029561249				
					Da	ate : 08	3/31/2022		
700	700 8th Ave W				scal Ye	ear End : N	/A		
Pa	metto, FL 3422	1			Αι	ıdit Sta	itus : N/A		
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic						ı	
	Swing-	Bed Provider							
	X Federa	Ily Qualified Health Centers					133.80	137.97	10/01/2022
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	re						
	#05	551 / 0561 Continuous Home C	are - S	IA					
	#06	555 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	e						
	#06	558 Room and Board							
	Basis :	7		Rate	Туј	pe :]		
		Budget			X		Prospect	ve	
•		Unaudited costs					- Total Pro	spective	
•		Desk audited costs					- Prospect	ve Adjusted for	New costs
•		Field audited costs					-		
•		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	rim	
•		Average Nursing Home Rate					Settleme	nt based on cost	is
•		Manatee					_		
	Distribution	<u> </u>	 T. K.	Feehrer,					ΛV. Λ
	Fiscal Agent				eme	ent Ana	alyst Supe	rvisor	2/42
	Contract Mana	agement	Medio	caid Prog	ram	n Finar	ice		
	Permanent File	е							
	Program Deve	elopment:							



029561251 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Svc-DeSoto	Provider Number : 029561251
Community Care Family Healthcare Ctr	Date: 08/31/2022
700 8th Ave W	Fiscal Year End : N/A
Palmetto , FI 34221	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	133.80	137.97	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



029561254 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hith Svc	Provider Number : 029561254		
Comm Care Family Clinic Counseling Svc	Date: 08/31/2022		
700 8th Ave W	Fiscal Year End : N/A		
Palmetto, FI 34221	Audit Status : N/A		

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.80	137.97	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



029561255 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hith Svc	Provider Number : 029561255
Manatee Village Dental Ctr	Date: 08/31/2022
700 8th Ave W	Fiscal Year End : N/A
Palmetto, Fl 34221	Audit Status : N/A

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.80	137.97	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029561257 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Manatee County Rural Hith Svc Twin Rivers Medical Ctr 700 8th Ave W Palmetto, FI 34221 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651 / H51 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0655 / H56 General Inpatient Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective Medicare - Prospective New costs Carrent Rate New Rate Effective Date			Medicaid Reimbursement Per	Diem Rates fo	r No	n-Institutional	<u>Providers</u>	
Fiscal Year End : N/A Audit Status : N/A Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Desk audited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Desoto Pistribution: Fiscal Agent Contract Management Permanent File Current Rate New Rate Effective Date Effective Date Effective Date Effective Date Effective Date Effective Date Fiscal Year End : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Fiscal Year End : Nise in Settlement Date of New Costs Interim Total Interim Settlement based on costs Medicaid Program Finance	Manatee County Rural Hith Svc			Provider Number: 029561257				
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Desoto Pistribution: Fiscal Agent Contract Management Permanent File Rural Health Clinic Current Rate New Rate Effective Date Effective Date Effective Date Effective Date Effective Date Effective Date Reference Field New Rate Prospective 133.80 137.97 10/01/2022 10/01/202 10/01/2022 10/01/202 10/01/202 10/01/202 10/01/202 10/01/202 10/01/202 10/01/202 10/01/202 10/01/202 10/01/202 10/01/202	Τw	Twin Rivers Medical Ctr			Dat	e: 08/31/2022		
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Desoto Pistribution: Fiscal Agent Contract Management Permanent File Roof 133.80 137.97 10/01/2022 Effective Date Fiscal Agent Average Provider 110/01/2022 Effective Date Fiscal Agent Contract Management Medicaid Program Finance	70	700 8th Ave W			Fise	cal Year End : N	I/A	
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 133.80 137.97 10/01/2022 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H51 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	Pa	lmetto, FI 34221			Aud	dit Status : N/A		
Swing-Bed Provider X Federally Qualified Health Centers 133.80 137.97 10/01/2022 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:	Pr	ovider Type:				Current Rate	New Rate	Effective Date
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:		Rural H	lealth Clinic					
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :		Swing-	·Bed Provider					
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		X Federa	Ily Qualified Health Centers			133.80	137.97	10/01/2022
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Hospid	e Provider					
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		#06	51 / H51 Routine Home Care (1-60)				
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	551a / H5L Routine Home Care	(61 +)				
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	552 / H52 Continuous Home Ca	are				
#0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		#05	551 / 0561 Continuous Home C	are - SIA				
#0658 Room and Board Basis :		#06	655 / H55 Inpatient Respite Car	е				
Basis: Unaudited costs Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Desoto Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#06	556 / H56 General Inpatient Car	re				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Average Nursing Home Rate Desoto Distribution: Fiscal Agent Contract Management Permanent File X Prospective Total Prospective Interim Settlement based on costs Total Interim Settlement Adjusted for New costs Total Interim Settlement based on costs Medicaid Program Finance Medicaid Program Finance		#06	558 Room and Board					
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Desoto Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Prospective Adjusted for New costs Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Basis :]	Rate	Э Тур	e :		
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Desoto Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Settlement based on costs Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	,		Budget		Χ	Prospect	ive	
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Desoto Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Medicare - Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Unaudited costs	-		Total Pro	spective	
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Desoto Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Desk audited costs	-		Prospect	ive Adjusted for	New costs
X Payment System Rate Average Nursing Home Rate Desoto Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Field audited costs					
Average Nursing Home Rate Desoto Distribution: Fiscal Agent Contract Management Permanent File Settlement based on costs Medicaid Program Finance Medicaid Program Finance			Medicare - Prospective			Interim		
Desoto Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		X	Payment System Rate			Total Inte	erim	
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Average Nursing Home Rate			Settleme	nt based on cost	s
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance			Desoto					
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance		<u>Distribution</u> :	<u>.</u>	T. K. Feehrer				AV 1
Permanent File		Fiscal Agent				nt Analyst Supe	rvisor	2K2
		Contract Mana	agement	Medicaid Prog	gram	Finance		
Program Development:		Permanent File	е					
		Program Deve	elopment:					



029561262 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hith Svc-SCMC	Provider Number: 029561262		
South County Medical Ctr	Date: 08/31/2022		
700 8th Ave W	Fiscal Year End : N/A		
Palmetto, FI 34221	Audit Status : N/A		

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.80	137.97	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

SKA



029561268 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hith Svc	Provider Number : 029561268
North Tuttle Family Hlth Ctr	Date: 08/31/2022
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FI 34221	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.80	137.97	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029561271 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate	New Rate	Effective Date		
Parrish, FL 34219	dit Status : N/A				
12271 US Highway 301 N	Fiscal Year End : N/A				
Da	Date: 08/31/2022				
Manatee County Rural Health Services	ovider Number :	029561271			

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.80	137.97	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029561280 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	r Nor	n-Institutional	<u>Providers</u>			
lanatee County	Rural Health Services-Arcadia		Pro	vider Number :	029561280			
			Date: 08/31/2022					
25 Nursing Hom	ne Drive	Fiscal Year End : N/A						
rcadia, FL 3426	66		Aud	lit Status : N/A				
rovider Type:				Current Rate	New Rate	Effective Date		
Rura	Il Health Clinic							
Swin	ng-Bed Provider							
X Fede	erally Qualified Health Centers			133.80	137.97	10/01/202		
Hosp	oice Provider							
#	0651 / H51 Routine Home Care (1-60)						
#	0651a / H5L Routine Home Care	(61 +)						
#	0652 / H52 Continuous Home Ca	are						
#	0551 / 0561 Continuous Home C	are - SIA						
#	0655 / H55 Inpatient Respite Car	е						
#	0656 / H56 General Inpatient Car	re						
#	0658 Room and Board							
Basis :		Rate	Тур	e :				
	 Budget		Χ	Prospect	ive			
	Unaudited costs	-		Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective	-		Interim				
Χ	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	is		
	 Manatee							
Distributio	on:	T. K. Feehrer,				A \		
Fiscal Agent			emer	nt Analyst Supe	rvisor	4		
Contract Ma		Medicaid Prog	ram	Finance		•		
Permanent I								
Program De	evelopment:							



029561284 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services University Parkway	Provider Number : 029561284
	Date: 08/31/2022
2415 University Parkway Bldg 3 Suite 111	Fiscal Year End : N/A
Sarasota, FL 34243	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.80	137.97	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029561287 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	lates for	· No	n-Institution	nal F	<u>Providers</u>		
Ма	natee County R	ural Health Services		Provider Number : 029561287						
					Dat	Date: 08/31/2022				
508	South 6th Ave	nue			Fis	iscal Year End : N/A				
Wa	uchula, FL 338	73			Aud	dit Status : N	l/A			
Pro	ovider Type:					Current Ra	te	New Rate	Effective Date	
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				133	3.80	137.97	10/01/2022	
	Hospi	ce Provider								
	#00	651 / H51 Routine Home Care (1-60)							
	#0651a / H5L Routine Home Care #0652 / H52 Continuous Home Ca									
#0551 / 0561 Continuous Home C			are - Sl	A						
#0655 / H55 Inpatient Respite Ca			е							
	#00	656 / H56 General Inpatient Car	re							
	#00	658 Room and Board								
	Basis :	7		Rate	Тур	e:				
<u></u>		 Budget			Χ	——— Prosp	ecti	ve		
-		Unaudited costs	-			 Total	Pro	spective		
-		Desk audited costs	-			Prosp	ecti	ve Adjusted for	New costs	
-		Field audited costs	-							
-		Medicare - Prospective	-			Interi	m			
	Χ	Payment System Rate	-			Total	Inte	rim		
-		Average Nursing Home Rate	-			Settle	emei	nt based on cost	s	
-		 Manatee	-							
	Distribution								1.7.1	
	Fiscal Agent	<u>.</u>		Feehrer, Manage	eme	nt Analyst S	uper	visor	1X4	
	Contract Man	agement				Finance	-			
	Permanent Fil	•								
	Program Deve									
	i logialli Deve	оюриюн.								



Permanent File

Program Development:

__ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029561295 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	Non-	<u>-Institutional </u>	<u>Providers</u>			
Manatee County	Rural Health Services		Prov	ider Number :	029561295			
			Date	ate: 08/31/2022				
305 State Road	d 64 East		Fisca	Fiscal Year End : N/A				
Bradenton, FL 3	34208		Audit	t Status : N/A				
Provider Type:			С	Current Rate	New Rate	Effective Date		
Rur	al Health Clinic				1			
Swi	ng-Bed Provider							
X Fed	erally Qualified Health Centers			133.80	137.97	10/01/2022		
Hos	pice Provider							
;	#0651 / H51 Routine Home Care (1-60)						
i	#0651a / H5L Routine Home Care	(61 +)						
i	are							
i	are - SIA							
i	#0655 / H55 Inpatient Respite Car	'e						
i	#0656 / H56 General Inpatient Car	re						
;	#0658 Room and Board							
Basis :		Rate	Туре	:				
	Budget	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
X	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	Manatee							
Distribution	<u>on:</u>	T. K. Feehrer,				1V.1		
Fiscal Ager	nt	Senior Manage			rvisor	1/4 ²		
Contract M	Contract Management		am F	inance				



029565500 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers	Provider Number : 029565500
Johnnie Ruth Clarke Health Center	Date: 08/31/2022
1344 22nd Street S.	Fiscal Year End : N/A
St. Petersburg, FL 33705	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	123.04	126.87	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029565501 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem Ra	tes for	N	<u>on-Ins</u>	titutional	<u>Providers</u>			
Community Health Centers - Clearwater					Pr	ovider	Number :	029565501				
						Da	Date: 08/31/2022					
707 Druid Rd E						Fis	scal Ye	ear End : N	I/A			
Clearwater, FL 337563951					Αι	udit Status : N/A						
Pro	ovider T	уре:					Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					123.04	126.87	10/01/2022		
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care (1-60)								
		#06	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home Ca	are								
		#05	51 / 0561 Continuous Home C	are - SIA								
		#06	55 / H55 Inpatient Respite Car	'e								
		#06	56 / H56 General Inpatient Ca	re								
		#06	58 Room and Board									
	Bas	sis :]		Rate	Ту	pe :]				
•			Budget			X		Prospect	ive			
-			Unaudited costs				Total Prospective					
-			Desk audited costs					Prospective Adjusted for New costs				
-			Field audited costs					_				
-			Medicare - Prospective					Interim				
		X	Payment System Rate					Total Inte	erim			
•			Average Nursing Home Rate					Settleme	nt based on cost	ts		
			Pinellas					_				
	Distr	ibution:		T. K. Fe	ehrer.					A \		
Fiscal Agent			Senior Management Analyst Supervisor									
Contract Management			Medicai	d Prog	ran	n Finar	nce					
	Perma	anent File	9									
	Progra	am Deve	lopment:									



029565503 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Pe	er Diem Rates fo	r No	on-Institutional	<u>Providers</u>			
ommunit	y Health Center at Pinellas Park		Pro	ovider Number :	029565503			
			Da	ate: 08/31/2022	e : 08/31/2022			
550 43rd	Street N		Fiscal Year End : N/A					
nellas P	ark, FL 337813601		Au	ıdit Status : N/A				
rovider ⁻	Гуре:			Current Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers			123.04	126.87	10/01/2022		
	Hospice Provider							
	#0651 / H51 Routine Home Care	(1-60)						
	#0651a / H5L Routine Home Car	e (61 +)						
	#0652 / H52 Continuous Home C	are						
	#0551 / 0561 Continuous Home	Care - SIA						
	#0655 / H55 Inpatient Respite Ca	are						
	#0656 / H56 General Inpatient Ca	are						
	#0658 Room and Board							
Ва	asis :	Rate	Тур	pe:				
	Budget		Χ	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
	X Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	Pinellas							
<u>Dist</u> ı	ribution:	T. K. Feehrer,				NV J		
Fisca	ll Agent			ent Analyst Supe	rvisor	7/1/2		
Conti	ract Management	Medicaid Prog	gram	n Finance				

Permanent File

Program Development:



029565512 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates fo	r N	<u>lon-Ir</u>	<u>istitutional</u>	<u>Providers</u>	
Со	mmunity Health	Center - Largo		Р	rovid	er Number :	029565512	
				D	ate :	08/31/2022		
12	420 - 130th Ave			F	iscal	Year End : N	I/A	
La	go, FL 337741	950		Α	udit S	Status : N/A		
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				123.04	126.87	10/01/2022
	Hospi	ce Provider						
	#0	651 / H51 Routine Home Care (1-60)					
	#0	651a / H5L Routine Home Care	(61 +)					
	#0	652 / H52 Continuous Home Ca	are					
	#0	551 / 0561 Continuous Home C	are - SIA					
	#0	655 / H55 Inpatient Respite Car	e					
	#0	656 / H56 General Inpatient Ca	re					
	#0	658 Room and Board						
	Basis :	7	Rate	Ту	/pe :			
'		Budget		Χ		Prospect	ive	
		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
•		Field audited costs						
•		Medicare - Prospective	-			Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
•		Pinellas						
	Distribution	<u>:</u>	T. K. Feehrer,					N. / J
	Fiscal Agent		Senior Manag				rvisor	2/4
	Contract Man	agement	Medicaid Prog	ıraı	m Fin	ance		
	Permanent Fi	le						
	Program Deve	elopment:						



029565514 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	r No	n-Ins	titutional l	<u>Providers</u>	
ommunity Health	n Centers @ Tarpon		Pro	vider	Number :	029565514	
			Da	te : 08	3/31/2022		
17 S. Huey Aven	ue		Fis	cal Y	ear End : N	I/A	
arpon Springs, F	L 346894205		Aud	dit Sta	atus : N/A		
ovider Type:				Curr	ent Rate	New Rate	Effective Date
Rural	Health Clinic						
Swing	g-Bed Provider						
X Feder	rally Qualified Health Centers				123.04	126.87	10/01/2022
Hosp	ice Provider						
#0	0651 / H51 Routine Home Care ((1-60)					
#0	0651a / H5L Routine Home Care	e (61 +)					
#0	0652 / H52 Continuous Home Ca	are					
#0	0551 / 0561 Continuous Home C	are - SIA					
#0	0655 / H55 Inpatient Respite Car	re					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis :		Rate	Тур	e :	7		
	 Budget		Χ		Prospecti	ive	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospecti	ive Adjusted for	New costs
	Field audited costs				_		
	Medicare - Prospective				_ Interim		
X	Payment System Rate				Total Inte	erim	
	Average Nursing Home Rate				Settleme	nt based on cost	S
	Pinellas				_		
Distribution	<u>n:</u>	T. K. Feehrer,					٨.٧٨
Fiscal Agent		Senior Manag				rvisor	2/1/2
Contract Mar	nagement	Medicaid Prog	ıram	Finar	nce		
Permanent F	ïle						
Program Dev	velopment:						



029565516 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates	for No	on-Institutional	<u>Providers</u>	
Со	mmunity Health	Centers at Bayfront		Pro	ovider Number :	029565516	
				Da	ate: 08/31/2022		
PC	Box 10549			Fis	scal Year End : N	I/A	
St.	Petersburg, FL	337330549		Au	idit Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	Rural I	lealth Clinic					
	Swing-	Bed Provider					
	X Federa	Illy Qualified Health Centers			123.04	126.87	10/01/2022
	Hospic	ce Provider					
	#06	51 / H51 Routine Home Care (1-60)				
	#06	51a / H5L Routine Home Care	(61 +)				
	#06	552 / H52 Continuous Home Ca	are				
	#05	551 / 0561 Continuous Home C	are - SIA				
	#06	655 / H55 Inpatient Respite Car	е				
	#06	656 / H56 General Inpatient Car	re				
	#06	558 Room and Board					
	Basis :]	Ra	ate Typ	oe :		
		Budget		Х	Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective	-		Interim		
	X	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cost	is
		Pinellas					
	Distribution	<u>:</u>	T. K. Feehr	er,			AV 1
	Fiscal Agent				ent Analyst Supe	rvisor	2/h2+
	Contract Mana	agement	Medicaid P	rogram	Finance		
	Permanent File	е					
	Program Deve	elopment:					



029565519 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022
PO Box 10549	Fiscal Year End : N/A
St Petersburg, FL 337330549	Audit Status : N/A

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	123.04	126.87	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029565521 - 2022/10

Medicaid Reimbursement Per	Diem Rates for	No	n-Institutional I	<u>Providers</u>	
Community Health Centers of Pinellas- St Petersbu	rg	Pro	vider Number :	029565521	
		Dat	te: 08/31/2022		
PO Box 10549	Date: 08/31/2022 Fiscal Year End: N/A Audit Status: N/A Current Rate New Rate Effection der ed Health Centers 123.04 126.87 r Routine Home Care (1-60) Routine Home Care (61 +) Continuous Home Care Continuous Home Care Centinuous Home Care Centinuous Home Care Centinuous Home Care Centinuous Home Care Continuous Home Care Continuous Home Care Continuous Home Care Ceneral Inpatient C				
St Petersburg, FL 337330549		Aud	dit Status : N/A		
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			123.04	126.87	10/01/2022
Hospice Provider					
#0651 / H51 Routine Home Care (1-60)				
#0651a / H5L Routine Home Care	(61 +)				
#0652 / H52 Continuous Home Ca	ire				
#0551 / 0561 Continuous Home C	are - SIA				
#0655 / H55 Inpatient Respite Car	е				
#0656 / H56 General Inpatient Car	е				
#0658 Room and Board					
Basis :	Rate	Тур	e :		
Budget				ve	
Unaudited costs			Total Pro	spective	
Desk audited costs			Prospecti	ve Adjusted for	New costs
Field audited costs					
Medicare - Prospective			Interim		
X Payment System Rate			Total Inte	rim	
Average Nursing Home Rate			Settleme	nt based on cost	S
Pinellas					
<u>Distribution:</u>	T. K. Feehrer,				NY J.
Fiscal Agent			nt Analyst Super	rvisor	2/1/2
Contract Management	Medicaid Progr	am	Finance		
Permanent File					



029565523 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u>.</u>	Medicaid Reimbursement Per	Diem	Rates for	. N	lon-In	stitutional	<u>Providers</u>	
Со	mmunity	Health C	Centers-Dunedin			Р	rovide	r Number :	029565523	
						D	ate : 0	8/31/2022		
РС	Box 10	549				Fi	Provider Number : 029565523 Pate : 08/31/2022 Fiscal Year End : N/A Audit Status : N/A Current Rate			
St	Petersbu	urg, FI 33	3733			Α	udit S	tatus : N/A		
Pro	vider T	уре:					Cur	rent Rate	New Rate	Effective Date
		Rural H	ealth Clinic							
		Swing-E	Bed Provider							
	X	Federal	ly Qualified Health Centers					123.04	126.87	10/01/2022
		Hospice	Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	re						
		#05	51 / 0561 Continuous Home C	are - S	IA					
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	e						
		#06	58 Room and Board							
	Bas	sis :			Rate	Ту	/pe :			
			Budget			X		∟ Prospect	ive	
•			Unaudited costs					— Total Pro	spective	
•			Desk audited costs					Prospect	ive Adjusted for	New costs
•			Field audited costs							
•			Medicare - Prospective					 Interim		
)	Χ	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					 Settleme	nt based on cos	ts
•			Pinellas							
	<u>Dist</u> ri	bution:		_ T. K	Feehrer,					A)/ /
	Fiscal	Agent				em	ent Ai	nalyst Supe	rvisor	1/2 - 1/2 -
	Contra	act Mana	gement	Medi	caid Prog	rar	m Fina	nce		
	Perma	anent File								
	Progra	am Devel	opment:							



029565525 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates fo	r No	n-Institutional	<u>Providers</u>	
Community Health Center of Pinellas-St.Petersburg		Pro	ovider Number :	029565525	
		Da	te: 08/31/2022		
4950 34th Street North		Fis	cal Year End : N	N/A	
St. Petersburg , FL 33714		Aud	dit Status : N/A		
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			123.04	126.87	10/01/2022
Hospice Provider					
#0651 / H51 Routine Home Care (1	l - 60)				
#0651a / H5L Routine Home Care	(61 +)				
#0652 / H52 Continuous Home Ca	re				
#0551 / 0561 Continuous Home Ca	are - SIA				
#0655 / H55 Inpatient Respite Care	e				
#0656 / H56 General Inpatient Car	е				
#0658 Room and Board					
Basis:	Rate	Тур	oe:		
Budget		Χ	Prospec	tive	
Unaudited costs			Total Pro	ospective	
Desk audited costs			Prospec	tive Adjusted for	New costs
Field audited costs	-				
Medicare - Prospective			Interim		
X Payment System Rate			Total Inte	erim	
Average Nursing Home Rate			Settleme	ent based on cost	rs
Pinellas					
<u>Distribution:</u>	T. K. Feehrer,				٨٧.٨
Fiscal Agent			nt Analyst Supe	ervisor	2/h2+
	Maralianial Duna	rom	Finance		
Contract Management	Medicaid Prog	II aiii	i illalice		
Contract Management Permanent File	Medicald Prog	IIaIII	Tillance		



029565527 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center of Pinellas Inc.	Provider Number : 029565527
Community Health Centers at Mobile Health Center	Date: 08/31/2022
PO Box 268938	Fiscal Year End : N/A
Oklahoma City, OK 73126	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	123.04	126.87	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029565529 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	No	on-Ins	titutional I	<u>Providers</u>			
Со	mmunity Hlth	Ctr of Pinellas			Pr	Provider Number : 029565529					
					Da	Date: 08/31/2022					
РО	Box 268938				Fis	scal Y	ear End : N	/A			
Ok	lahoma City, C	DK 73126			Αu	ıdit Sta	atus : N/A				
Pro	vider Type:					Curr	ent Rate	New Rate	Effective Date		
	Rura	Il Health Clinic									
	Swir	ng-Bed Provider									
	X Fede	erally Qualified Health Centers					123.04	126.87	10/01/2022		
	Hos	oice Provider									
	#	0651 / H51 Routine Home Care (1-60)								
	#	0651a / H5L Routine Home Care	(61 +)								
	#0652 / H52 Continuous Home Car										
#0551 / 0561 Continuous Home C				IA							
#0655 / H55 Inpatient Respite Ca											
	#	0656 / H56 General Inpatient Ca	re								
	#	0658 Room and Board									
	Basis :			Rate	Туј	pe:	7				
<u></u>		 Budget	'		X		⊐ Prospecti	ve			
-		Unaudited costs					– Total Pro	spective			
-		Desk audited costs					Prospect	ve Adjusted for	New costs		
-		Field audited costs					_				
-		Medicare - Prospective	,				_ Interim				
	Χ	Payment System Rate					Total Inte	rim			
-		Average Nursing Home Rate					Settleme	nt based on cost	ts		
-		Pinellas					_				
	Distribution			Feehrer, r Manage	eme	ent An	alyst Supe	rvisor	114		
	Fiscal Agen			aid Prog							
	Contract Ma	•			<u></u>						
	Permanent										
	Program De	evelopment:									



029565532 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	Rates for	. No	on-Ins	stitutional	<u>Providers</u>		
Со	mmunity Health	Center of Pinellas			Pr	rovider Number : 029565532				
					Da	Date: 08/31/2022				
72 <i>′</i>	I East Lime Stre	et			Fis	scal Y	ear End : N	I/A		
Taı	pon Springs, FL	. 34689			Αι	ıdit St	atus : N/A			
Pro	ovider Type:					Cur	rent Rate	New Rate	Effective Date	
	Rural I	Health Clinic						,		
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers					123.04	126.87	10/01/2022	
	Hospid	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
#0652 / H52 Continuous Home Car			are							
#0551 / 0561 Continuous Home C				Α						
#0655 / H55 Inpatient Respite Ca										
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
ſ	Basis :]		Rate	Ту	pe :	1			
<u></u>		□ Budget	'		X		⊐ Prospect	ive		
-		Unaudited costs	-				_ Total Pro	spective		
-		Desk audited costs	-				Prospect	ive Adjusted for	New costs	
-		Field audited costs	-				_			
-		Medicare - Prospective	-				 Interim			
	Χ	Payment System Rate					Total Inte	erim		
-		Average Nursing Home Rate					Settleme	nt based on cost	s	
_		Pinellas					_			
	Distribution		 	eehrer,					A>/ A	
	Fiscal Agent	<u>.</u>			eme	ent Ar	alyst Supe	rvisor	JKJ	
	Contract Mana	agement	Medic	aid Prog	ram	n Fina	nce			
	Permanent Fil									
	Program Deve									
	•	•								



029565534 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	r Diem Rates fo	r No	<u>n-Insti</u>	tutional l	<u>Providers</u>		
ommunity Health	n Centers of Pinellas Inc		Pro	rovider Number : 029565534				
			Date: 08/31/2022					
01 16th St Bldg	7		Fisc	cal Yea	ar End : N	/A		
aint Petersburg,	FL 33705-2135		Auc	dit Stat	us : N/A			
ovider Type:				Curre	nt Rate	New Rate	Effective Date	
Rural	Health Clinic							
Swin	g-Bed Provider							
X Feder	rally Qualified Health Centers				123.04	126.87	10/01/2022	
Hosp	ice Provider							
#(0651 / H51 Routine Home Care ((1-60)						
#(0651a / H5L Routine Home Care	e (61 +)						
#(0652 / H52 Continuous Home Ca	are						
#(0551 / 0561 Continuous Home C	Care - SIA						
#(0655 / H55 Inpatient Respite Ca	re						
#(0656 / H56 General Inpatient Ca	re						
#(0658 Room and Board							
Basis :		Rate	Тур	e :				
•	Budget		Χ		Prospecti	ve		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				Prospecti	ve Adjusted for	New costs	
	Field audited costs							
	Medicare - Prospective				Interim			
Χ	Payment System Rate				Total Inte	rim		
	Average Nursing Home Rate				Settleme	nt based on cost	ts	
	Pinellas							
Distribution	<u>n:</u>	T. K. Feehrer,					٨.٧٨	
Fiscal Agent		Senior Manag			·	rvisor	1/h	
Contract Mar	nagement	Medicaid Prog	ıram	Financ	е			
Permanent F	ile							
Program Dev	velopment:							



029568000 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022
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			
Х	Federally Qualified Health Centers	120.39	124.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029568001 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022
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			
Х	Federally Qualified Health Centers	120.39	124.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029568009 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North FI. Medical Ctrs., Inc Mayo	Provider Number : 029568009
Mayo Health Services	Date: 08/31/2022
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			
Х	Federally Qualified Health Centers	120.39	124.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029568010 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Center Pro		rovider Number : 029568010			
Madison Medical Center Date		Date: 08/31/2022			
2804 Rer	mington Green Cir Ste 2	Fis	scal Year End : N	I/A	
Tallahass	see, FL 323081550	Au	ıdit Status : N/A		
Provider	Туре:		Current Rate	New Rate	Effective Date
	Rural Health Clinic				
	Swing-Bed Provider				
X	X Federally Qualified Health Centers		120.39	124.14	10/01/2022
	Hospice Provider				
	#0651 / H51 Routine Home Care (1-60)				
	#0651a / H5L Routine Home Care (61 +)				
	#0652 / H52 Continuous Home Care				
	#0551 / 0561 Continuous Home Care - SIA				
#0655 / H55 Inpatient Respite Care					
#0656 / H56 General Inpatient Care					
	#0658 Room and Board				

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029568012 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic				
Provider Type:	Current Rate	New Rate	Effective Date	
Tallahassee, FL 32308	Audit Status : N/A			
2804 Remington Green circle	Fiscal Year End : N/A			
	Date: 08/31/2022			
North Fl. Medical Ctrs., Inc Family Medical Practice	Provider Number: 029568012			

Provider 7	Гуре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			,
	Swing-Bed Provider			
X	Federally Qualified Health Centers	120.39	124.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029568013 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc Gadsden Medical Center	Provider Number: 029568013	
Gadsden Medical Center	Date: 08/31/2022	
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	120.39	124.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

<u>Distribution:</u>

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

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029568017 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Centers-Tallahassee	Provider Number : 029568017		
	Date: 08/31/2022		
2804 Remington Green Circle Suite #2	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			
Х	Federally Qualified Health Centers	120.39	124.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029568019 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Centers, Inc.	Provider Number : 029568019	
Health Force One	Date: 08/31/2022	
2804 Remington Green Cir Ste 2	Fiscal Year End : N/A	
Tallahassee, FL 32308	Audit Status : N/A	

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	120.39	124.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





029568030 - 2022/10

Bureau of Medicaid Program 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	Provider Number : 029568030
Eastpoint Medical Center	Date: 08/31/2022
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			
Х	Federally Qualified Health Centers	120.39	124.14	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



Permanent File

Program Development:

____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029570100 - 2022/10

	Medicaid Reimbursement Per	Diem Rates for	Non-	<u>-Institutional l</u>	<u>Providers</u>	
Family He	ealth Centers of SW Florida - Downtown F	Myers Provider Number : 029570100				
			Date	: 08/31/2022		
P.O. Box	1588		Fisca	al Year End : N	/A	
Ft. Myers	, FL 33902	,	Audit	t Status : N/A		
Provider	Provider Type:		С	Surrent Rate	New Rate	Effective Date
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers			120.44	124.19	10/01/2022
	Hospice Provider					
	#0651 / H51 Routine Home Care (1-60)				
	#0651a / H5L Routine Home Care	(61 +)				
	#0652 / H52 Continuous Home Ca	ıre				
	#0551 / 0561 Continuous Home C	are - SIA				
	#0655 / H55 Inpatient Respite Car	е				
	#0656 / H56 General Inpatient Car	е				
	#0658 Room and Board					
В	asis:	Rate 1	Гуре	:		
	Budget	×	(Prospect	ve	
	Unaudited costs			Total Pro	spective	
	Desk audited costs			Prospect	ve Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
	X Payment System Rate			Total Inte	rim	
	Average Nursing Home Rate			Settleme	nt based on cost	ts
	Lee					
<u>Dist</u>	tribution:	T. K. Feehrer,				AVA
Fisc	al Agent	Senior Management Analyst Supervisor				2/1/2
Con	tract Management	Medicaid Program Finance				



029570101 - 2022/10

		Medicaid Reimbursement Per	Diem Rates fo	r Non	-Institutional	<u>Providers</u>		
Family Health Centers of SW Florida - Labelle				Prov	Provider Number : 029570101			
			Date: 08/31/2022					
Р.(O. Box 1588		Fisca	al Year End : N	I/A			
Ft.	Myers, FL 3390)2		Audi	t Status : N/A			
Pro	ovider Type:			C	Current Rate	New Rate	Effective Date	
	Rural I	Health Clinic						
	Swing	Bed Provider						
	X Federa	Illy Qualified Health Centers			120.44	124.19	10/01/2022	
	Hospic	e Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	552 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	е					
	#06	556 / H56 General Inpatient Car	e					
	#06	558 Room and Board						
	Basis :		Rate	Туре	:			
•		Budget		Х	Prospect	ive		
•		Unaudited costs			Total Pro	spective		
٠		Desk audited costs			Prospect	ive Adjusted for	New costs	
•		Field audited costs						
•		Medicare - Prospective			Interim			
	X	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate			Settleme	nt based on cost	rs	
•		Lee						
	Distribution	<u>:</u>	T. K. Feehrer,				۸٧.٨	
	Fiscal Agent		Senior Manag			rvisor	2/h2+	
	Contract Mana	agement	Medicaid Prog	gram F	inance			
	Permanent Fil	e						
	Program Deve	elopment:						
	For i	nformation Only (No Change in r	ate)					



029570103 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Rural Health Clinic Swing-Bed Provider			Medicaid Reimbursement Per	Diem Rates fo	or No	on-Institutional	<u>Providers</u>			
P.O. Box 1588 Fit. Myers, FL 33902 Provider Type: Current Rate Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Piscal Year End : NIA Audit Status : N/A Current Rate New Rate Effective Date Fiscal Year End : NIA Rouit Status : N/A	Far	nily Health C	Centers of SW Florida - East Ft Myer	S	Pro	ovider Number :	029570103			
Fit. Myers, FL 33902 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective Total Prospective Adjusted for New costs Field audited costs Desk audited costs Field audited costs Average Nursing Home Rate Lee					Da	Pate: 08/31/2022				
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651 / H52 Continuous Home Care #0655 / H52 Continuous Home Care #0655 / H56 General Inpatient Care #0658 Room and Board Rate Type:	P.C). Box 1588			Fis	scal Year End : N	I/A			
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 120.44 124.19 10/01/2022 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:	Ft.	Myers, FL 3	33902		Au	dit Status : N/A				
Swing-Bed Provider X Federally Qualified Health Centers 120.44 124.19 10/01/2022 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	Pro	vider Type:	:			Current Rate	New Rate	Effective Date		
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0658 Room and Board Rate Type:		Rui	ral Health Clinic							
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Sw	ing-Bed Provider							
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		X Fed	derally Qualified Health Centers			120.44	124.19	10/01/2022		
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Hos	spice Provider							
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:			#0651 / H51 Routine Home Care (1-60)						
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis:			#0651a / H5L Routine Home Care	(61 +)						
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :			#0652 / H52 Continuous Home Ca	are						
#0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :			#0551 / 0561 Continuous Home C	are - SIA						
#0658 Room and Board Basis :			#0655 / H55 Inpatient Respite Car	е						
Basis: Unaudited costs Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			#0656 / H56 General Inpatient Car	е						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Runder Average Nursing Home Rate Contract Management Permanent File X Prospective Total Prospective Prospective Average New costs Fiscal Agust Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			#0658 Room and Board							
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Basis :		Rate	е Тур	pe:				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Budget		Χ	 Prospect	ive			
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	-		Unaudited costs			Total Pro	spective			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	_		Desk audited costs			Prospect	ive Adjusted for	New costs		
X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	-		Field audited costs							
Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Average Nursing Home Rate Lee T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	_		Medicare - Prospective			Interim				
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		X	Payment System Rate			Total Inte	erim			
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	_		Average Nursing Home Rate			Settleme	nt based on cost	s		
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance	_		Lee							
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance		<u>Dist</u> ributi	ion:	T. K. Feehrer				A \		
Permanent File						ent Analyst Supe	rvisor	JKJ -		
Permanent File		•		Medicaid Pro	gram	Finance				
Program Development:			•							
		Program D	Development:							



029570105 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates f	or	Nor	n-Institutional I	<u>Providers</u>	
Fa	mily Health Cent	ters of SW Florida - Leigh Acres			Prov	vider Number :	029570105	
			Date: 08/31/2022					
Р.С	D. Box 1588				Fisc	al Year End : N	I/A	
Ft.	Myers, FL 3390)2			Aud	it Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rural I	Health Clinic					,	
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				120.44	124.19	10/01/2022
	Hospic	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	re					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Care	е					
	#06	656 / H56 General Inpatient Car	е					
	#06	658 Room and Board						
	Basis :	7	Ra	te 1	Туре	e :		
'		Budget		>	X	Prospect	ive	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
•		Field audited costs						
•		Medicare - Prospective	-			Interim		
	Χ	Payment System Rate				Total Inte	erim	
•		Average Nursing Home Rate				Settleme	nt based on cost	s
-		Lee						
	Distribution	<u>.</u>	T. K. Feehre	r.				Λ\/ Λ
	Fiscal Agent				men	nt Analyst Supe	rvisor	1/4 ²
	Contract Mana	agement	Medicaid Pro	ogra	am I	Finance		
	Permanent Fil	e						
	Program Deve	elopment:						



029570106 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	Non-Ir	<u>nstitutional</u>	<u>Providers</u>			
mily Health Cer	Provider Number : 029570106							
				Date: 08/31/2022				
O. Box 1588	O. Box 1588			Year End : N	I/A			
Myers, FL 339	902		Audit S	Status : N/A				
ovider Type:			Cu	rrent Rate	New Rate	Effective Date		
Rural	Health Clinic							
Swin	g-Bed Provider							
X Fede	rally Qualified Health Centers			120.44	124.19	10/01/2022		
Hosp	ice Provider							
#(0651 / H51 Routine Home Care (1-60)						
#(0651a / H5L Routine Home Care	(61 +)						
#(0652 / H52 Continuous Home Ca	are						
#(0551 / 0561 Continuous Home C	are - SIA						
#(0655 / H55 Inpatient Respite Car	œ .						
#(0656 / H56 General Inpatient Ca	re						
#(0658 Room and Board							
Basis :		Rate	уре :					
	Budget	\	(Prospect	ive			
	Unaudited costs			— Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			 Interim				
Χ	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	 Lee							
Distribution	<u>n:</u>	T. K. Feehrer,				٨٧.٨		
Fiscal Agent		Senior Manage			rvisor	1/ht		
Contract Mar	nagement	Medicaid Progr	am Fin	ance				
Permanent F	ile							
Program Dev	velopment:							



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029570107 - 2022/10

	Medicaid Reimbursement Per	Diem Rates for	No	n-Institutional	<u>Providers</u>	
Family Health	Centers of S.W. Florida - Paul Lawre	ence	Pro	vider Number :	029570107	
			Dat	e: 08/31/2022		
P.O. Box 1588			Fis	cal Year End : N	I/A	
Ft. Myers, FL	33902		Aud	dit Status : N/A		
Provider Type	9 :			Current Rate	New Rate	Effective Date
Ru	ural Health Clinic					
Sv	wing-Bed Provider					
X Fe	ederally Qualified Health Centers			120.44	124.19	10/01/2022
Н	ospice Provider					
	#0651 / H51 Routine Home Care ((1-60)				
	#0651a / H5L Routine Home Care	(61 +)				
	#0652 / H52 Continuous Home Ca	are				
	#0551 / 0561 Continuous Home C	are - SIA				
	#0655 / H55 Inpatient Respite Car	re				
	#0656 / H56 General Inpatient Car	re				
	#0658 Room and Board					
Basis	:	Rate -	Тур	e :		
	Budget)	X	Prospect	ive	
	Unaudited costs			Total Pro	spective	
	Desk audited costs			Prospect	ive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
X	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	S
	Lee					
<u>Distribu</u>	tion:	T. K. Feehrer,				AVA
Fiscal Ag	ent			nt Analyst Supe	rvisor	2/1/2
Contract	Management	Medicaid Progr	am	Finance		
Permane	nt File					



Permanent File

Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029570109 - 2022/10

	<u>.l</u>	<u> Medicaid Reimbursement Per</u>	Diem Rates fo	r	No	n-Institutional	<u>Providers</u>	
Family Health Centers of S.W. Florida - Metro Parkw			way		Pro	vider Number :	029570109	
					Dat	te: 08/31/2022		
P.O. Box 1588					Fisc	cal Year End : N	I/A	
Ft. Myers,	FL 33902	2			Auc	dit Status : N/A		
Provider	Туре:					Current Rate	New Rate	Effective Date
	Rural H	ealth Clinic						
	Swing-E	Bed Provider						
X	Federal	ly Qualified Health Centers				120.44	124.19	10/01/2022
	Hospice	e Provider						
	#06	51 / H51 Routine Home Care (1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	are					
	#05	51 / 0561 Continuous Home C	are - SIA					
	#06	55 / H55 Inpatient Respite Car	·e					
	#06	56 / H56 General Inpatient Car	re					
	#06	58 Room and Board						
Ва	asis :		Rate	, -	Тур	e :		
		Budget)	X	Prospect	ive	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospect	ive Adjusted for	New costs
		Field audited costs						
		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	S
		Lee						
Dist	ribution:		T. K. Feehrer	,				٨.٧٨
Fisca	al Agent			_		nt Analyst Supe	rvisor	1/h
Cont	ract Mana	gement	Medicaid Pro	gr	am	Finance		



Program Development:

__ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029570110 - 2022/10

	Medicaid Reimbursement Per	Diem Rates for	<u>r Noı</u>	n-Institutional	<u>Providers</u>				
Family Health C	ıl	Provider Number: 029570110							
			Dat	Date: 08/31/2022					
P.O. Box 1588			Fiscal Year End : N/A						
Ft. Myers, FL 3	3902		Auc	dit Status : N/A					
Provider Type:				Current Rate	New Rate	Effective Date			
Rur	al Health Clinic								
Swi	ng-Bed Provider								
X Fed	lerally Qualified Health Centers			120.44	124.19	10/01/2022			
Hos	spice Provider								
	#0651 / H51 Routine Home Care (1-60)							
	#0651a / H5L Routine Home Care	(61 +)							
	#0652 / H52 Continuous Home Ca	are							
:	#0551 / 0561 Continuous Home C	are - SIA							
:	#0655 / H55 Inpatient Respite Car	е							
:	#0656 / H56 General Inpatient Car	re							
	#0658 Room and Board								
Basis :		Rate	Тур	e :					
	Budget	<u> </u>	Χ	Prospect	ive				
	Unaudited costs	-		Total Pro	spective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
×	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate	-		Settleme	nt based on cost	is			
	Lee								
Distributi	on:	T. K. Feehrer,				٨.٧٨			
Fiscal Ager	nt	Senior Manage		nt Analyst Supe	rvisor	1/h			
Contract M	anagement	Medicaid Prog	ram	Finance					
Permanent	: File								



029570111 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date						
Ft. Myers, FL 33902	Audit Status : N/A						
P.O. Box 1588	Fiscal Year End : N/A						
	Date: 08/31/2022						
Family Health Centers of S.W. Florida - Broadway Dental	Provider Number : 029570111						

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	120.44	124.19	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029570112 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	Non-I	nstitutional l	<u>Providers</u>		
Family Health Centers of SW Florida Inc - Port Cha	rlotte	Provider Number : 029570112				
			08/31/2022			
P.O. Box 1588	P.O. Box 1588			I/A		
Ft. Myers, FL 33902		Audit Status : N/A				
Provider Type:		Cı	ırrent Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers			120.44	124.19	10/01/2022	
Hospice Provider						
#0651 / H51 Routine Home Care (1-60)			,		
#0651a / H5L Routine Home Care	(61 +)					
#0652 / H52 Continuous Home Ca	are					
#0551 / 0561 Continuous Home C	are - SIA					
#0655 / H55 Inpatient Respite Car	'e					
#0656 / H56 General Inpatient Cal	re					
#0658 Room and Board						
Basis:	Rate	Type :				
Budget	;	X	Prospect	ive		
Unaudited costs			Total Pro	spective		
Desk audited costs			Prospect	ive Adjusted for	New costs	
Field audited costs						
Medicare - Prospective			Interim			
X Payment System Rate			Total Inte	erim		
Average Nursing Home Rate			Settleme	nt based on cost	s	
Lee						
<u>Distribution:</u> Fiscal Agent	T. K. Feehrer, Senior Manage	ement i	Analyst Supe	rvisor	184	
Contract Management	Medicaid Progr	am Fir	nance			
Permanent File						
Program Development:						



029570115 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem I	Rates for	No	<u>n-Insti</u>	tutional l	<u>Providers</u>	
Family Hlth Ctr of SW Florida - Pine Island					Pro	ovider N	lumber :	029570115	
					Da	te: 08/	31/2022		
P.C). Box 1588				Fis	cal Yea	ar End : N	/A	
Ft.	Myers, FL 3390)2			Aud	dit Stat	us : N/A		
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date
	Rural I	lealth Clinic							
	Swing-	Bed Provider							
	X Federa	Illy Qualified Health Centers					120.44	124.19	10/01/2022
	Hospic	e Provider							
	#06	551 / H51 Routine Home Care (1-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - S	IA					
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Car	e						
	#06	558 Room and Board							
	Basis :	7		Rate	Тур	oe :			
<u></u>		∟ Budget			Χ		Prospecti	ve	
-		Unaudited costs					Total Pro	spective	
-		Desk audited costs					Prospect	ve Adjusted for	New costs
-		Field audited costs							
-		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	rim	
-		Average Nursing Home Rate					Settleme	nt based on cost	ts
-		Lee							
	D 1 (11 (1								
	<u>Distribution</u>	<u>:</u>		Feehrer, or Manage	eme	ent Anal	yst Supe	rvisor	N4
	Fiscal Agent			caid Prog			• •		
	Contract Mana			1 TO			· -		
	Permanent File								
	Program Deve	eiopment:							



029570117 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem	Rates for	No	n-Inst	itutional l	<u>Providers</u>	
Family Health Centers of SW Florida - Tamiami Trail				Pro	rovider Number : 029570117				
Dat				te : 08	/31/2022				
PO Box 1357			Fis	cal Ye	ar End : N	/A			
Fo	rt Myers, FL 339	9021357			Aud	dit Sta	tus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing-	-Bed Provider							
	X Federa	Illy Qualified Health Centers					120.44	124.19	10/01/2022
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - S	IA					
	#06	655 / H55 Inpatient Respite Car	re						
	#06	656 / H56 General Inpatient Ca	re						
	#06	658 Room and Board							
	Basis :			Rate	Тур	e :]		
,		Budget			Χ		Prospecti	ve	
•		Unaudited costs					Total Pro	spective	
		Desk audited costs					Prospect	ve Adjusted for	New costs
		Field audited costs					-		
•		Medicare - Prospective					Interim		
	X	Payment System Rate					Total Inte	rim	
		Average Nursing Home Rate					Settleme	nt based on cost	s
		Lee							
	Distribution	<u>:</u>	l T, K.	Feehrer,					AV 1
	Fiscal Agent				eme	nt Ana	alyst Supe	rvisor	2h2
	Contract Mana	agement	Medio	caid Prog	ram	Finan	ce		
	Permanent File	е							
	Program Deve	elopment:							



029570118 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022				
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			
Х	Federally Qualified Health Centers	120.44	124.19	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





Permanent File

Program Development:

____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029570120 - 2022/10

	Medicaid Reimbursement Per	Diem Rates for	Noi	n-Institutional	<u>Providers</u>			
Family H	Ith Centers of SW FL - Bonita Springs		Provider Number: 029570120					
	D			ate: 08/31/2022				
P.O. Box	1588	Fiscal Year End : N/A			I/A			
Ft. Myers	s, FL 33902		Auc	udit Status : N/A				
Provider Type:				Current Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
Х	Federally Qualified Health Centers			120.44	124.19	10/01/2022		
	Hospice Provider							
	#0651 / H51 Routine Home Care (1-60)						
	#0651a / H5L Routine Home Care	(61 +)						
	#0652 / H52 Continuous Home Ca	ire						
	#0551 / 0561 Continuous Home C	are - SIA						
	#0655 / H55 Inpatient Respite Car	е						
	#0656 / H56 General Inpatient Car	е						
	#0658 Room and Board							
В	Basis:	Rate -	Тур	e :				
	Budget	>	X	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
	X Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	Lee							
Dis	tribution:	T. K. Feehrer,				NVA		
Fisc	al Agent	Senior Manage			rvisor	2/1/2		
Con	tract Management	Medicaid Progr	am	Finance				



029570127 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	r Diem Rate	s for N	on-Ins	<u>titutional l</u>	<u>Providers</u>		
amily He	ealth Cent	[‡] 210	Р	Provider Number : 029570127 Date : 08/31/2022					
			D						
PO Box 1357					Fiscal Year End : N/A				
ort Myer	rs, FL 339	Audit Status : N/A							
Provider	Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
Χ	Federally Qualified Health Centers					120.44	124.19	10/01/2022	
	Hospi	ce Provider							
	#00	651 / H51 Routine Home Care ((1-60)						
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care									
	#0551 / 0561 Continuous Home Care - SIA								
	#00	655 / H55 Inpatient Respite Car	re						
	#00	re							
	#00	658 Room and Board							
В	asis :	7	F	Rate Ty	pe :	7			
		Budget		Х		Prospect	ive		
		Unaudited costs				Total Pro	spective		
	Desk audited costs					Prospective Adjusted for New costs			
		Field audited costs				_			
		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	s	
		Charlotte				_			
Dist	tribution	<u>.</u>	T. K. Feeh	ırer.				A \	
Fiscal Agent					ent An	alyst Supe	rvisor	1/4 ²	
Contract Management			Medicaid F	Progran	n Finar	nce			
Pern	nanent Fil	le							
Prog	gram Deve	elopment:							



029570133 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem	Rates for	No.	n-Inst	titutional I	<u>Providers</u>			
Fa	mily Health Cent	ers of Southwest Florida		Provider Number : 029570133							
					Da	Date: 08/31/2022					
19	1926 Victoria Avenue					cal Ye	ear End : N	/A			
Fort Myers, FL 33901					Au	dit Sta	itus : N/A				
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date		
	Rural H	lealth Clinic									
	Swing-	Bed Provider									
	X Federa	Ily Qualified Health Centers					120.44	124.19	10/01/2022		
	Hospic	e Provider									
	#06	551 / H51 Routine Home Care (1-60)								
	#06	551a / H5L Routine Home Care	(61 +)								
	#06	552 / H52 Continuous Home Ca	are								
	#05	551 / 0561 Continuous Home C	are - S	IA							
	#06	555 / H55 Inpatient Respite Car	е								
	#06	556 / H56 General Inpatient Ca	re								
	#06	558 Room and Board									
	Basis :			Rate	Тур	oe :]				
'		Budget			X		Prospecti	ve			
•		Unaudited costs					Total Pro	spective			
•		Desk audited costs					Prospecti	ve Adjusted for	New costs		
•		Field audited costs					_				
•		Medicare - Prospective					Interim				
	X	Payment System Rate					Total Inte	rim			
		Average Nursing Home Rate					Settleme	nt based on cost	s		
		Lee					_				
	<u>Distribution</u> :	<u>.</u>	 T, K.	Feehrer,					AV 1		
	Fiscal Agent				eme	nt Ana	alyst Supe	visor	2K2		
	Contract Mana	agement	Medio	caid Prog	ram	Finan	ice				
	Permanent File	е									
	Program Deve	elopment:									



029570136 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u> </u>	Medicaid Reimbursement Per	Diem R	ates for	N	on-Ins	titutional	<u>Providers</u>	
Family Health Center of SW Florida				Provider Number : 029570136						
				Date: 08/31/2022						
P.C	P.O. Box 919771					Fi	scal Y	ear End : N	I/A	
Orlando, FL 32891						Αι	udit Sta	atus : N/A		
Pro	ovider Ty	/pe:					Curr	ent Rate	New Rate	Effective Date
		Rural H	ealth Clinic						,	
		Swing-l	Bed Provider							
	X	Federal	ly Qualified Health Centers					120.44	124.19	10/01/2022
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - Sl	A					
		#06	55 / H55 Inpatient Respite Car	e						
		#06	56 / H56 General Inpatient Car	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate	Ту	pe:]		
'			Budget	-		Χ		Prospect	ive	
•			Unaudited costs	-				Total Pro	spective	
•			Desk audited costs	-				- Prospect	ive Adjusted for	New costs
•			Field audited costs	-				_		
•			Medicare - Prospective	-				- Interim		
	>	(Payment System Rate	-				Total Inte	erim	
•			Average Nursing Home Rate	-				Settleme	nt based on cost	ts
-			Lee					_		
	Distri	bution:		 T. K. F	eehrer,					AV 1
	Fiscal					eme	ent An	alyst Supe	rvisor	2K2
	Contra	ct Mana	gement	Medica	aid Prog	ran	n Finai	nce		
	Perma	nent File)							
	Progra	m Devel	opment:							



029570137 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Per	Diem Ra	ates for	. N	on-Ins	titutional	<u>Providers</u>	
Metropolitan Charities				Provider Number: 029570137						
					Date: 08/31/2022					
PO Box 919771						Fi	scal Y	ear End : N	I/A	
Orlando, FL 32891						Αι	udit St	atus : N/A		
Pro	vider T	уре:					Curi	ent Rate	New Rate	Effective Date
		Rural H	ealth Clinic							
		Swing-l	Bed Provider							
	X	Federal	ly Qualified Health Centers					120.44	124.19	10/01/2022
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Car	e						
		#06	56 / H56 General Inpatient Car	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate	Ту	pe :	7		
י			Budget			Χ		□ Prospect	ive	
-			Unaudited costs	_				_ Total Pro	spective	
•			Desk audited costs	-				Prospect	ive Adjusted for	New costs
-			Field audited costs	-				_		
-			Medicare - Prospective					 Interim		
)	X	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cost	s
			Hendry							
	Distri	bution:		l T. K. Fe	eehrer.					A \
	Fiscal	Agent				em	ent An	alyst Supe	rvisor	2/42
	Contra	act Mana	gement	Medica	id Prog	ran	n Fina	nce		
	Perma	nent File	}							
	Progra	am Devel	opment:							



029572800 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic						
Provider Type:		Current Rate	New Rate	Effective Date		
Miami, FL 33190	Au	Audit Status : N/A				
10300 S.W. 216th Street	Fis	Fiscal Year End : N/A				
	Date: 08/31/2022					
Community Health of South Florida	Provider Number: 029572800					

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Χ	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029572801 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	No	on-Institutional	<u>Providers</u>			
Community Health of South Florida	Provider Number: 029572801						
		Da	ate: 08/31/2022				
810 West Mowry Street		Fis	scal Year End : N	I/A			
Homestead, FL 33030		Au	idit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date		
Rural Health Clinic				,			
Swing-Bed Provider							
X Federally Qualified Health Centers			162.52	167.58	10/01/2022		
Hospice Provider							
#0651 / H51 Routine Home Care (1	1-60)						
#0651a / H5L Routine Home Care	(61 +)						
#0652 / H52 Continuous Home Ca	re						
#0551 / 0561 Continuous Home Ca	are - SIA						
#0655 / H55 Inpatient Respite Card	e						
#0656 / H56 General Inpatient Car	е						
#0658 Room and Board							
Basis:	Rate	Тур	oe :				
Budget		X	Prospect	ive			
Unaudited costs			Total Pro	spective			
Desk audited costs			Prospect	ive Adjusted for	New costs		
Field audited costs							
Medicare - Prospective			Interim				
X Payment System Rate			Total Inte	erim			
Average Nursing Home Rate			Settleme	nt based on cost	S		
Dade							
<u>Distribution:</u>	T. K. Feehrer,				۸٧.٨		
Fiscal Agent	Senior Manage		ent Analyst Supe	rvisor	1/2 L		
Contract Management	Medicaid Prog	ram	Finance				
Permanent File							
Program Development:							



029572804 - 2022/10

Bureau of Medicaid Program 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: 029572804
W. Perrine Health Ctr	Date: 08/31/2022
17623 Homestead Avenue	Fiscal Year End : N/A
Perrine, FL 33157	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029572805 - 2022/10

Bureau of Medicaid Program 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 : 029572805
Naranja Health Center	Date: 08/31/2022
13890 S.W. 264 Street	Fiscal Year End : N/A
Homestead, FL 33030	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

ervisor JXJ



029572809 - 2022/10

Bureau of Medicaid Program 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	Provider Number : 029572809
Everglades Health Ctr	Date: 08/31/2022
19200 SW 380th St	Fiscal Year End : N/A
Florida City, Fl 33030	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

184



029572810 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Comm HIth of S. Florida-S Dade	Provider Number : 029572810
South Dade Health Center	Date: 08/31/2022
13600 SW 312th St	Fiscal Year End : N/A
Homestead, FI 33090	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029572819 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	· No	n-Institu	<u>ıtional F</u>	<u>Providers</u>	
Community Health of South Florida - Cope South				Pro	ovider Nu	ımber : (029572819		
					Da	te: 08/3	1/2022		
10	300 SW 216 St				Fis	cal Year	End : N	/A	
Mia	ami, FL 33190				Au	dit Status	s : N/A		
Pr	ovider Type:					Current	Rate	New Rate	Effective Date
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Feder	ally Qualified Health Centers					162.52	167.58	10/01/2022
	Hospi	ce Provider							
	#0	651 / H51 Routine Home Care (1-60)						
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SI	Α					
	#0	655 / H55 Inpatient Respite Car	е						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
	Basis :			Rate	Тур	oe :			
'		 Budget	'		Χ	P	rospecti	ve	
,		Unaudited costs	•			T	otal Pros	spective	
•		Desk audited costs	'			P	rospecti	ve Adjusted for	New costs
		Field audited costs							
		Medicare - Prospective	'			In	iterim		
	Χ	Payment System Rate				T	otal Inte	rim	
		Average Nursing Home Rate				S	ettlemer	nt based on cost	S
		Dade							
	Distribution	<u>1:</u>	L TKI	Feehrer,					A \
Fiscal Agent				eme	ent Analys	st Super	visor	JKJ -	
	Contract Management			aid Prog	ram	Finance			
	Permanent Fi	ile							
	Program Dev	elopment:							



029572824 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022	
10300 S.W. 216th Street	Fiscal Year End : N/A	
Miami, FL 33190	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029572826 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029572832 - 2022/10

Bureau of Medicaid Program 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	Provider Number : 029572832	
	Date: 08/31/2022	
10300 S.W. 216th Street	Fiscal Year End : N/A	
Miami, FL 33190	Audit Status : N/A	

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029572859 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:		Current Rate	New Rate	Effective Date	
Miami, FL 331901003	Au	dit Status : N/A			
10300 SW 216th Street Fis		Fiscal Year End : N/A			
	Da	te: 08/31/2022			
Community Health of S Florida - Redondo Elem	Pro	ovider Number :	029572859		

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029572875 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number : 029572875
South Miami Health Center	Date: 08/31/2022
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			
Х	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





029572895 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number : 029572895	
West Kendall Health Center	Date: 08/31/2022	
10300 SW 216th Street	Fiscal Year End : N/A	
Miami, FL 331901003	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029572897 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number: 029572897
Coconut Grove Health Center	Date: 08/31/2022
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			
Х	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

Supervisor J



029574400 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Pe	er Diem Rates for N	lon-Institutional	<u>Providers</u>	
FL Community Health Ctrs- Okeechobee	rovider Number : 029574400			
	С	Date: 08/31/2022		
4450 South Tiffany Drive	iscal Year End : N	I/A		
West Palm Beach,, FL 33407	Audit Status : N/A			
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				1
Swing-Bed Provider				
X Federally Qualified Health Centers		133.40	137.55	10/01/2022
Hospice Provider				
#0651 / H51 Routine Home Care	(1-60)			
#0651a / H5L Routine Home Card	e (61 +)			
#0652 / H52 Continuous Home C	are			
#0551 / 0561 Continuous Home (Care - SIA			
#0655 / H55 Inpatient Respite Ca	ire			
#0656 / H56 General Inpatient Ca	are			
#0658 Room and Board				
Basis:	Rate T	ype :		
Budget	X	Prospect	ive	
Unaudited costs		Total Pro	spective	
Desk audited costs		Prospect	ive Adjusted for	New costs
Field audited costs				
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte	erim	
Average Nursing Home Rate		Settleme	nt based on cost	s
Okeechobee				
<u>Distribution:</u>	T. K. Feehrer,			٨٧.٨
Fiscal Agent		nent Analyst Supe	rvisor	2/4
Contract Management	Medicaid Progra	m Finance		
Permanent File				
Program Development:				



029574402 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	r No	n-Insti	itutional I	<u>Providers</u>	
L Community He	ealth Ctrs- Clewiston		Pro	vider l	Number :	029574402	
			Dat	e: 08/	/31/2022		
450 South Tiffan	y Drive		Fisc	cal Ye	ar End : N	/A	
est Palm Beach	,, FL 33407		Auc	Audit Status : N/A			
rovider Type:				Curre	nt Rate	New Rate	Effective Date
Rural	Health Clinic						
Swin	g-Bed Provider						
X Feder	rally Qualified Health Centers				133.40	137.55	10/01/2022
Hosp	ice Provider						
#(0651 / H51 Routine Home Care ((1-60)					
#(0651a / H5L Routine Home Care	(61 +)					
#(0652 / H52 Continuous Home Ca	are					
#(0551 / 0561 Continuous Home C	are - SIA					
#(0655 / H55 Inpatient Respite Ca	re					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis :		Rate	Тур	e :			
	Budget		Х		' Prospecti	ve	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospecti	ve Adjusted for	New costs
	Field audited costs						
	Medicare - Prospective				Interim		
X	Payment System Rate				Total Inte	rim	
	Average Nursing Home Rate				Settleme	nt based on cost	ts
	Okeechobee						
Distribution	<u>n:</u>	T. K. Feehrer,					AV 1
Fiscal Agent		Senior Manage			· · · · ·	rvisor	1/4°
Contract Mar	nagement	Medicaid Prog	ıram	Finan	ce		
Permanent F	ïle						
Program Dev	velopment:						



029574403 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates	for N	<u>on-Institutiona</u>	<u>ll Providers</u>	
FL Community Health Ctrs- Indiantown			Provider Number: 029574403				
				Da	ate: 08/31/202	2	
				scal Year End	N/A		
We	st Palm Beach,,	FL 33407		Αι	udit Status : N//	4	
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	Rural I	Health Clinic					
	Swing	-Bed Provider					
	X Federa	ally Qualified Health Centers			133.4	137.55	10/01/2022
	Hospid	ce Provider					
	#06	651 / H51 Routine Home Care (1-60)				
	#06	651a / H5L Routine Home Care	(61 +)				
	#06	552 / H52 Continuous Home Ca	are				
	#05	551 / 0561 Continuous Home C	are - SIA				
	#06	655 / H55 Inpatient Respite Car	е				
	#06	656 / H56 General Inpatient Car	re				
	#06	658 Room and Board					
ſ	Basis :	7	Ra	te Ty	pe:		
٠		Budget		Х	Prospe	ctive	
_		Unaudited costs			Total P	rospective	
_		Desk audited costs			Prospe	ctive Adjusted for	New costs
_		Field audited costs					
_		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Ir	nterim	
_		Average Nursing Home Rate Okeechobee			Settlen	nent based on cos	ts
	Distribution	<u>:</u>	T. K. Feehre				NYL
	Fiscal Agent				ent Analyst Sup	pervisor	1/M
	Contract Mana	agement	Medicaid Pr	ogran	n Finance		
	Permanent Fil	e					
	Program Deve	elopment:					



029574404 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	r No	on-Ins	titutional l	<u>Providers</u>		
Community He	Community Health Ctrs- Ft. Pierce			Provider Number : 029574404				
			Da	ate: 08/31/2022				
50 South Tiffan	y Drive		Fis	scal Y	ear End : N	/A		
est Palm Beach	ı,, FL 33407		Αu	ıdit Sta	atus : N/A			
ovider Type:				Curr	ent Rate	New Rate	Effective Date	
Rura	l Health Clinic							
Swin	g-Bed Provider							
X Fede	rally Qualified Health Centers				133.40	137.55	10/01/2022	
Hosp	ice Provider							
#(0651 / H51 Routine Home Care (1-60)						
#(0651a / H5L Routine Home Care	(61 +)						
#(0652 / H52 Continuous Home Ca	are						
#(0551 / 0561 Continuous Home C	are - SIA						
#(0655 / H55 Inpatient Respite Car	·e						
#(0656 / H56 General Inpatient Ca	re						
#(0658 Room and Board							
Basis :		Rate	тур	pe :]			
	 Budget		Х		Prospecti	ve		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				Prospect	ve Adjusted for	New costs	
	Field audited costs				_			
	Medicare - Prospective				_ Interim			
Χ	Payment System Rate				Total Inte	rim		
	Average Nursing Home Rate				Settleme	nt based on cost	is	
	Okeechobee				_			
Distributio	<u>n:</u>	T. K. Feehrer					A \	
Fiscal Agent		Senior Manag		ent An	alyst Supe	rvisor	2h2	
Contract Ma	nagement	Medicaid Pro	gram	r Finar	nce			
Permanent F	File							
Program Dev	velopment:							



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029574406 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	r Diem Rates for	<u>Non</u>	<u>-Institutional l</u>	<u>Providers</u>		
FL Comr	nunity Health Ctrs- Lakeshore Medical		Provider Number: 029574406				
			Date: 08/31/2022				
4450 Soi	uth Tiffany Drive		Fiscal Year End : N/A				
West Pal	m Beach,, FL 33407		Audi	udit Status : N/A			
Provider	Туре:		C	Current Rate	New Rate	Effective Date	
	Rural Health Clinic						
	Swing-Bed Provider						
Х	Federally Qualified Health Centers			133.40	137.55	10/01/2022	
	Hospice Provider						
	#0651 / H51 Routine Home Care ((1-60)			,		
	#0651a / H5L Routine Home Care	e (61 +)					
	#0652 / H52 Continuous Home Ca	are					
	#0551 / 0561 Continuous Home C	Care - SIA					
	#0655 / H55 Inpatient Respite Cal	re					
	#0656 / H56 General Inpatient Ca	re					
	#0658 Room and Board						
E	Basis:	Rate T	Гуре	:			
	Budget	×	(Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospecti	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
	X Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	is	
	Okeechobee						
<u>Dis</u>	tribution:	T. K. Feehrer,				LVA	
Fisc	cal Agent	Senior Manager			rvisor	1/h	
Cor	ntract Management	Medicaid Progra	am F	inance			
Per	manent File						



029574418 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	r No	on-Ins	titutional l	<u>Providers</u>		
_ Community He	Community Health Centers - Pahokee			Provider Number : 029574418				
		Date: 08/31/2022						
150 S. Tiffany Dı	rive		Fis	scal Y	ear End : N	/A		
est Palm Beach	, FL 33407		Αu	ıdit Sta	atus : N/A			
rovider Type:				Curr	ent Rate	New Rate	Effective Date	
Rural	Health Clinic							
Swing	g-Bed Provider							
X Feder	rally Qualified Health Centers				133.40	137.55	10/01/2022	
Hosp	ice Provider							
#(0651 / H51 Routine Home Care (1-60)						
#(0651a / H5L Routine Home Care	(61 +)						
#(0652 / H52 Continuous Home Ca	are						
#(0551 / 0561 Continuous Home C	are - SIA						
#0	0655 / H55 Inpatient Respite Car	e						
#0	0656 / H56 General Inpatient Ca	re						
#(0658 Room and Board							
Basis :		Rate	Тур	pe :]			
•	Budget		Х		Prospecti	ve		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				Prospect	ve Adjusted for	New costs	
	Field audited costs				_			
	Medicare - Prospective				_ Interim			
Χ	Payment System Rate				Total Inte	rim		
	Average Nursing Home Rate				Settleme	nt based on cost	ts	
	Okeechobee				_			
Distribution	<u>n:</u>	T. K. Feehrer					A V A	
Fiscal Agent		Senior Manag		ent An	alyst Supe	rvisor	1/4×	
Contract Mar	nagement	Medicaid Pro	gram	Finar	nce			
Permanent F	ile							
Program Dev	velopment:							



029574420 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Micalcala Reinibal Schieft Fer Diem Rates	101 14	<u> </u>	I TOVIGCIS		
FL Comn	nunity Health Center - Moore Haven	Pr	ovider Number :	029574420		
		Da	ate: 08/31/2022			
4450 S.	Tiffany Drive	Fi	scal Year End : N	I/A		
West Palm Beach, FL 334073241		Audit Status : N/A				
Provider	· Type:		Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers		133.40	137.55	10/01/2022	
	Hospice Provider					
	#0651 / H51 Routine Home Care (1-60)					
	#0651a / H5L Routine Home Care (61 +)					
	#0652 / H52 Continuous Home Care					
	#0551 / 0561 Continuous Home Care - SIA					
	#0655 / H55 Inpatient Respite Care					

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

#0656 / H56 General Inpatient Care

#0658 Room and Board

T. K. Feehrer,

Senior Management Analyst Supervisor



029574422 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	r Nor	<u>n-Institutional</u>	<u>Providers</u>		
orida Community Health Centers - Stuart			Provider Number : 029574422				
			Date	Date: 08/31/2022			
450 South Tiffan	50 South Tiffany Drive Fisc			al Year End : I	N/A		
est Palm Beach	, FL 334073241		Aud	lit Status : N/A			
rovider Type:				Current Rate	New Rate	Effective Date	
Rural	Health Clinic						
Swin	g-Bed Provider						
X Feder	rally Qualified Health Centers			133.40	137.55	10/01/2022	
Hosp	ice Provider						
#(0651 / H51 Routine Home Care ((1-60)					
#(0651a / H5L Routine Home Care	e (61 +)					
#(0652 / H52 Continuous Home Ca	are					
#(0551 / 0561 Continuous Home C	are - SIA					
#(0655 / H55 Inpatient Respite Ca	re					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis :		Rate	Туре	e :			
	Budget		Χ	Prospec	tive		
	Unaudited costs			Total Pro	ospective		
	Desk audited costs			Prospec	tive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
Χ	Payment System Rate			Total Int	erim		
	Average Nursing Home Rate			Settleme	ent based on cos	ts	
	Martin						
Distribution	<u>n:</u>	T. K. Feehrer,				٨.٧٨	
Fiscal Agent		Senior Manage		nt Analyst Supe	ervisor	1/h	
Contract Management		Medicaid Prog	ram l	Finance			
Permanent F	ile						
Program Dev	velopment:						



029574424 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Center	Provider Number : 029574424	
Ft. Pierce OB	Date: 08/31/2022	
4450 South Tiffany Drive	Fiscal Year End : N/A	
West Palm Beach, FL 334073241	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.40	137.55	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029574426 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Ctr	Provider Number : 029574426	
Darwin Square Center	Date: 08/31/2022	
4450 South Riffany Dr	Fiscal Year End : N/A	
West Palm Beach, FI 33407	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.40	137.55	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

<u>Distribution:</u>

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Contract Management

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1X4



029574429 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers	Provider Number : 029574429	
Okeechobee Community Health Center	Date: 08/31/2022	
3090 Ave G	Fiscal Year End : N/A	
Fort Pierce, FL 34947	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.40	137.55	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029574430 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers	Provider Number : 029574430	
Okeechobee Community Health Center	Date: 08/31/2022	
5827 Corporate Way	Fiscal Year End : N/A	
West Palm Beach, FL 33407	Audit Status : N/A	

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.40	137.55	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



037527610 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Ra	ates for l	Non-In	stitutional	<u>Providers</u>	
Pre	emier Communit	y Healthcare Group, Inc		F	Provide	er Number :	037527610	
				Date: 08/31/2022				
РО	Box 232			F	iscal `	Year End : N	I/A	
Da	de City, FL 335	26		,	Audit S	status : N/A		
Pro	ovider Type:				Cui	rrent Rate	New Rate	Effective Date
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				158.78	163.72	10/01/2022
	Hospic	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#0	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	e					
	#06	656 / H56 General Inpatient Car	re					
	#06	558 Room and Board						
ſ	Basis :	7		Rate T	ype :			
١		 Budget	-	X		— Prospect	ive	
-		Unaudited costs	_			— Total Pro	spective	
-		Desk audited costs	-			— Prospect	ive Adjusted for	New costs
-		Field audited costs	-			_		
-		Medicare - Prospective	-			Interim		
	Χ	Payment System Rate				Total Inte	erim	
-		Average Nursing Home Rate Pasco	-			Settleme	nt based on cos	s
	Distribution	<u> </u>	T. K. Fe		ment Δ	nalyst Supe	rvisor	N/1
	Fiscal Agent			id Progra			111301	
	Contract Mana	_	modiou		1 1110			
	Permanent Fil							
	Program Deve	eiopment:						



060207809 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	Medicaid Reimbursement Per	r Diem R	tates for	N	<u>on-Ins</u>	titutional	<u>Providers</u>	
MCR Health, Inc.			Provider Number: 060207809							
						Date: 08/31/2022				
700	700 8th Ave W			Fi	scal Y	ear End : N	I/A			
Ра	lmetto, F	L 3422	1			Αı	udit Sta	atus : N/A		
Pro	ovider T	уре:					Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	Ily Qualified Health Centers					133.80	137.97	10/01/2022
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - Sl	A					
		#06	55 / H55 Inpatient Respite Ca	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Ba	sis :]		Rate	Ту	pe:	1		
'			Budget			Χ		_ Prospect	ive	
•			Unaudited costs	-				Total Pro	spective	
•			Desk audited costs	-				Prospect	ive Adjusted for	New costs
•			Field audited costs	-				_		
•			Medicare - Prospective	-				Interim		
	•	X	Payment System Rate	-				Total Inte	erim	
•			Average Nursing Home Rate	-				Settleme	nt based on cos	ts
-			Pasco					_		
	Distr	ibution:		l T. K. F	eehrer,					A V / A
	Fiscal	Agent				em	ent An	alyst Supe	rvisor	2/42
	Contra	act Mana	agement	Medica	aid Prog	rar	n Finar	nce		
	Perma	anent File	е							
	Progra	am Deve	lopment:							



060207813 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	r Noi	n-Institutional	<u>Providers</u>			
CR Health, Inc -	Hudson		Pro	vider Number :	060207813			
			Dat	Date: 08/31/2022				
00 8th Ave W			Fisc	cal Year End : N	I/A			
almetto, FL 3422	21		Auc	lit Status : N/A				
rovider Type:				Current Rate	New Rate	Effective Date		
Rural	Health Clinic							
Swing	g-Bed Provider							
X Feder	rally Qualified Health Centers			133.80	137.97	10/01/2022		
Hospi	ice Provider							
#0	0651 / H51 Routine Home Care ((1-60)						
#0	0651a / H5L Routine Home Care	e (61 +)						
#0	0652 / H52 Continuous Home Ca	are						
#0	0551 / 0561 Continuous Home C	are - SIA						
#0	0655 / H55 Inpatient Respite Car	re						
#0	0656 / H56 General Inpatient Ca	re						
#0	0658 Room and Board							
Basis :		Rate	Тур	e :				
	Budget		Χ	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
X	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	— Pasco							
Distribution	<u>n:</u>	T. K. Feehrer,				A)/ /		
Fiscal Agent				nt Analyst Supe	rvisor	1/4×		
Contract Mar	nagement	Medicaid Prog	gram	Finance				
Permanent F	ïle							
Program Dev	velopment:							



060207815 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicald Reinibursement Per Diem Rate	S 101 140	on-montunionar	<u>Providers</u>	
MCR Health Prov		ovider Number : 060207815			
Health ar	nd Wellness Land O'Lakes	Da	ate: 08/31/2022		
PO Box 1	15949	Fis	scal Year End : N	I/A	
Belfast, N	ME 04915	Αι	Audit Status : N/A		
Provider	Туре:		Current Rate	New Rate	Effective Date
	Rural Health Clinic				,
	Swing-Bed Provider				
X	Federally Qualified Health Centers		133.80	137.97	10/01/2022
	Hospice Provider				
	#0651 / H51 Routine Home Care (1-60)				
	#0651a / H5L Routine Home Care (61 +)		1		
	#0652 / H52 Continuous Home Care				

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

#0551 / 0561 Continuous Home Care - SIA

#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care

#0658 Room and Board

T. K. Feehrer,

Senior Management Analyst Supervisor





060207817 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

MCR Health, Inc.	Provider Number : 060207817
Health and Wellness Wesley Chapel	Date: 08/31/2022
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.80	137.97	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





060207821 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bass Allen Toma	Ourself Bata Nam Bata Effective Bata
Belfast, ME 04915-4054	Audit Status : N/A
PO Box 15949	Fiscal Year End : N/A
MCR Health Venice Pediatrics	Date: 08/31/2022
MCR Health	Provider Number : 060207821

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	133.80	137.97	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

<u>Distribution:</u>

Fiscal Agent

Contract Management

Permanent File

Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

rvisor JA



060207823 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	r Diem	Rates fo	r No	on-Ins	titutional	<u>Providers</u>			
MCR Health, Inc.					Pr	rovider Number : 060207823					
MCR Medical Express Da					ate: 08/31/2022						
PO Box 15949				Fis	iscal Year End : N/A						
Belfast, ME 04915					Αι	Audit Status : N/A					
Provider Type:						Curre	ent Rate	New Rate	Effective Date		
	Rura	l Health Clinic									
	Swin	g-Bed Provider									
X Federally Qualified Health Centers						133.80	137.97	10/01/2022			
	Hosp	Hospice Provider									
	#	(1-60)									
	#	0651a / H5L Routine Home Care	(61 +)								
#0652 / H52 Continuous Home Care											
	#	0551 / 0561 Continuous Home C	are - S	SIA							
#0655 / H55 Inpatient Respite Car				e							
	#	0656 / H56 General Inpatient Ca	re								
	#	0658 Room and Board									
	Basis :			Rate Typ		pe :]				
•		 Budget		X			Prospective Total Prospective				
		Unaudited costs	Ī								
·	Desk audited costs						Prospect	Prospective Adjusted for New costs			
·		Field audited costs					_				
•		Medicare - Prospective					Interim				
	Χ	Payment System Rate					Total Inte	rim			
		Average Nursing Home Rate					Settleme	nt based on cost	ts		
		Manatee									
	Distributio	<u>vn:</u>	I T. K.	Feehrer,					AV 1		
Fiscal Agent					eme	ent Ana	alyst Supe	rvisor	1/h		
Contract Management			Medi	caid Prog	ram	n Finar	ice				
	Permanent F	File									
	Program De	velopment:									



060207828 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic						
Provider Type:	Current Rate New Rate	Effective Date				
Belfast, ME 04915	Audit Status : N/A					
PO BOX 15949	Fiscal Year End : N/A					
AMA Health Heart and Vascular	Date: 08/31/2022					
MCR Health, Inc	Provider Number : 060207828					

Provider 1	ovider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	133.80	137.97	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



060207832 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

MC	R Health, Inc			Provider Number : 060207832						
				Dat	te: 08/3	1/2022				
				Fisc	cal Year	End : N	I/A			
,			Audit Status : N/A							
Pro	ovider Type:				Current	t Rate	New Rate	Effective Date		
	Rural I	Health Clinic						'		
	Swing-	-Bed Provider								
	X Federa	ally Qualified Health Centers				133.80	137.97	10/01/2022		
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)					<u>'</u>		
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	552 / H52 Continuous Home Ca	re							
	#05	551 / 0561 Continuous Home Ca	are - SIA							
	#06	655 / H55 Inpatient Respite Care	e							
	#06	656 / H56 General Inpatient Car	е							
	#06	558 Room and Board								
ſ	Basis :	7	Rate	Тур	e :					
L		∟ Budget		X		rospecti	ive			
-		Unaudited costs			т	otal Pro	spective			
-		Desk audited costs			P	rospecti	ive Adjusted for	New costs		
-		Field audited costs								
-		– Medicare - Prospective			lr	nterim				
	Χ	Payment System Rate			Т	otal Inte	erim			
-		Average Nursing Home Rate			s	ettleme	nt based on cos	ts		
-		 Manatee								
	Distribution	<u>.</u>	T. K. Feehrer,					A)/ /		
Fiscal Agent			Senior Manage	emer	nt Analy	st Supe	rvisor	2K2		
	Contract Mana	agement	Medicaid Progr	ram	Finance	<u> </u>				
	Permanent File	е								
	Program Deve	elopment:								
	For i	nformation Only (No Change in ra	ate)							
	_	• `	•							



060207835 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Per	<u>Diem F</u>	Rates for N	Non-In	<u>stitutional</u>	<u>Providers</u>	
MC	R Healt	h Inc			F	Provide	r Number :	060207835	
						Date : 0	08/31/2022		
PC	Box 15	949			F	iscal Y	ear End : N	I/A	
Ве	lfast, ME	04915			A	Audit S	tatus : N/A		
Pre	ovider T	уре:				Cur	rent Rate	New Rate	Effective Date
		Rural I	Health Clinic						
		Swing	-Bed Provider						
	X	Federa	ally Qualified Health Centers				133.80	137.97	10/01/2022
		Hospic	ce Provider						
		#06	651 / H51 Routine Home Care (1-60)					
		#06	651a / H5L Routine Home Care	(61 +)					
		#06	652 / H52 Continuous Home Ca	re					
		#05	551 / 0561 Continuous Home C	are - SI	IA				
		#06	655 / H55 Inpatient Respite Car	е					
		#06	656 / H56 General Inpatient Car	е					
		#06	558 Room and Board						
	Bas	sis :	7		Rate T	ype:			
ı			∟ Budget		X		── Prospect	ive	
•			Unaudited costs				— Total Pro	spective	
•			Desk audited costs	,			— Prospect	ive Adjusted for	New costs
•			Field audited costs	,					
٠			– Medicare - Prospective	,			 Interim		
		X	Payment System Rate				— Total Inte	erim	
•			Average Nursing Home Rate				 Settleme	nt based on cost	S
•			 Manatee	,					
	Distri	ibution	<u>.</u>	 T. K. I	Feehrer,				ΛV. Λ
	Fiscal	Agent		Senio	r Managen	nent Ai	nalyst Supe	rvisor	2/12
	Contra	act Mana	agement	Medic	aid Progra	m Fina	ance		
	Perma	anent Fil	е						
	Progra	am Deve	elopment:						
		For i	nformation Only (No Change in r	ate)					



060303122 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates for	r Nor	n-Inst	itutional I	<u>Providers</u>			
Со	mmunity Health	of South FL		Prov	Provider Number : 060303122					
				Date	e : 08	/31/2022				
103	300 SW 216th S	Street		Fisc	al Ye	ar End : N	/A			
Cu	tler Bay, FL 33	190		Aud	it Sta	tus : N/A				
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	g-Bed Provider								
	X Feder	ally Qualified Health Centers				162.52	167.58	10/01/2022		
	Hospi	ice Provider								
	#0	651 / H51 Routine Home Care (1-60)							
	#0	651a / H5L Routine Home Care	(61 +)							
	#0652 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home C	are - SIA							
	#0	655 / H55 Inpatient Respite Car	е							
	#0	656 / H56 General Inpatient Car	e							
	#0	658 Room and Board								
ſ	Basis :		Rate	Туре	e :]				
٠		Budget		Х		Prospecti	ve			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospecti	ve Adjusted for	New costs		
-		Field audited costs				-				
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
-		Average Nursing Home Rate				Settleme	nt based on cost	s		
-		Dade				-				
	Distribution	<u>ı:</u>	T. K. Feehrer,					NV.J		
	Fiscal Agent		Senior Manage			<u> </u>	visor	2/1/2		
	Contract Man	nagement	Medicaid Prog	gram I	Finan	ce				
	Permanent F	ile								
	Program Dev	relopment:								
	For	information Only (No Change in r	ate)							



060551401 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Ins	titutional I	<u>Providers</u>	
Во	nd Community H	lealth Center			Pro	ovider	Number :	060551401	
					Da	ite : 08	3/31/2022		
172	20 S. Gadsden S	St.			Fis	scal Ye	ear End : N	/A	
Tal	lahassee, FL 32	2314			Au	idit Sta	ntus : N/A		
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing-	-Bed Provider							
	X Federa	Illy Qualified Health Centers					125.25	129.15	10/01/2022
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SI	Α					
	#06	е							
	#06	656 / H56 General Inpatient Car	е						
	#06	658 Room and Board							
ſ	Basis :]		Rate	Тур	oe :	1		
١.		⊐ Budget	'		X		Prospecti	ve	
-		Unaudited costs	'				- Total Pro	spective	
-		Desk audited costs					- Prospecti	ve Adjusted for	New costs
•		Field audited costs					_		
-		Medicare - Prospective	'				Interim		
	Χ	Payment System Rate					Total Inte	rim	
-		Average Nursing Home Rate					Settleme	nt based on cost	s
•		Leon					_		
	Dietributien			_					
	Distribution Fiscal Agent	<u>.</u>		Feehrer, r Manage	eme	ent Ana	alyst Supe	rvisor	N/4
	Contract Mana	agement		aid Prog					
	Permanent Fil			J					
	Program Deve								
	i logialli Deve	лоріпені.							



060551402 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem	Rates for	r No	<u>on-Ins</u>	titutional l	<u>Providers</u>			
Во	nd Comm Health	Assoc-West Orange			Pro	ovider	Number :	060551402			
					Da	ite : 08	3/31/2022				
172	20 S Gadsden St	t		Fiscal Year End : N/A							
Tal	lahassee, FI 32	310			Au	dit Sta	atus : N/A				
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date		
	Rural I	lealth Clinic									
	Swing-	Bed Provider									
	X Federa	Illy Qualified Health Centers					125.25	129.15	10/01/2022		
	Hospid	e Provider									
	#06	551 / H51 Routine Home Care (1-60)								
	#06	551a / H5L Routine Home Care	(61 +)								
	#06	552 / H52 Continuous Home Ca	are								
	#05	551 / 0561 Continuous Home C	are - S	IA							
	#06	e									
	#06	556 / H56 General Inpatient Car	re								
	#06	558 Room and Board									
	Basis :			Rate	Тур	oe :	7				
•		Budget			Χ		Prospecti	ve			
-		Unaudited costs	Ī				Total Pro	spective			
-		Desk audited costs					- Prospecti	ve Adjusted for	New costs		
-		Field audited costs					_				
-		Medicare - Prospective					Interim				
	X	Payment System Rate					Total Inte	rim			
•		Average Nursing Home Rate					Settleme	nt based on cost	s		
		Leon					_				
	<u>Distribution</u> :	:	 _ K	Feehrer,					A \		
	Fiscal Agent	-			eme	ent An	alyst Supe	visor	JKJ		
	Contract Mana	agement	Medic	caid Prog	ram	Finar	nce				
	Permanent File	e									
	Program Deve	elopment:									



060551408 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates fo	r N	lon-In	stitutional l	<u>Providers</u>		
Boı	nd Specialty an	d Wellness Center		Р	rovide	er Number :	060551408		
			Date: 08/31/2022						
172	20 S. Gadsden	Street		Fiscal Year End : N/A					
Tal	lahassee, FL 3	23015506		Α	udit S	Status : N/A			
Pro	vider Type:				Cu	rrent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	_J -Bed Provider							
	X Feder	ally Qualified Health Centers				125.25	129.15	10/01/2022	
	Hospi	ce Provider							
	#0	651 / H51 Routine Home Care (1-60)						
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SIA						
	#0	655 / H55 Inpatient Respite Car	'e						
	#0	656 / H56 General Inpatient Ca	re						
	#0	658 Room and Board							
	Basis :	7	Rate	ту	ype :				
•		 Budget		Χ		Prospecti	ve		
-		Unaudited costs				Total Pro	spective		
-		Desk audited costs				Prospecti	ve Adjusted for	New costs	
-		Field audited costs							
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	rim		
		Average Nursing Home Rate				Settleme	nt based on cost	s	
_		Leon							
	Distribution	<u>ı:</u>	T. K. Feehrer,					AV. A	
	Fiscal Agent		Senior Manag		nent A	nalyst Supe	rvisor	1/4°	
	Contract Man	agement	Medicaid Prog	grai	m Fin	ance			
	Permanent F	ile							
	Program Dev	elopment:							



060551410 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for N	on-Institutional	<u>Providers</u>				
Bond Community Health Associates	Pi	Provider Number: 060551410					
	Da	ate: 08/31/2022					
2200 Sounth Monroe	Fi	scal Year End : N	I/A				
Tallahassee, FL 32301	Aı	udit Status : N/A					
Provider Type:		Current Rate	New Rate	Effective Date			
Rural Health Clinic			1	1			
Swing-Bed Provider							
X Federally Qualified Health Centers		125.25	129.15	10/01/2022			
Hospice Provider							
#0651 / H51 Routine Home Care (1-60)						
#0651a / H5L Routine Home Care	(61 +)						
#0652 / H52 Continuous Home Ca	ire						
#0551 / 0561 Continuous Home C	are - SIA						
#0655 / H55 Inpatient Respite Car	е						
#0656 / H56 General Inpatient Car	е						
#0658 Room and Board							
Basis:	Rate Ty	pe:					
Budget	X	Prospect	ive				
Unaudited costs		Total Pro	spective				
Desk audited costs		Prospect	ive Adjusted for	New costs			
Field audited costs							
Medicare - Prospective		Interim					
X Payment System Rate		Total Inte	erim				
Average Nursing Home Rate		Settleme	nt based on cost	s			
Leon							
<u>Distribution:</u>	T. K. Feehrer,			٨٧.٨			
Fiscal Agent	Senior Managem		rvisor	2/12			
Contract Management	Medicaid Progran	n Finance					
Permanent File							
Program Development:							



060638308 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Pe		on montational	<u> TOVIGOTO</u>					
Community He	ealth Centers	P	Provider Number : 060638308						
Iohnnie Ruth	Clarke Health Center	D	Date: 08/31/2022						
PO Box 10549		Fi	Fiscal Year End : N/A						
St Petersburg,	FL 337330549	Α	udit Status : N/A						
Provider Type	9 :		Current Rate	New Rate	Effective Date				
Rı	ural Health Clinic								
Sı	wing-Bed Provider								
X Fe	ederally Qualified Health Centers		123.04	126.87	10/01/202				
Н	ospice Provider								
	#0651 / H51 Routine Home Care	(1-60)							
	#0651a / H5L Routine Home Care	∋ (61 +)							
	#0652 / H52 Continuous Home C	are							
	#0551 / 0561 Continuous Home (Care - SIA							
	#0655 / H55 Inpatient Respite Ca	re							
	#0656 / H56 General Inpatient Ca	ire							
	#0658 Room and Board								
Basis	:	Rate Ty	pe:						
	Budget	Х	Prospect	ive					
	Unaudited costs		Total Pro	spective					
	Desk audited costs		Prospect	ive Adjusted for	New costs				
	Field audited costs								
	Medicare - Prospective		Interim						
X	Payment System Rate		Total Inte	erim					
	Average Nursing Home Rate		Settleme	nt based on cost	ts				
	Pinellas								

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

Medicaid Program Finance



060826206 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	r Diem R	ates for	r Noı	<u>n-Insti</u>	tutional	<u>Providers</u>		
Jes	ssie Trice Co	ommunity Health System, Inc.			Pro	vider N	lumber :	060826206		
					Dat	e : 08/	31/2022			
56	07 NW 27th	AVE	Fiscal Year End : N/A							
Mia	ami, FL 331	42			Auc	dit Stat	us : N/A			
Pro	ovider Type):				Curre	nt Rate	New Rate	Effective Date	
	Ru	ıral Health Clinic						,		
	Sv	ving-Bed Provider								
	X Fe	derally Qualified Health Centers					152.01	156.74	10/01/2022	
	Но	spice Provider								
		#0651 / H51 Routine Home Care ((1-60)							
		#0651a / H5L Routine Home Care	(61 +)							
		#0652 / H52 Continuous Home Ca	are							
		#0551 / 0561 Continuous Home C	are - Sl	A						
		#0655 / H55 Inpatient Respite Car	re							
		#0656 / H56 General Inpatient Ca	re							
		#0658 Room and Board								
	Basis	:	l [Rate	Тур	e :				
'		Budget			Х		Prospect	ive		
•		Unaudited costs	-				Total Pro	spective		
•		Desk audited costs	-				Prospect	ive Adjusted for	New costs	
•		Field audited costs	-							
		Medicare - Prospective	-				Interim			
	Χ	Payment System Rate					Total Inte	erim		
·		Average Nursing Home Rate					Settleme	nt based on cost	ts	
		Dade								
	Distribut	tion:	l T. K. F	eehrer,					AV 1	
	Fiscal Agent				emer	nt Anal	yst Supe	rvisor	2K#_	
	Contract I	Management	Medica	aid Prog	ram	Financ	e			
	Permaner	nt File								
	Program I	Development:								



073194309 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care Inc.	Provider Number: 073194309
Central Florida Health Care Inc.	Date: 08/31/2022
1129 N. Missouri Ave	Fiscal Year End : N/A
Lakeland, FL 33805-4411	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





100303100 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	Medicaid Reimbursement Per	Diem Rates	for No	on-Inst	<u>itutional l</u>	<u>Providers</u>	
Се	Central Florida Healthcare- Lakeland			Provider Number : 100303100					
					Date: 08/31/2022				
70) Galvin	Dr			Fis	scal Ye	ar End : N	I/A	
Lal	keland, l	FL 3380	1		Αι	ıdit Sta	tus : N/A		
Pro	vider T	уре:				Curre	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic					,	
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				162.52	167.58	10/01/2022
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care ((1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	552 / H52 Continuous Home Ca	are					
		#05	551 / 0561 Continuous Home C	are - SIA					
		#06	555 / H55 Inpatient Respite Car	re					
		#06	556 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
[Ва	sis :	7	Ra	ite Ty	pe :			
•			Budget		Х		Prospecti	ive	
•			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs				•		
			Medicare - Prospective				Interim		
		Χ	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate Polk				Settleme	nt based on cost	s
	·	ibution:	<u> </u>	T. K. Feehre Senior Man		ent Ana	ılvst Supe	rvisor	184
		Agent	agamant	Medicaid Pr			<u> </u>		
		act Mana anent File			J				
	Fiogr	aiii Deve	elopment:						



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

100382300 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for l	Non-	<u>Institutional l</u>	<u>Providers</u>	
Central F	Florida Health Care Inc. County Road 17	Provider Number : 100382300				
		[Date	: 08/31/2022		
950 Cou	950 County Road 17A W			I Year End : N	I/A	
Avon Pa	rk, FL 33825	/	Audit	Status : N/A		
Provider	Туре:		С	urrent Rate	New Rate	Effective Date
	Rural Health Clinic				ı	1
	Swing-Bed Provider					
X	Federally Qualified Health Centers			162.52	167.58	10/01/2022
	Hospice Provider					
	#0651 / H51 Routine Home Care (1-60)				
	#0651a / H5L Routine Home Care	(61 +)				
	#0652 / H52 Continuous Home Ca	are				
	#0551 / 0561 Continuous Home C	are - SIA				
	#0655 / H55 Inpatient Respite Car	е				
	#0656 / H56 General Inpatient Car	re				
	#0658 Room and Board					
E	Basis:	Rate T	уре	:		
	Budget	X	,	 Prospect	ive	
	Unaudited costs			 Total Pro	spective	
	Desk audited costs			Prospect	ive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
	X Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	ts
	Polk					
<u>Dis</u>	tribution:	T. K. Feehrer,				AV 1
Fisc	al Agent	Senior Manager	ment	Analyst Supe	rvisor	1/4 ²
Con	tract Management	Medicaid Progra	am Fi	inance		
Peri	manent File					



100382303 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates for	<u>r Non</u>	<u>-Institutional</u>	<u>Providers</u>			
Central Florida Health Care, Inc.			Provider Number : 100382303						
				Date	ate: 08/31/2022				
PC	Box 16344			Fisc	al Year End : N	I/A			
Ве	lfast, ME 04915)		Audi	t Status : N/A				
Pro	ovider Type:			(Current Rate	New Rate	Effective Date		
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers			162.52	167.58	10/01/2022		
	Hospi	ce Provider							
	#0	651 / H51 Routine Home Care (1-60)			<u>'</u>			
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	ire						
	#0	551 / 0561 Continuous Home C	are - SIA						
	#0	655 / H55 Inpatient Respite Car	е						
	#0	656 / H56 General Inpatient Car	e						
	#0	658 Room and Board							
	Basis :	7	Rate	Туре	:				
l		 Budget		X	——I Prospect	ive			
•		Unaudited costs			Total Pro	spective			
•		Desk audited costs	-		Prospect	ive Adjusted for	New costs		
•		Field audited costs							
•		— Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
•		Average Nursing Home Rate			Settleme	nt based on cost	s		
•		Polk							
	Distribution	<u>.</u>	T. K. Feehrer,				ΛV.Λ		
	Fiscal Agent		Senior Manage			rvisor	2/12		
	Contract Man	agement	Medicaid Prog	ram F	inance				
	Permanent Fi	le							
	Program Deve	elopment:							
	For i	information Only (No Change in r	ate)						



100382305 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u> </u>	Medicaid Reimbursement Per	Diem Ra	ates for	N	on-Ins	titutional	<u>Providers</u>	
Се	Central Florida Health Care, Inc.			Provider Number: 100382305						
						Date: 08/31/2022				
РС	Box 163	344				Fi	iscal Y	ear End : N	I/A	
Ве	fast, MA	04915				Αι	udit Sta	atus : N/A		
Pro	vider T	уре:					Curr	ent Rate	New Rate	Effective Date
		Rural H	ealth Clinic							
		Swing-l	Bed Provider							
	X	Federal	ly Qualified Health Centers					162.52	167.58	10/01/2022
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	ire						
		#05	51 / 0561 Continuous Home C	are - SIA	\					
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	·e						
		#06	58 Room and Board							
ſ	Bas	sis :]		Rate	Ту	pe :]		
١.			Budget			Χ		⊐ Prospect	ive	
-			Unaudited costs	-				– Total Pro	spective	
-			Desk audited costs	-				- Prospect	ive Adjusted for	New costs
-			Field audited costs	-				_		
•			Medicare - Prospective	-				- Interim		
)	X	Payment System Rate	-				Total Inte	erim	
-			Average Nursing Home Rate					Settleme	nt based on cost	s
			Polk					_		
	Distri	bution:		 T. K. Fe	ehrer					A \
	Fiscal					eme	ent An	alyst Supe	rvisor	JKJ
		act Mana	gement	Medica	id Prog	ran	n Finai	nce		
	Perma	nent File								
	Progra	am Devel	opment:							



100654400 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc Highway 90 Pediatrics	Provider Number : 100654400
Highway 90 Pediatrics	Date: 08/31/2022
4435 Highway 90	Fiscal Year End : N/A
Pace, FL 32571	Audit Status : N/A

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	140.80	145.19	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1



100654800 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics	Provider Number : 100654800
Century Adult Primary Care	Date: 08/31/2022
6021 Industrial Blvd	Fiscal Year End : N/A
Century, FL 32535	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	140.80	145.19	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



108944500 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates fo	r N	lon-In	stitutional	<u>Providers</u>		
Metropolitan Charities Pro			Provide	ovider Number : 108944500			
Date			Date :	08/31/2022			
3251 3rd Ave N		F	iscal `	Year End : N	I/A		
St Petersburg, FL 33713		Δ	Audit S	status : N/A			
Provider Type:			Cui	rrent Rate	New Rate	Effective Date	
Rural Health Clinic							
Swing-Bed Provider							
X Federally Qualified Health Centers				122.03	125.83	10/01/2022	
Hospice Provider							
#0651 / H51 Routine Home Care (1	l -60)						
#0651a / H5L Routine Home Care	(61 +)						
#0652 / H52 Continuous Home Ca	re						
#0551 / 0561 Continuous Home Ca	are - SIA						
#0655 / H55 Inpatient Respite Care	9						
#0656 / H56 General Inpatient Care	e						
#0658 Room and Board							
Basis:	Rate	Ty	ype :				
Budget		Χ		Prospect	ive		
Unaudited costs				Total Pro	spective		
Desk audited costs				Prospect	ive Adjusted for	New costs	
Field audited costs							
Medicare - Prospective				Interim			
X Payment System Rate				Total Inte	erim		
Average Nursing Home Rate				Settleme	nt based on cost	s	
Pinellas							
<u>Distribution:</u>	T. K. Feehrer,					NV./	
Fiscal Agent	Senior Manag				rvisor	1/h2	
Contract Management	Medicaid Prog	gra	m Fina	ance			
Permanent File							
Program Development:							



110069700 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Providor Typo:	Current Pate New Pate Effective Date				
TAMPA, FL 33610	Audit Status : N/A				
5707 N 22ND ST	Fiscal Year End : N/A				
GRACEPOINT	Date: 08/31/2022				
MENTAL HEALTH CARE, INC	Provider Number : 110069700				

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic		<u>'</u>	
	Swing-Bed Provider			
X	Federally Qualified Health Centers	143.20	147.66	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

Basis :	\neg	Rate Ty	pe:
	 Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Hillsborough		

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



Permanent File

Program Development:

____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

110069703 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	. NO	on-Institutional	<u>Providers</u>		
Mental H	Mental Health Care, Inc		Pr	ovider Number :	110069703		
				Date: 08/31/2022			
13601 Br	13601 Bruce B Downs Blvd, Ste131			scal Year End : N	I/A		
Tampa, F	FL 33613-4610		Αι	udit Status : N/A			
Provider	Туре:			Current Rate	New Rate	Effective Date	
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers			143.20	147.66	10/01/2022	
	Hospice Provider						
	#0651 / H51 Routine Home Care (1-60)					
	#0651a / H5L Routine Home Care	(61 +)					
	#0652 / H52 Continuous Home Ca	are					
	#0551 / 0561 Continuous Home C	are - SIA					
	#0655 / H55 Inpatient Respite Car	е					
	#0656 / H56 General Inpatient Car	re					
	#0658 Room and Board						
В	easis:	Rate	Туј	pe:			
	Budget		X	Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
	X Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	is	
	Hillsborough						
Dist	tribution:	T. K. Feehrer,				NV A	
Fisc	al Agent			ent Analyst Supe	rvisor	2/1/2	
Contract Management		Medicaid Program Finance					



112255000 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date				
Boca Raton, FL 33431-6424	Audit Status : N/A				
777 Glades Rd	Fiscal Year End : N/A				
Community Health Center	Date: 08/31/2022				
Florida Atlantic University	Provider Number : 112255000				

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	143.54	148.02	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



112255004 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Atlantic University	Provider Number : 112255004		
Community Health Center	Date: 08/31/2022		
720 8th St	Fiscal Year End : N/A		
West Palm Beach, Fl 33401	Audit Status : N/A		

Provider T	уре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	143.54	148.02	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





112812300 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	· No	n-Inst	itutional I	<u>Providers</u>	
Ne	ghborhood Med	lical Center			Pro	ovider	Number :	112812300	
					Date: 08/31/2022				
438 W BREVARD ST				Fis	cal Ye	ar End : N	/A		
Tal	lahassee, FL 3	2301-1004			Au	dit Sta	tus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers					125.25	129.15	10/01/2022
	Hospi	ce Provider							
	#0	651 / H51 Routine Home Care (1-60)						
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SI	A					
	#0	655 / H55 Inpatient Respite Car	e						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
	Basis :	7		Rate	Тур	ре :]		
<u></u>		 Budget			Χ		Prospecti	ve	
-		Unaudited costs	-				- Total Pro	spective	
-		Desk audited costs	-				- Prospecti	ve Adjusted for	New costs
-		Field audited costs	-				-		
-		Medicare - Prospective	-				Interim		
	Χ	Payment System Rate	-				Total Inte	rim	
-		Average Nursing Home Rate	-				Settleme	nt based on cost	s
_		Leon					-		
									5 a
	<u>Distribution</u>	· <u>·</u>		Feehrer, r Manage	eme	ent Ana	alyst Supei	rvisor	N/1
	Fiscal Agent	agamant		aid Prog			•		
	Contract Man			9			-		
	Permanent Fi								
	Program Deve	ыортнети.							



112812500 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center	Provider Number : 112812500
Neighborhood Medical Center	Date: 08/31/2022
438 W Brevard St	Fiscal Year End : N/A
Tallahassee, FL 32301-1004	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	120.88	124.64	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



112813300 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rat	tes for	Nor	n-Institutional I	<u>Providers</u>	
Ne	ighborhood Med	ical Center			Prov	vider Number :	112813300	
					Date	e: 08/31/2022		
438 W Brevard St					Fisc	al Year End : N	/A	
Tallahassee, FL 32301-1004					Aud	it Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rural I	Health Clinic						,
	Swing	-Bed Provider						
	X Federa	Illy Qualified Health Centers				125.25	129.15	10/01/2022
	Hospic	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	е					
	#06	656 / H56 General Inpatient Car	re					
	#06	658 Room and Board						
[Basis :			Rate	Туре	e :		
		Budget)	X	Prospect	ve	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospecti	ve Adjusted for	New costs
		Field audited costs						
		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		Leon						
	Distribution	:	I T. K. Fee	ehrer				A \
	Fiscal Agent				emen	it Analyst Supe	visor	2K#_
	Contract Mana	agement	Medicaio	Progr	ram I	Finance		
	Permanent Fil	е						
	Program Deve	elopment:						



112813600 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	Rates for	No	on-Ins	stitutional l	<u>Providers</u>	
Ne	ighborhood Med	ical Center			Pr	ovide	r Number :	112813600	
				Date: 08/31/2022					
438 W Brevard St				Fis	scal Y	ear End : N	/A		
Tal	lahassee, FL 32	2301-1004			Αι	ıdit St	atus : N/A		
Pro	ovider Type:					Curi	rent Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers					125.25	129.15	10/01/2022
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SI	A					
	#06	655 / H55 Inpatient Respite Car	e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
	Basis :	7		Rate	Туј	pe :	1		
י		Budget			X		Prospect	ve	
-		Unaudited costs	-				Total Pro	spective	
-		Desk audited costs	-				Prospecti	ve Adjusted for	New costs
-		Field audited costs	-				_		
-		Medicare - Prospective					Interim		
	Χ	Payment System Rate	-				Total Inte	rim	
-		Average Nursing Home Rate	-				Settleme	nt based on cost	s
-		Leon							
	Distribution		T 1/ 5	1					1.7.4
	Fiscal Agent	<u>.</u>		Feehrer, r Manage	eme	ent Ar	alyst Supe	rvisor	N/4
	Contract Mana	agement	Medic	aid Prog	ram	n Fina	nce		
	Permanent Fil	_							
	Program Deve								



112813700 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	lates for	No	n-Inst	itutional I	<u>Providers</u>	
Ne	ghborhood Med	ical Center			Pro	ovider	Number :	112813700	
				Date: 08/31/2022					
438	3 W Brevard St				Fis	cal Ye	ar End : N	/A	
Tal	lahassee, FL 32	2301-1004			Au	dit Sta	tus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing-	-Bed Provider							
	X Federa	Illy Qualified Health Centers					125.25	129.15	10/01/2022
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - Sl	A					
	#06	655 / H55 Inpatient Respite Car	·e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
	Basis :	7		Rate	Тур	ре :]		
<u></u>		⊐ Budget			X		Prospecti	ve	
-		Unaudited costs	-				- Total Pro	spective	
-		Desk audited costs	-				- Prospecti	ve Adjusted for	New costs
-		Field audited costs	-				-		
-		Medicare - Prospective	-				Interim		
	Χ	Payment System Rate	-				Total Inte	rim	
-		Average Nursing Home Rate					Settleme	nt based on cost	s
_		Leon					_		
	Distribution								1
	Fiscal Agent	<u>.</u>		Feehrer, Manage	eme	ent Ana	alyst Supei	rvisor	1/1/2
	Contract Mana	agement		aid Prog			<u> </u>		
	Permanent Fil								
	Program Deve								
	. rogram beve	nopmont.							



112934300 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Empower U, Inc.	Provider Number: 112934300
Empower U Community Health Center	Date: 08/31/2022
7900 NW 27th Ave, Ste E-12	Fiscal Year End : N/A
Miami, FL 33147-4909	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.42	158.20	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



113196300 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District	Provider Number : 113196300
Specialty Care Center	Date: 08/31/2022
1700 NW 49th St, Ste 125	Fiscal Year End : N/A
Fort Lauderdale, FL 33309-3750	Audit Status : N/A

Provide	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	158.01	162.93	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



113196310 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates fo	r No	on-Ins	stitutional	<u>Providers</u>	
North I	Broward Hos	Provider Number : 113196310						
Specialty Care Center					ate:0	8/31/2022		
1101 N	IW 1st St			Fis	Fiscal Year End : N/A			
Fort La	auderdale, Fl	_ 33311-8905		Αu	udit Status : N/A Current Rate New Rate Effect			
Provid	ler Type:				Curr	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic						
	Swing	-Bed Provider						
Х	Federa	ally Qualified Health Centers				158.01	162.93	10/01/2022
	Hospic	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	ire					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	е					
	#06	656 / H56 General Inpatient Car	e					
	#06	658 Room and Board						
	Basis :]	Rate	Ту	pe:			
		Budget		Χ		⊐ Prospect	ive	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospect	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				 Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		Broward						
	istribution		T. K. Feehrer,					A > / A
·	iscal Agent	<u>.</u>	Senior Manag	eme	ent An	alyst Supe	rvisor	JKJ
	ontract Mana	agement	Medicaid Prog	ram	n Fina	nce		
	ermanent Fil							
	rogram Deve							



113196312 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	r Nor	n-Institutional	<u>Providers</u>			
Nort	h Browar	Provider Number: 113196312								
Spec	cialty Car			Dat	Date: 08/31/2022					
2011	NW 3rd	Ave			Fiscal Year End : N/A					
Pom	pano Bea	ach, FL 33060-4800			Aud	udit Status : N/A				
Prov	ider Typ	e:				Current Rate	New Rate	Effective Date		
	R	tural Health Clinic								
	S	wing-Bed Provider								
	X F	ederally Qualified Health Centers				158.01	162.93	10/01/2022		
	Н	lospice Provider								
		#0651 / H51 Routine Home Care (1-60)							
		#0651a / H5L Routine Home Care	(61 +)							
		#0652 / H52 Continuous Home Ca	re							
		#0551 / 0561 Continuous Home C	are - SI	Α						
		#0655 / H55 Inpatient Respite Car	е							
		#0656 / H56 General Inpatient Car	е							
		#0658 Room and Board								
	Basis	s:		Rate	Тур	e:				
-		Budget	'	,	X	Prospec	tive			
		Unaudited costs				Total Pro	ospective			
		Desk audited costs				Prospec	tive Adjusted for	New costs		
		Field audited costs	'							
_		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	ent based on cos	ts		
		 Broward								
	Distrib	ution:	 KI	eehrer,				A>/ A		
	Fiscal A	gent			emer	nt Analyst Supe	ervisor	2K2		
	Contract	: Management	Medic	aid Progi	ram	Finance				
	Permane	ent File								
	Program	Development:								



113196317 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates fo	r N	<u>lon-l</u>	nstitutional	<u>Providers</u>			
Noi	th Broward Hos		Р	rovic	der Number :	113196317				
Spe	Specialty Care Center				ate:	ate: 08/31/2022				
110	1 W Broward B	slvd		Fiscal Year End : N/A						
For	t Lauderdale, F	L 33312		Α	udit	Status : N/A				
Pro	vider Type:				Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				158.01	162.93	10/01/2022		
	Hospi	ce Provider								
	#0	651 / H51 Routine Home Care ((1-60)							
	#0	651a / H5L Routine Home Care	e (61 +)							
	#0	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - SIA							
	#0	655 / H55 Inpatient Respite Ca	re							
	#0	656 / H56 General Inpatient Ca	re							
	#0	658 Room and Board								
Γ	Basis :	7	Rate	Ту	/pe :					
_		Budget		Χ		Prospect	ive			
_		Unaudited costs				Total Pro	spective			
_		Desk audited costs				Prospect	ive Adjusted for	New costs		
_		Field audited costs								
_		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	rs		
		Broward								
	Distribution	<u>.</u>	T. K. Feehrer,					٨٧.٨		
	Fiscal Agent		Senior Manag	em	ent /	Analyst Supe	rvisor	2/1/2		
	Contract Man	agement	Medicaid Prog	raı	m Fir	nance				
	Permanent Fi	le								
	Program Dev	elopment:								



114604600 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Space Coast Health Centers, Inc	Provider Number : 114604600
Space Coast Health Centers, Inc	Date: 08/31/2022
836 Century Medical Dr	Fiscal Year End : N/A
Titusville, FL 32796-2141	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	153.23	158.00	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

- AXA



680002500 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem F	Rates for	Nor	n-Institutional	<u>Providers</u>			
Camillus Health Concern, Inc.				Provider Number : 680002500						
33	6 N.W. Fifth Stree	et			Fisc	al Year End : N	I/A			
Mia	ami, FL 3312816	16			Aud	Audit Status : N/A				
Provider Type:						Current Rate	New Rate	Effective Date		
	Rural H	lealth Clinic								
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers				162.52	167.58	10/01/2022		
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	are							
	#05	51 / 0561 Continuous Home C	are - SI	A						
	#06	55 / H55 Inpatient Respite Car	e							
	#06	56 / H56 General Inpatient Car	re							
	#06	58 Room and Board								
	Basis :]		Rate	Туре	e :				
ָּ 		Budget	')	X	Prospect	ive			
		Unaudited costs	'			Total Pro	spective			
		Desk audited costs				Prospect	ive Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective				Interim				
	X	Payment System Rate	'			Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
•		Dade								
	<u>Distribution:</u>		_	eehrer,				A \		
	Fiscal Agent				emer	nt Analyst Supe	rvisor	2K2+		
	Contract Mana	gement	Medic	aid Progr	ram I	Finance				
	Permanent File									
	Program Deve	lopment:								



680002515 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	Rates for	No	n-Inst	itutional I	<u>Providers</u>	
Camillus Health Concern - 7th Ave					Pro	ovider	Number :	680002515	
			Date: 08/31/2022						
336	NW 5th Street				Fis	cal Ye	ar End : N	/A	
Mia	ami, FL 331281	616			Au	dit Sta	tus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers					162.52	167.58	10/01/2022
	Hospi	ce Provider							
	#0	651 / H51 Routine Home Care (1-60)						
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SI	A					
	#0	655 / H55 Inpatient Respite Car	·e						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
ſ	Basis :	7		Rate	Тур	oe :]		
١.		 Budget			Χ		Prospecti	ve	
-		Unaudited costs	-				- Total Pro	spective	
-		Desk audited costs	-				- Prospecti	ve Adjusted for	New costs
•		Field audited costs	-				-		
-		Medicare - Prospective	-				Interim		
	Χ	Payment System Rate	-				Total Inte	rim	
-		Average Nursing Home Rate	-				Settleme	nt based on cost	S
•		Dade							
	Distribution								
	Distribution Fiscal Agent	<u>l.</u>		Feehrer, Manage	eme	ent Ana	alyst Supei	rvisor	N/4
	Contract Man	agement		aid Prog			•		
	Permanent Fi			Ū					
	Program Deve								
	i logialli Devi	оориви.							



680002517 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	ates for	Nor	n-Institutional	<u>Providers</u>		
Can	nillus Health Co	Provider Number : 680002517							
			Date: 08/31/2022						
190	7 NW 38th Stre	eet			Fisc	al Year End : N	I/A		
Mia	mi, FL 33142				Aud	udit Status : N/A			
Pro	vider Type:					Current Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				162.52	167.58	10/01/2022	
	Hospi	ce Provider							
	#0	651 / H51 Routine Home Care (1-60)				,		
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SI	A					
	#0	655 / H55 Inpatient Respite Car	·e						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
Γ	Basis :	7		Rate	Туре	e :			
'		 Budget)	X	Prospect	ive		
_		Unaudited costs	_			 Total Pro	spective		
_		Desk audited costs	-			Prospect	ive Adjusted for	New costs	
_		Field audited costs	-						
		Medicare - Prospective	_			Interim			
	Χ	Payment System Rate	-			Total Inte	erim		
_		Average Nursing Home Rate	-			Settleme	nt based on cost	s	
		Dade							
	Distribution	<u>:</u>		eehrer,	mon	nt Analyst Supe	nvicor	N/1	
	Fiscal Agent			aid Progr			VISOI	717	
	Contract Man	-	IVIGUICA	aiu i iogi	aiii I	manoc			
	Permanent Fi								
	Program Deve	elopment:							



680005000 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rate	s for	Non-	<u>Institutional l</u>	<u>Providers</u>				
Treasure	Coast Co	mmunity Health		Provider Number : 680005000							
Fellsmer	е				Date	Pate: 08/31/2022					
12196 C	CR 512				Fisca	Fiscal Year End : N/A					
Fellsmer	e, FL 329	48		Audit Status : N/A							
Provider	т Туре:				С	urrent Rate	New Rate	Effective Date			
	Rural I	Health Clinic					,				
	Swing	-Bed Provider									
X	Federa	ally Qualified Health Centers				160.89	165.90	10/01/2022			
	Hospic	ce Provider									
	#06	651 / H51 Routine Home Care ((1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
	#06	652 / H52 Continuous Home Ca	are								
	#05	551 / 0561 Continuous Home C	are - SIA								
	#06	655 / H55 Inpatient Respite Car	re								
	#06	656 / H56 General Inpatient Ca	re								
	#06	658 Room and Board									
E	Basis :	7	F	Rate 1	Гуре	:					
		Budget		X	(Prospect	ive				
		Unaudited costs				Total Pro	spective				
		Desk audited costs				Prospect	ive Adjusted for	New costs			
		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cost	s			
		Indian River									
 Dis	tribution	<u>.</u>	I T. K. Feel	nrer.				A>/ A			
Fisc	cal Agent				ment	Analyst Supe	rvisor	1K2			
Cor	ntract Mana	agement	Medicaid I	Progra	am Fi	nance					
Per	manent Fil	e									
Pro	gram Deve	elopment:									



680005001 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	ates for	Non	-Institutional I	<u>Providers</u>				
Tre	easure Coast Co	mmunity Health - Vero			Prov	ider Number :	680005001				
					Date	: 08/31/2022					
12	196 CR 512		Fiscal Year End : N/A								
Fe	llsmere, FL 329	48		Audit Status : N/A							
Pre	ovider Type:				C	Current Rate	New Rate	Effective Date			
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				160.89	165.90	10/01/2022			
	Hospic	ce Provider									
	#06	651 / H51 Routine Home Care (1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
	#06	652 / H52 Continuous Home Ca	are								
	#0	551 / 0561 Continuous Home C	are - SIA	4							
	#06	655 / H55 Inpatient Respite Car	e								
	#06	656 / H56 General Inpatient Car	re								
	#06	658 Room and Board									
	Basis :	7		Rate ⁻	Туре	:					
١		Budget)	X	Prospecti	ve				
•		Unaudited costs	-			Total Pro	spective				
•		Desk audited costs	-			Prospecti	ve Adjusted for	New costs			
•		Field audited costs	-								
•		Medicare - Prospective	-			Interim					
	Χ	Payment System Rate	-			Total Inte	rim				
		Average Nursing Home Rate Indian River	-			Settleme	nt based on cost	s			
	<u>Distribution</u> Fiscal Agent	<u>:</u>	T. K. F		ement	t Analyst Supe	visor	184			
i istai Agent		Medica	id Progr	am F	inance						
	Permanent Fil	•									
	Program Deve										
	5	•									



680005002 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	r Diem Rates fo	r N	lon-lı	nstitutional	<u>Providers</u>					
Tre	asure Coast Co	ommunity Health - Vero2		Р	rovid	rovider Number : 680005002						
				D	ate :	08/31/2022						
121	96 County Rd.	512		F	iscal	scal Year End : N/A						
Fell	smere, FL 329	948		A	udit	udit Status : N/A						
Pro	vider Type:				Cu	rrent Rate	New Rate	Effective Date				
	Rural	Health Clinic										
	Swing	g-Bed Provider										
	X Feder	ally Qualified Health Centers				160.89	165.90	10/01/2022				
	Hospi	ice Provider										
	#0	0651 / H51 Routine Home Care ((1-60)									
	#0	0651a / H5L Routine Home Care	e (61 +)									
	#0	0652 / H52 Continuous Home Ca	are									
	#0	0551 / 0561 Continuous Home C	Care - SIA									
	#0	0655 / H55 Inpatient Respite Ca	re									
	#0	0656 / H56 General Inpatient Ca	re									
	#0	0658 Room and Board										
	Basis :		Rate	· Ty	/pe :							
		Budget		Χ		Prospect	ive					
-		Unaudited costs				Total Pro	spective					
-		Desk audited costs				Prospect	ive Adjusted for	New costs				
-		Field audited costs										
-		Medicare - Prospective				Interim						
	Χ	Payment System Rate				Total Inte	erim					
_		Average Nursing Home Rate				Settleme	nt based on cost	s				
_		Indian River										
	Distribution	<u>1:</u>	T. K. Feehrer					1 / N				
	Fiscal Agent		Senior Manag		nent A	Analyst Supe	rvisor	1/h				
	Contract Man	nagement	Medicaid Pro	grai	m Fir	ance						
	Permanent F	ile										
	Program Dev	relopment:										



680005011 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem l	Rates for	Non-	<u>-Institutional l</u>	<u>Providers</u>					
Tre	asure Coast (Comm Mental Health-Fellsmere		Provider Number : 680005011								
					Date	: 08/31/2022						
12	196 CR 512			Fiscal Year End : N/A								
Fel	Ismere, FI 32	948			Audit Status : N/A							
Pro	ovider Type:				C	Current Rate	New Rate	Effective Date				
	Rura	al Health Clinic					,					
	Swir	ng-Bed Provider										
	X Fede	erally Qualified Health Centers				160.89	165.90	10/01/2022				
	Hos	pice Provider										
	#	#0651 / H51 Routine Home Care (1-60)									
	#	#0651a / H5L Routine Home Care	(61 +)									
	#	#0652 / H52 Continuous Home Ca	are									
	#	#0551 / 0561 Continuous Home C	are - S	IA								
	#	#0655 / H55 Inpatient Respite Car	e									
	#	#0656 / H56 General Inpatient Ca	re									
	ŧ	#0658 Room and Board										
	Basis :			Rate 1	Гуре	:						
ָ 		Budget		X	<	Prospecti	ive					
-		Unaudited costs				Total Pro	spective					
-		Desk audited costs				Prospect	ive Adjusted for	New costs				
-		Field audited costs										
•		Medicare - Prospective				Interim						
	Х	Payment System Rate				Total Inte	erim					
•		Average Nursing Home Rate				Settleme	nt based on cost	ts				
-		Indian River										
	Distribution	on.		Fl.								
	Fiscal Agen			Feehrer, or Manage	ment	: Analyst Super	rvisor	N/4				
	Contract Ma			caid Progra								
	Permanent	_										
		evelopment:										



680005013 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u></u>	Medicaid Reimbursement Per	Diem R	ates for	N	lon-Ins	titutional	<u>Providers</u>				
Tre	asure Co	oast Con	nm Hlth-21st Ave			Р	rovide	Number :	680005013				
						D	ate:0	8/31/2022					
19	55 21st A	ve				Fiscal Year End : N/A							
Ve	ro Beach	, FI 329	60		Audit Status : N/A								
Pro	ovider Ty	/pe:					Curr	ent Rate	New Rate	Effective Date			
		Rural H	ealth Clinic										
		Swing-l	Bed Provider										
	X	Federal	ly Qualified Health Centers					160.89	165.90	10/01/2022			
		Hospice	e Provider										
		#06	51 / H51 Routine Home Care (1-60)									
		#06	51a / H5L Routine Home Care	(61 +)									
		#06	52 / H52 Continuous Home Ca	are									
		#05	51 / 0561 Continuous Home C	are - Sl	A								
		#06	55 / H55 Inpatient Respite Car	·e									
		#06	56 / H56 General Inpatient Car	re									
		#06	58 Room and Board										
	Bas	is:]		Rate	Ту	/pe :						
			Budget			X		⊐ Prospect	ive				
•			Unaudited costs	-				– Total Pro	spective				
•			Desk audited costs	-				– Prospect	ive Adjusted for	New costs			
•			Field audited costs	-				_					
•			Medicare - Prospective	-				_ Interim					
	X	(Payment System Rate	-				Total Inte	erim				
•			Average Nursing Home Rate	-				Settleme	nt based on cost	ts			
•			Indian River					_					
	Distril	bution:		l T. K. F	eehrer,					A \			
	Fiscal					em	ent An	alyst Supe	rvisor	2K2			
	Contra	ct Mana	gement	Medica	aid Prog	rar	m Fina	nce					
	Perma	nent File)										
	Progra	m Devel	opment:										



680005015 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Pe	r Diem F	Rates for	Nor	<u>n-Instit</u>	tutional I	<u>Providers</u>			
Treasure Coast Comm Hlth-Sebastian	Provider Number : 680005015								
			Date	e : 08/3	31/2022				
13507 US Hwy 1		Fiscal Year End : N/A							
Sebastian, FI 32958	Audit Status : N/A								
Provider Type:				Currer	nt Rate	New Rate	Effective Date		
Rural Health Clinic									
Swing-Bed Provider									
X Federally Qualified Health Centers					160.89	165.90	10/01/2022		
Hospice Provider									
#0651 / H51 Routine Home Care	(1-60)								
#0651a / H5L Routine Home Care	e (61 +)								
#0652 / H52 Continuous Home C	are								
#0551 / 0561 Continuous Home C	Care - SI	IA							
#0655 / H55 Inpatient Respite Ca	re								
#0656 / H56 General Inpatient Ca	re								
#0658 Room and Board									
Basis:		Rate	Туре	e :					
Budget	'	,	Χ		Prospecti	ve			
Unaudited costs				-	Total Pro	spective			
Desk audited costs				Prospective Adjusted for New costs					
Field audited costs									
Medicare - Prospective					Interim				
X Payment System Rate				-	Total Inte	rim			
Average Nursing Home Rate Indian River				;	Settleme	nt based on cos	ds.		
<u>Distribution:</u> Fiscal Agent		Feehrer, r Manage	emen	nt Anal	yst Supei	visor	184		
Contract Management	Medic	aid Prog	ram F	Financ	е		▼		
Permanent File									
Program Development:									



680005018 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	_	Medicaid Neillibursement Fer	Dieili Nates Ioi	INU	111-1113	ilulionai	FIOVILLEIS				
Tre	easure Coast Ver	o Beach		Pro	ovider	Number :	680005018				
				Da	te : 08	3/31/2022					
				Fiscal Year End : N/A							
,				Au	dit Sta	itus : N/A					
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date			
	Rural H	lealth Clinic									
	Swing-	Bed Provider									
	X Federa	lly Qualified Health Centers				160.89	165.90	10/01/2022			
	Hospic	e Provider									
	#06	51 / H51 Routine Home Care (1-60)				,				
	#06	51a / H5L Routine Home Care	(61 +)								
	#06	52 / H52 Continuous Home Ca	ire								
	#05	51 / 0561 Continuous Home C	are - SIA								
	#06	55 / H55 Inpatient Respite Car	е								
	#06	56 / H56 General Inpatient Car	'e								
	#06	58 Room and Board									
	Basis :]	Rate	Тур	e :	1					
١		J Budget		X		J Prospect	ive				
		Unaudited costs				- Total Pro					
		Desk audited costs				- Prospect	ive Adjusted for	New costs			
•		- Field audited costs				-	-				
·		- Medicare - Prospective				- Interim					
	X	Payment System Rate	<u></u>			- Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cost	s			
		Indian River				-					
	<u>Distribution:</u>		T. K. Feehrer,					AV 1			
	Fiscal Agent		Senior Manage	eme	nt Ana	alyst Supe	rvisor	2/42			
	Contract Mana	gement	Medicaid Prog	ram	Finan	ice					
	Permanent File	e									
	Program Deve	lopment:									
	For in	nformation Only (No Change in r	ate)								



680005020 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	<u>Medicaid Reimbursement Per</u>	Diem Rates	for N	<u>lon-Ins</u>	titutional	<u>Providers</u>				
Tre	asure C	oast Cor	nmunity Health		Provider Number : 680005020							
					D	ate : 08	3/31/2022					
46	5 28tth C	t			Fiscal Year End : N/A							
Ve	ro Beach	n, FL 329	967		Audit Status : N/A							
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				160.89	165.90	10/01/2022			
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care (1-60)								
		#06	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home Ca	are								
		#05	51 / 0561 Continuous Home C	are - SIA								
		#06	55 / H55 Inpatient Respite Car	е								
		#06	56 / H56 General Inpatient Car	re								
		#06	58 Room and Board									
	Bas	sis :]	Ra	te Ty	/pe :	1					
'			Budget		Х		Prospect	ive				
•			Unaudited costs				Total Pro	spective				
•			Desk audited costs				- Prospect	ive Adjusted for	New costs			
•			Field audited costs				_					
•			Medicare - Prospective				Interim					
)	X	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate				Settleme	nt based on cost	s			
-			Indian River				_					
	Distri	bution:		T. K. Feehre	er.				AV 1			
		Agent		Senior Mana		ent An	alyst Supe	rvisor	2K2			
	Contra	act Mana	gement	Medicaid Pr	ograi	m Finar	nce					
	Perma	anent File)									
	Progra	am Deve	opment:									



680005025 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	r No	n-Inst	titutional I	<u>Providers</u>				
Tre	asure Coast Co	mmunity Health, Inc.			Pro	ovider	Number :	680005025				
					Da	ite : 08	3/31/2022					
12	196 County Road	d 512			Fis	scal Year End : N/A						
Fe	Ismere, FL 3294	48			Au	udit Status : N/A						
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date			
	Rural I	lealth Clinic										
	Swing-	Bed Provider										
	X Federa	Illy Qualified Health Centers					160.89	165.90	10/01/2022			
	Hospic	e Provider										
	#06	551 / H51 Routine Home Care (1-60)									
	#06	51a / H5L Routine Home Care	(61 +)									
	#06	552 / H52 Continuous Home Ca	are									
	#05	551 / 0561 Continuous Home C	are - SI	Α								
	#06	655 / H55 Inpatient Respite Car	·e									
	#06	656 / H56 General Inpatient Car	re									
	#06	558 Room and Board										
	Basis :	7		Rate	Тур	oe :]					
ָ י		∟ Budget	'		X		ם Prospecti	ve				
•		Unaudited costs	-				- Total Pro	spective				
•		Desk audited costs					- Prospecti	ve Adjusted for	New costs			
•		Field audited costs	-				-					
•		Medicare - Prospective	-				Interim					
	Χ	Payment System Rate	-				Total Inte	rim				
•		Average Nursing Home Rate					Settleme	nt based on cost	s			
		Indian River										
	Distribution	<u>.</u>	L TKF	eehrer,					A \			
	Fiscal Agent	-			eme	ent Ana	alyst Supei	visor	2/6/2			
	Contract Mana	agement	Medic	aid Prog	ram	Finan	ice					
	Permanent File											
	Program Deve	elopment:										



680027100 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	· No	n-Inst	itutional	<u>Providers</u>				
Bro	ward Comm & F	Family Health Centers, Inc			Pro	Provider Number : 680027100						
					Da	te : 08	/31/2022					
25°	18 N State Rd. 7				Fis	scal Year End : N/A						
Но	llywood, FI 3302	21			Au	udit Status : N/A						
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic										
	Swing	-Bed Provider										
	X Federa	ally Qualified Health Centers					158.01	162.93	10/01/2022			
	Hospid	ce Provider										
	#06	651 / H51 Routine Home Care (1-60)									
	#06	651a / H5L Routine Home Care	(61 +)									
	#06	652 / H52 Continuous Home Ca	are									
	#0	551 / 0561 Continuous Home C	are - SI	A								
	#06	655 / H55 Inpatient Respite Car	·e									
	#06	656 / H56 General Inpatient Car	re									
	#06	658 Room and Board										
ſ	Basis :	7		Rate	Тур	ре :						
ָ 		⊐ Budget	'		Χ		Prospect	ive				
-		Unaudited costs	-				- Total Pro	spective				
-		Desk audited costs					- Prospect	ive Adjusted for	New costs			
-		Field audited costs					-					
-		Medicare - Prospective	-				Interim					
	Χ	Payment System Rate	-				Total Inte	erim				
-		Average Nursing Home Rate Broward	-				Settleme	nt based on cost	rs			
	District of											
	<u>Distribution</u>	· <u>-</u>		Feehrer, r Manage	eme	ent Ana	alyst Supe	rvisor	N/1			
	Fiscal Agent	agament		aid Prog			•					
	Contract Mana	_		9			-					
	Permanent Fil											
	Program Deve	нортнети.										



680027102 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem I	Rates for	No	on-Ins	titutional	<u>Providers</u>				
Bro	ward Communit	y FH - North Powerline Road			Provider Number : 680027102							
					Da	ate : 0	8/31/2022					
168	8 North Powerlin	e Road			Fis	scal Y	ear End : N	I/A				
Ро	mpano Beach, F	L 33069			Αu	udit Status : N/A						
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic										
	Swing-	Bed Provider										
	X Federa	Illy Qualified Health Centers					158.01	162.93	10/01/2022			
	Hospic	e Provider										
	#06	551 / H51 Routine Home Care (1-60)									
	#06	651a / H5L Routine Home Care	(61 +)									
	#06	552 / H52 Continuous Home Ca	are									
	#05	551 / 0561 Continuous Home C	are - S	IA								
	#06	655 / H55 Inpatient Respite Car	e									
	#06	656 / H56 General Inpatient Car	re									
	#06	558 Room and Board										
	Basis :	7		Rate	Туј	pe:						
		⊐ Budget			X		⊐ Prospect	ive				
•		Unaudited costs					– Total Pro	spective				
•		Desk audited costs					– Prospect	ive Adjusted for	New costs			
•		Field audited costs					_					
•		Medicare - Prospective					_ Interim					
	X	Payment System Rate					Total Inte	erim				
		Average Nursing Home Rate Broward					Settleme	nt based on cost	s			
	Distribution		TK	Feehrer,					A \			
	Fiscal Agent	-			eme	ent An	alyst Supe	rvisor	JK.			
	Contract Mana	agement	Medic	aid Prog	ram	n Finai	nce		-			
	Permanent Fil											
	Program Deve	elopment:										



680027104 - 2022/10

Bureau of Medicaid Program 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	Pr	ovider Number :	ovider Number : 680027104					
		Date: 08/31/2022							
5010 Ho	010 Hollywood Blvd., Ste 100B			Fiscal Year End : N/A					
Hollywoo	Hollywood, FL 33021 Aud			udit Status : N/A					
Provider	т Туре:		Current Rate	New Rate	Effective Date				
	Rural Health Clinic								
	Swing-Bed Provider								
X	Federally Qualified Health Centers		158.01	162.93	10/01/2022				
	Hospice Provider								
	#0651 / H51 Routine Home Care (1-60)				,				
	#0651a / H5L Routine Home Care (61 +)								

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

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

#0652 / H52 Continuous Home Care

#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care

#0658 Room and Board

#0551 / 0561 Continuous Home Care - SIA



680027106 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community & Family Health Centers	Provider Number : 680027106
Central Broward Community Health Center	Date: 08/31/2022
5010 Hollywood Blvd, Ste 100B	Fiscal Year End : N/A
Hollywood, FL 330216557	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	158.01	162.93	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1



680027108 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	_	Medicaid Reimbursement Per	Diem F	Rates for	Non-I	nstitutional	<u>Providers</u>			
Bro	oward Comm & F	amily Hlth Ctrs-Powerline Rd			Provid	der Number :	680027108			
				1	Date: 08/31/2022					
50	10 Hollywood Blv	d	Fiscal Year End : N/A							
Но	llywood, FI 3302	1			Audit	Status : N/A				
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date		
	Rural H	lealth Clinic								
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers				158.01	162.93	10/01/2022		
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	re							
	#05	51 / 0561 Continuous Home C	are - SI	A						
	#06	55 / H55 Inpatient Respite Car	е							
	#06	56 / H56 General Inpatient Car	e							
	#06	58 Room and Board								
	Basis :]		Rate T	ype :					
,		Budget	'	Х	(Prospect	ive			
•		Unaudited costs	•			Total Pro	spective			
•		Desk audited costs				Prospect	ive Adjusted for	New costs		
		Field audited costs	-							
•		Medicare - Prospective	-			Interim				
	X	Payment System Rate	-			Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cost	s		
•		Broward	•							
	Distribution:		l K F					A \		
	Fiscal Agent				ment .	Analyst Supe	rvisor	4		
	Contract Mana	gement	Medic	aid Progra	am Fir	nance				
	Permanent File)								
	Program Deve	lopment:								



680996100 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates to	r Nor	<u>-Institutional</u>	<u>Providers</u>				
Ма	natee Rura	al County Health Ser - Arcadia FHC		Prov	vider Number :	680996100				
				Date: 08/31/2022						
700	0 8th Ave V	V	Fiscal Year End : N/A							
Pa	lmetto, FL	34221		Aud	it Status : N/A					
Pro	ovider Typ	e:			Current Rate	New Rate	Effective Date			
	R	ural Health Clinic								
	S	wing-Bed Provider								
	X F	ederally Qualified Health Centers			133.80	137.97	10/01/2022			
	Н	ospice Provider								
		#0651 / H51 Routine Home Care (1-60)							
		#0651a / H5L Routine Home Care	(61 +)							
		#0652 / H52 Continuous Home Ca	are							
		#0551 / 0561 Continuous Home C	are - SIA							
		#0655 / H55 Inpatient Respite Car	е							
		#0656 / H56 General Inpatient Car	e							
		#0658 Room and Board								
	Basis	:	Rate	туре	e :					
'		Budget		Χ	Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for	New costs			
•		Field audited costs								
•		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate			Settleme	nt based on cost	s			
•		Desoto								
	Distribu	ution:	T. K. Feehrer,				A \			
	Fiscal Ag				t Analyst Supe	rvisor	1/2/2			
	_	Management	Medicaid Prog	gram I	inance					
	Permane	_								
	Program	Development:								



680996106 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates fo	r Nor	<u>ı-Instituti</u>	ional I	<u>Providers</u>			
MC	R Health, Inc.			Provider Number : 680996106						
				Date	te: 08/31/2022					
PC	Box 15949			Fisc	iscal Year End : N/A					
Ве	fast, ME 04915			Aud	it Status :	: N/A				
Pro	ovider Type:				Current F	Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers			1	33.80	137.97	10/01/2022		
	Hospid	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	ire							
	#0	551 / 0561 Continuous Home C	are - SIA							
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	е							
	#06	658 Room and Board								
	Basis :]	Rate	Туре	e :					
'		Budget		Χ	Pro	specti	ve			
•		Unaudited costs			Tot	al Pro	spective			
•		Desk audited costs			Pro	specti	ve Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective			Inte	erim				
	Χ	Payment System Rate	-		Tot	al Inte	rim			
•		Average Nursing Home Rate			Set	ttlemei	nt based on cost	s		
-		Manatee								
	Distribution	<u>.</u>	T. K. Feehrer,					NV./		
	Fiscal Agent		Senior Manag			Super	visor	2/12		
	Contract Mana	agement	Medicaid Prog	gram I	Finance					
	Permanent Fil	е								
	Program Deve	elopment:								
	For i	nformation Only (No Change in r	ate)							



680996109 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem F	Rates for	N	lon-Ins	titutional	<u>Providers</u>			
MC	R Healt	h, Inc				P	rovider	Number :	680996109			
				Date: 08/31/2022								
350	01 Corte	z Rd W				Fi	Fiscal Year End : N/A					
Bra	denton,	FL 342	10			A	udit St	atus : N/A				
Pro	vider T	уре:					Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					133.80	137.97	10/01/2022		
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care (1-60)								
		#06	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home Ca	are								
		#05	51 / 0561 Continuous Home C	are - SI	A							
		#06	55 / H55 Inpatient Respite Car	e								
		#06	56 / H56 General Inpatient Ca	re								
		#06	58 Room and Board									
	Ba	sis :]		Rate	Ту	/pe :					
'			Budget	'		Χ		_ Prospect	ive			
•			Unaudited costs	-				Total Pro	spective			
•			Desk audited costs	-				- Prospect	ive Adjusted for	New costs		
•			Field audited costs					_				
•			Medicare - Prospective	-				Interim				
		X	Payment System Rate					Total Inte	erim			
•			Average Nursing Home Rate					Settleme	nt based on cos	ts		
-			Manatee					_				
	Distr	ibution:		l T. K. F	eehrer,					A \ / A		
	Fiscal	Agent				em	ent An	alyst Supe	rvisor	2K2		
	Contra	act Mana	gement	Medic	aid Prog	rar	m Fina	nce				
	Perma	anent File	9									
	Progra	am Deve	lopment:									



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

680996114 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

<u>Medica</u>	<u>aid Reimbursement Per</u>	r Diem Rates for	r No	n-Institutional	<u>Providers</u>				
MCR Health Inc			Provider Number : 680996114						
			Da	Date : 08/31/2022					
300 Riverside Dr E, Ste 33	300		Fis	Fiscal Year End : N/A					
Bradenton, FL 34208-1024	1		Au	dit Status : N/A					
Provider Type:				Current Rate	New Rate	Effective Date			
Rural Health (Clinic					1			
Swing-Bed Pr	ovider								
X Federally Qua	lified Health Centers			133.80	137.97	10/01/2022			
Hospice Prov	ider								
#0651 / H5	1 Routine Home Care ((1-60)							
#0651a / H	5L Routine Home Care	e (61 +)							
#0652 / H5	2 Continuous Home Ca	are							
#0551 / 05	61 Continuous Home C	Care - SIA							
#0655 / H5	5 Inpatient Respite Car	re							
#0656 / H5	6 General Inpatient Car	re							
#0658 Roc	om and Board								
Basis :		Rate	Тур	pe:					
Budge	et		Χ	——— Prospect	ive				
Unaud	dited costs			Total Prospective					
Desk	audited costs			Prospect	ive Adjusted for	New costs			
Field	audited costs								
Medic	are - Prospective			Interim					
X Paym	ent System Rate			Total Inte	erim				
Avera	ge Nursing Home Rate			Settleme	nt based on cost	ts			
	Manatee								
<u>Distribution:</u>		T. K. Feehrer,				AVA			
Fiscal Agent	Fiscal Agent			nt Analyst Supe	rvisor	2/1/2			
Contract Managemen	Contract Management		ram	Finance					
Permanent File									



681471900 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	r No	n-Inst	itutional I	<u>Providers</u>				
Се	ntral Florida Hea	alth Care-Dundee			Pro	ovider	Number :	681471900				
					Da	Date: 08/31/2022						
950	OCR 17A West				Fis	Fiscal Year End : N/A						
Αv	on Park, FI 3382	25			Au	dit Sta	tus : N/A					
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic										
	Swing	-Bed Provider										
	X Federa	ally Qualified Health Centers					162.52	167.58	10/01/2022			
	Hospic	ce Provider										
	#06	651 / H51 Routine Home Care (1-60)									
	#06	651a / H5L Routine Home Care	(61 +)									
	#06	652 / H52 Continuous Home Ca	are									
	#05	Α										
	#06	655 / H55 Inpatient Respite Car	е									
	#06	656 / H56 General Inpatient Car	re									
	#06	658 Room and Board										
ſ	Basis :]		Rate	Тур	oe :						
١.		□ Budget	'		Χ		Prospecti	ve				
-		Unaudited costs	-				Total Pro	spective				
-		Desk audited costs					Prospecti	ve Adjusted for	New costs			
-		Field audited costs	-				-					
-		Medicare - Prospective					Interim					
	Χ	Payment System Rate					Total Inte	rim				
<u>-</u>		Average Nursing Home Rate Polk	-				Settleme	nt based on cost	is .			
	Distribution	<u>:</u>		eehrer,	eme	ant Ans	alyst Supei	visor	NX4			
	Fiscal Agent			aid Prog			· ·	V1301				
	Contract Mana		Modio	i 10g	. 4111							
	Permanent Fil											
	Program Deve	eiopment:										



682960100 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u> </u>	Medicaid Reimbursement Per	Diem	Rates for	N	on-Ins	stitutional	<u>Providers</u>		
Се	ntral Flo	rida Fami	ly Health Center-Hoffner			Provider Number : 682960100					
						Date: 08/31/2022					
54	49 South	Semora	n Blvd			Fi	iscal Y	ear End : N	I/A		
Ora	ange, Fl	32822				Αı	udit St	atus : N/A			
Pro	ovider T	уре:					Cur	rent Rate	New Rate	Effective Date	
		Rural H	ealth Clinic								
		Swing-l	Bed Provider								
	X	Federal	ly Qualified Health Centers					121.26	125.04	10/01/2022	
		Hospice	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	ire							
		#05	51 / 0561 Continuous Home C	are - S	IA						
	#0655 / H55 Inpatient Respite Care										
		#06	56 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
	Bas	sis :			Rate	Ту	pe :	7			
			Budget			X		⊐ Prospect	ive		
•			Unaudited costs					— Total Pro	spective		
•			Desk audited costs					– Prospect	ive Adjusted for	New costs	
•			Field audited costs								
•			Medicare - Prospective					_ Interim			
	2	X	Payment System Rate					Total Inte	erim		
•			Average Nursing Home Rate					_ Settleme	nt based on cost	is	
•			Orange					_			
<u></u>	<u>Dist</u> ri	bution:		_ T. K.	Feehrer,					A \	
	Fiscal	Agent				em	ent Ar	nalyst Supe	rvisor	2/42	
	Contra	act Mana	gement	Medio	caid Prog	rar	n Fina	nce			
	Perma	anent File									
	Progra	am Devel	opment:								



683955003 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	No.	n-Institutional	<u>Providers</u>	
Collier Health Services - Horizon PCC		Pro	ovider Number :	683955003	
		Da	te: 08/31/2022		
P.O. Box 12229		Fis	scal Year End : N	/A	
Naples, FL 34101		Au	dit Status : N/A		
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers			162.52	167.58	10/01/2022
Hospice Provider					
#0651 / H51 Routine Home Care (1-60)				
#0651a / H5L Routine Home Care	(61 +)				
#0652 / H52 Continuous Home Ca	re				
#0551 / 0561 Continuous Home Ca	are - SIA				
#0655 / H55 Inpatient Respite Care	е				
#0656 / H56 General Inpatient Car	е				
#0658 Room and Board					
Basis :	Rate	Тур	pe:		
Budget		X	Prospect	ve	
Unaudited costs			Total Pro	spective	
Desk audited costs			Prospect	ve Adjusted for I	New costs
Field audited costs					
Medicare - Prospective			Interim		
X Payment System Rate	-		Total Inte	rim	
Average Nursing Home Rate			Settleme	nt based on cost	s
Collier					
<u>Distribution:</u>	T. K. Feehrer,				AV.1
Fiscal Agent	Senior Manage		ent Analyst Supe	rvisor	2/h2
Contract Management	Medicaid Prog	ram	Finance		
Permanent File					
Program Development:					



683955005 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem R	ates for	Nor	-Institutional	<u>Providers</u>	
Collier HIth Svc-Creekside Pediatrics				Provider Number : 683955005				
P.O Box 12229					Date	e: 08/31/2022		
					Fisc	al Year End : N	I/A	
Na	ples, FI 34101			Aud	it Status : N/A			
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rural H	lealth Clinic						
	Swing-	Bed Provider						
	X Federa	lly Qualified Health Centers				162.52	167.58	10/01/2022
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	are					
	#05	51 / 0561 Continuous Home C	are - SI	4				
	#06	55 / H55 Inpatient Respite Car	е					
	#06	56 / H56 General Inpatient Car	e					
	#06	58 Room and Board						
	Basis :]	Ī	Rate	Туре			
'		Budget)	X	Prospect	ive	
•		Unaudited costs	_			Total Pro	spective	
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs
•		Field audited costs	-					
•		Medicare - Prospective				Interim		
	X	Payment System Rate	-			Total Inte	erim	
•		Average Nursing Home Rate	-			Settleme	nt based on cost	s
•		Collier						
	Distribution:		_ T. K. F	eehrer,				A)/ A
	Fiscal Agent				emen	t Analyst Supe	rvisor	14X
	Contract Mana	gement	Medica	aid Progr	ram I	inance		
	Permanent File	e						
	Program Deve	lopment:						



683955006 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rate	es for	Nor	n-Institutional I	<u>Providers</u>	
Со	llier Health Se	ervices - Ronald McDonald			Pro	vider Number :	683955006	
		Da			Date: 08/31/2022			
P. O. Box 12229					Fisc	cal Year End : N	I/A	
Naples, FL 34101					Aud	lit Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rur	al Health Clinic					,	
	Swi	ng-Bed Provider						
	X Fed	erally Qualified Health Centers				162.52	167.58	10/01/2022
	Hos	pice Provider						
	i	#0651 / H51 Routine Home Care (1-60)					
	i	#0651a / H5L Routine Home Care	(61 +)					
	i	#0652 / H52 Continuous Home Ca	ire					
	i	#0551 / 0561 Continuous Home C	are - SIA					
	i	#0655 / H55 Inpatient Respite Car	е					
	· · · · · · · · · · · · · · · · · · ·	#0656 / H56 General Inpatient Car	·e					
	i	#0658 Room and Board						
	Basis :			Rate	Тур	e :		
'		Budget			X	Prospect	ive	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
•		Field audited costs						
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		Not Selected						
	Distribution	<u>on:</u>	T. K. Feel	hrer.				AV 1
	Fiscal Ager				emer	nt Analyst Supe	rvisor	2K#
	Contract M	anagement	Medicaid	Prog	ram	Finance		
	Permanent	File						
	Program D	evelopment:						



683955010 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		Wedicaid Neimbursement Fer Die	ili ivales ioi i	NOII:	-institutionar	FIOVICEIS	
Collier Health Services, Inc - Countryside Childrens Den		ntal	Provider Number : 683955010				
				Date	: 08/31/2022		
1454 Ma	dison Ave	nue	F	isca	al Year End : N	I/A	
Imokalee	Imokalee, FL 33934			Audit	t Status : N/A		
Provide	r Type:			С	Current Rate	New Rate	Effective Date
	Rural	Health Clinic					
	Swing	-Bed Provider					
Х	Feder	ally Qualified Health Centers			162.52	167.58	10/01/2022
	Hospi	ce Provider					
	#0	651 / H51 Routine Home Care (1-60	0)				
	#0	651a / H5L Routine Home Care (61	+)				
	#0	652 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA				
	#0	655 / H55 Inpatient Respite Care					
	#0	656 / H56 General Inpatient Care					
	#0	658 Room and Board					
E	Basis :		Rate T	уре	:		
		 Budget	X		Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	X	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cost	ts
		 Collier					

<u>Distribution:</u>

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance





683955012 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates	or	Nor	n-Institutional	<u>Providers</u>	
Collier Health Services, Inc FSU Primary Care			Provider Number : 683955012					
		Date: 08/31/2022						
1454 Mad	nue			Fisc	cal Year End : N	/A		
Imokalee	, FL 3393	34			Aud	lit Status : N/A		
Provider	Туре:					Current Rate	New Rate	Effective Date
	Rural I	Health Clinic						
	Swing	-Bed Provider						
X	Federa	ally Qualified Health Centers				162.52	167.58	10/01/2022
	Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	re					
	#0	551 / 0561 Continuous Home Ca	are - SIA					
	#06	655 / H55 Inpatient Respite Care	e					
	#06	656 / H56 General Inpatient Car	е					
	#06	658 Room and Board						
В	Basis :	7	Ra	te	Тур	e :		
-		∟ Budget			X	——— Prospect	ve	
		Unaudited costs				Total Pro	spective	
		Desk audited costs	-			Prospect	ve Adjusted for	New costs
		Field audited costs						
		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		Collier						
Dia	4 m! la 4! a .a							
	tribution	<u>.</u>	T. K. Feehre Senior Mana		mer	nt Analyst Supe	rvisor	N/4
	al Agent	agamont	Medicaid Pro	_				J111
	tract Mana			J.				
	manent Fil							
Pro(gram Deve	ыортнети.						



683955017 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services	Provider Number : 683955017
Creekside Family Practice	Date: 08/31/2022
PO Box 12229	Fiscal Year End : N/A
Naples, FL 341012229	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



683955019 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022
1454 Madison Ave	Fiscal Year End : N/A
Immokalee, FL 341422200	Audit Status : N/A

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic		,	
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



683955021 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic					
Provider Type:		Current Rate	New Rate	Effective Date	
Immokalee, FI 34142	Audit Status : N/A				
1454 Madison Ave	Fiscal Year End : N/A				
Total Womens Care	Date: 08/31/2022				
Collier Health Services	Provider Number : 683955021				

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



683955023 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	_11	iledicald Neillibursement Fer Dien	i ivaies iui	14011-	montulional	I IOVIGEIS			
Collier Ho	ealth Svc			Provi	ovider Number : 683955023				
Friendsh	ip Hlth Ctr			Date	ate : 08/31/2022 iscal Year End : N/A				
1454 Ma	dison Ave			Fisca					
Immokale	ee, Fl 34142	2		Audit	Status : N/A				
Provider	r Type:			C	urrent Rate	New Rate	Effective Date		
	Rural He	ealth Clinic							
	Swing-B	ed Provider							
Х	Federall	y Qualified Health Centers			162.52	167.58	10/01/2022		
	Hospice	Provider							
	#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +)								
	#065	2 / H52 Continuous Home Care							
	#055	1 / 0561 Continuous Home Care -	SIA						
	#065	5 / H55 Inpatient Respite Care							
	#065	6 / H56 General Inpatient Care							
	#065	8 Room and Board							
Е	Basis :		Rate	Туре	:]				
		Budget		X	Prospect	Prospective Total Prospective			
-		Unaudited costs			Total Pro				
Desk audited costs				Prospect	ive Adjusted for	New costs			
		Field audited costs							
		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		

Dist		

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

Collier

T. K.	Feehre	r,		
Seni	or Mana	gement	Analyst	Superviso

Medicaid Program Finance





683955024 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Rates	for	Noi	n-Institutional I	<u>Providers</u>		
Со	llier Health S	vc-YMCA Rd			Pro	vider Number :	683955024		
				Date: 08/31/2022					
54	50 YMCA Rd	#102			Fisc	cal Year End : N	I/A		
Na	ples, Fl 341	09			Auc	lit Status : N/A			
Pro	ovider Type:	 :				Current Rate	New Rate	Effective Date	
	Ru	ral Health Clinic							
Swing-Bed Provider									
	X Fed	derally Qualified Health Centers				162.52	167.58	10/01/2022	
	Ho	spice Provider							
		#0651 / H51 Routine Home Care (1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	re						
		#0551 / 0561 Continuous Home C	are - SIA						
		#0655 / H55 Inpatient Respite Car	е						
		#0656 / H56 General Inpatient Car	е						
		#0658 Room and Board							
ſ	Basis :		R	ate	Тур	e :			
١.		Budget			X	Prospecti	ive		
-		Unaudited costs				 Total Pro	spective		
-		Desk audited costs				Prospect	ive Adjusted for	New costs	
•		Field audited costs							
-		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	erim		
•		Average Nursing Home Rate				Settleme	nt based on cost	s	
		Collier							
	Distribut	ion:	T. K. Feehr	er.				Λ\/ Λ	
	Fiscal Age				emer	nt Analyst Supe	rvisor	1/4 ²	
	Contract M	Management (Medicaid P	rogi	ram	Finance			
	Permanen	t File							
	Program D	Development:							



683955027 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Svc	rovider Number : 683955027				
Dental Care Central	Date: 08/31/2022				
1454 Madison Ave W Fiscal Year End : N/A					
Immokalee, FI 34142 Audit Status : N/A					
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic				'	
Swing-Bed Provider					

Provider ⁻	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	162.52	167.58	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



683955031 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		=	<u>Medicaid Reimbursement Per</u>	r Diem Rates f	or No	on-Inst	titutional	<u>Providers</u>		
Со	llier Heal	Ith Servi	ces- Naples		Pr	ovider	Number :	683955031		
					Date: 08/31/2022					
60	75 Bathe	y Lane			Fi	scal Ye	ear End : N	I/A		
Na	ples, FL	34116			Αι	udit Sta	itus : N/A			
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				162.52	167.58	10/01/2022	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	Care - SIA						
		#06	55 / H55 Inpatient Respite Car	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]	Rat	е Ту	pe :]			
'			Budget		Х		Prospect	ive		
•			Unaudited costs				Total Pro	spective		
•			Desk audited costs				- Prospect	ive Adjusted for	New costs	
•			Field audited costs				_			
•			Medicare - Prospective				Interim			
)	X	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cost	S	
-			Collier				_			
	Distri	bution:		T. K. Feehrei					AV 1	
	Fiscal	Agent		Senior Mana		ent Ana	alyst Supe	rvisor	1/h	
	Contra	act Mana	gement	Medicaid Pro	gran	n Finan	ice			
	Perma	nent File)							
	Progra	am Deve	lopment:							



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

684660200 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Pe	<u>r Diem Rates for</u>	Nor	<u>n-Institutional </u>	<u>Providers</u>			
FL Comr	nunity Health Ctrs- St. Lucie		Provider Number : 684660200					
			Date	Date : 08/31/2022				
4450 Soi	uth Tiffany Drive		Fisc	Fiscal Year End : N/A				
West Pal	m Beach, FL 32407		Aud	it Status : N/A				
Provider	Туре:			Current Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
Х	Federally Qualified Health Centers			133.40	137.55	10/01/2022		
	Hospice Provider							
	#0651 / H51 Routine Home Care	(1-60)						
	#0651a / H5L Routine Home Care	e (61 +)						
	#0652 / H52 Continuous Home C	are						
	#0551 / 0561 Continuous Home (Care - SIA						
	#0655 / H55 Inpatient Respite Ca	re						
	#0656 / H56 General Inpatient Ca	ire						
	#0658 Room and Board							
E	Basis:	Rate -	Турє	e :				
	Budget	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
	X Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	S		
	Okeechobee							
<u>Dis</u>	tribution:	T. K. Feehrer,				٨٧.٨		
Fisc	cal Agent	Senior Manage	emen	it Analyst Supe	rvisor	1/4 ²		
Cor	ntract Management	Medicaid Progr	ram l	Finance				
Per	manent File							



684660202 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	Rates for	No	n-Insti	tutional l	<u>Providers</u>		
FL	Community Hea	lth Ctrs- Hillmoor Dr.			Pro	rovider Number : 684660202				
					Da	te: 08/	31/2022			
170	01 S.E. Hillmoor	Dr.			Fis	cal Yea	ar End : N	/A		
Ро	rt St. Lucie, FL	34952			Aud	dit Stat	us : N/A			
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date	
	Rural I	lealth Clinic								
	Swing	Bed Provider								
	X Federa	Illy Qualified Health Centers					133.40	137.55	10/01/2022	
	Hospic	e Provider								
	#06	551 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	552 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SI	A						
	#06	655 / H55 Inpatient Respite Car	e							
	#06	656 / H56 General Inpatient Car	re							
	#06	558 Room and Board								
ſ	Basis :	7		Rate	Тур	e :				
ָ 		∟ Budget	'		Χ		Prospecti	ve		
-		Unaudited costs	-				Total Pro	spective		
-		Desk audited costs	-				Prospect	ve Adjusted for	New costs	
•		Field audited costs	-							
-		Medicare - Prospective	-				Interim			
	X	Payment System Rate	-				Total Inte	rim		
-		Average Nursing Home Rate	-				Settleme	nt based on cost	S	
•		Okeechobee								
	Distribution								A / A	
	Fiscal Agent	<u>.</u>		Feehrer, r Manage	eme	nt Ana	lyst Supe	rvisor	1K2+	
	Contract Mana	agement	Medic	aid Prog	ram	Financ	ce			
	Permanent Fil									
	Program Deve									
	•	•								



684660204 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	Non-In	stitutional	<u>Providers</u>				
orida Communit	y Health Centers, Inc	1	Provide	er Number :	684660204				
			Date: 08/31/2022						
76 S US Highw	ay 1 Unit 1		Fiscal Year End : N/A						
ort St Lucie, FL	34952		Audit Status : N/A						
ovider Type:			Cu	rrent Rate	New Rate	Effective Date			
Rural	Health Clinic								
Swing	g-Bed Provider								
X Feder	rally Qualified Health Centers			133.40	137.55	10/01/2022			
Hosp	ice Provider								
#0	0651 / H51 Routine Home Care ((1-60)							
#0	0651a / H5L Routine Home Care	(61 +)							
#0	0652 / H52 Continuous Home Ca	are							
#0	0551 / 0561 Continuous Home C	are - SIA							
#0	0655 / H55 Inpatient Respite Car	re							
#0	0656 / H56 General Inpatient Ca	re							
#0	0658 Room and Board								
Basis :		Rate T	ype :	$\overline{}$					
	Budget	X		Prospect	ive				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			 Interim					
Χ	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			 Settleme	nt based on cost	ts			
	St Lucie			_					
Distribution	<u>n:</u>	T. K. Feehrer,				٨٧.٨			
Fiscal Agent		Senior Manager			rvisor	1/h			
Contract Mar	nagement	Medicaid Progra	am Fin	ance					
Permanent F	ïle								
Program Dev	velopment:								



686032000 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per I	Diem Rates for	No	n-Institutional	<u>Providers</u>		
I.M. Solzbacher Ctr for the Homeless			Provider Number : 686032000				
			Da	te: 08/31/2022			
611 E. Adams St			Fis	scal Year End : N/A			
Jacksonville, FL 32202			dit Status : N/A				
Provider Type:				Current Rate	New Rate	Effective Date	
Rura	l Health Clinic						
Swin	g-Bed Provider						
X Federally Qualified Health Centers			129.61	133.65	10/01/2022		
Hospice Provider							
#0651 / H51 Routine Home Care (1-60)							
#0651a / H5L Routine Home Care (61 +)							
#0652 / H52 Continuous Home Care							
#0551 / 0561 Continuous Home Care - SIA							
#0655 / H55 Inpatient Respite Care							
#0656 / H56 General Inpatient Care							
#	0658 Room and Board						
Basis :		Rate	Тур	pe:			
	 Budget	,	X	 Prospect	ive		
	Unaudited costs				Total Prospective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim	Interim		
X	Payment System Rate			Total Inte	Total Interim		
	Average Nursing Home Rate			Settleme	nt based on cost	S	
	 Duval						
Distributio	<u>n:</u>	T. K. Feehrer,				NV J	
Fiscal Agent	•			nt Analyst Supe	rvisor	2/1/2	
Contract Ma	nagement	Medicaid Progr	am	Finance			
Permanent F	File						
Program De	velopment:						



686032002 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

I.M. Solzbacher	Provider Number : 686032002
Beaches Community Healthcare	Date: 08/31/2022
611 E. Adams Street	Fiscal Year End : N/A
Jacksonville, FL 32202	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	129.61	133.65	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



686032006 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem F	Rates for	N	lon-Ins	titutional	<u>Providers</u>		
I.M	. Sulzba	cher Cer	nter for the Homeless, Inc.			Р	rovider	Number :	686032006		
						D	ate : 0	8/31/2022			
54	55 Spring	gfield Blv	rd			Fi	Fiscal Year End : N/A				
Jac	ksonville	e, FL 32	208			A	udit St	atus : N/A			
Pro	ovider Ty	уре:					Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers					129.61	133.65	10/01/2022	
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SI	IA						
		#06	55 / H55 Inpatient Respite Car	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate	Ту	/pe :				
י			Budget	'		Χ		⊐ Prospect	ive		
-			Unaudited costs	,				Total Pro	spective		
•			Desk audited costs					– Prospect	ive Adjusted for	New costs	
•			Field audited costs					_			
-			Medicare - Prospective					_ Interim			
	>	<	Payment System Rate					Total Inte	erim		
•			Average Nursing Home Rate					Settleme	nt based on cos	ts	
			Duval					_			
	Distri	bution:		 T. K. I	Feehrer,					A \	
	Fiscal	Agent				em	ent An	alyst Supe	rvisor	2K2	
	Contra	ict Mana	gement	Medic	aid Prog	rar	m Fina	nce			
	Perma	nent File)								
	Progra	ım Deve	lopment:								



687429100 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Car	e Centers for Homeless - Westmoreland	Pr	ovider Number :	687429100	
		Date: 08/31/2022			
234 N. Ora	ange Blossom Trail	Fis	scal Year End : N	I/A	
Orlando, FL 32805		Αι	ıdit Status : N/A		
Provider 1	Гуре:		Current Rate	New Rate	Effective Date
	Rural Health Clinic				
	Swing-Bed Provider				
Х	Federally Qualified Health Centers		150.61	155.30	10/01/2022
	Hospice Provider				
	#0651 / H51 Routine Home Care (1-60)				
	#0651a / H5L Routine Home Care (61 +)				
	#0652 / H52 Continuous Home Care				
	#0551 / 0561 Continuous Home Care - SIA				
	#0655 / H55 Inpatient Respite Care				

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

Distribution:

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Contract Management

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Program Development:

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#0656 / H56 General Inpatient Care

#0658 Room and Board

T. K. Feehrer,

Senior Management Analyst Supervisor





687429102 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates fo	r N	on-Ins	titutional	<u>Providers</u>	
Health Care Centers for Homeless - Parramore		Pı	rovider	Number :	687429102	
		Da	ate : 08	3/31/2022		
234 N. Orange Blossom Trail Orlando, FL 32805 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Orange Distribution: Fiscal Agent T. K. Feehre Senior Management of the State of Senior Management of State of Senior Management of State of State of Senior Management of State of S		Fi	scal Ye	ear End : N	/A	
Orlando, FL 32805		Αι	udit Sta	itus : N/A		
Provider Type:			Curre	ent Rate	New Rate	Effective Date
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers				150.61	155.30	10/01/2022
Hospice Provider						
#0651 / H51 Routine Home Care (1	l -60)					
#0651a / H5L Routine Home Care	(61 +)					
#0652 / H52 Continuous Home Ca	re					
#0551 / 0561 Continuous Home Ca	are - SIA					
#0655 / H55 Inpatient Respite Care	9					
#0656 / H56 General Inpatient Card	e					
#0658 Room and Board						
Basis:	Rate	Ту	pe:			
Budget		X		Prospect	ve	
Unaudited costs				Total Pro	spective	
Desk audited costs				Prospect	ve Adjusted for	New costs
Field audited costs				_		
Medicare - Prospective				Interim		
X Payment System Rate				Total Inte	rim	
Average Nursing Home Rate				Settleme	nt based on cost	s
Orange				_		
<u>Distribution:</u>	T. K. Feehrer,					ΛV.Λ
Fiscal Agent	Senior Manag	em	ent Ana	alyst Supe	rvisor	2/12
Contract Management	Medicaid Prog	ran	n Finar	ice		
Permanent File						
Program Development:						



687429106 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022
232 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 328051612	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	150.61	155.30	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



687429108 - 2022/10

Bureau of Medicaid Program 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	Provider Number : 687429108
HTI, Orange Blossom Family Health	Date: 08/31/2022
232 North Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 328051612	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	150.61	155.30	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Senior Management Analyst Supervisor



687429112 - 2022/10

Bureau of Medicaid Program 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 : 687429112
Orange Blossom Family Health Center #12	Date: 08/31/2022
232 N. Orange Blossom Trail	Fiscal Year End : N/A
Orange, FL 328051612	Audit Status : N/A

Provider	rovider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	150.61	155.30	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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687429114 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem F	Rates for	r Nor	n-Institutional	<u>Providers</u>		
Не	alth Care	e Ctr for	the Homeless			Pro	vider Number :	687429114		
						Date: 08/31/2022				
23	2 N Oran	ge Bloss	som Trail			Fisc	cal Year End : N	I/A		
Orl	ando, Fl	32805-	1612			Aud	lit Status : N/A			
Pre	ovider T	уре:					Current Rate	New Rate	Effective Date	
		Rural F	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				150.61	155.30	10/01/2022	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SI	Α					
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate	Тур	e :			
١			Budget	'		Χ	Prospect	ive		
•			Unaudited costs	-			Total Pro	spective		
•			Desk audited costs				Prospect	ive Adjusted for	New costs	
•			Field audited costs							
•			Medicare - Prospective				Interim			
	>	X	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cost	s	
•			Orange							
	Distri	bution:		_	eehrer,				A \	
Fiscal Agent					emer	nt Analyst Supe	rvisor	JK.2		
		•	gement	Medic	aid Prog	ram	Finance			
	Perma	nent File	Э							
	Progra	am Deve	lopment:							



687429120 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homless Inc	Provider Number : 687429120
Orange Blossom Family Health Center- Evans	Date: 08/31/2022
232 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 32805-1612	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	150.61	155.30	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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Senior Management Analyst Supervisor



687429122 - 2022/10

Bureau of Medicaid Program 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 Pediatrics			Pro	rovider Number : 687429122			
			Dat	ate: 08/31/2022			
701 W Livingston	Street Bldg 800		Fis	cal Year E	nd : N	I/A	
Orlando, FL 328	03		Aud	dit Status :	N/A		
Provider Type:				Current F	Rate	New Rate	Effective Date
Rura	ıl Health Clinic						
Swir	ng-Bed Provider						
X Fede	erally Qualified Health Centers			1	50.61	155.30	10/01/202
Hos	oice Provider						
#	0651 / H51 Routine Home Care (1-60)					
#	0651a / H5L Routine Home Care (61	+)					
#0652 / H52 Continuous Home Care							
#	0551 / 0561 Continuous Home Care	- SIA					
#	0655 / H55 Inpatient Respite Care						
#	0656 / H56 General Inpatient Care						
#	0658 Room and Board						
Basis :		Rate	Э Тур	e:			
	Budget		Х	Pro	spect	ive	
	Unaudited costs			Tot	al Pro	spective	
	Desk audited costs			Pro	spect	ive Adjusted for	New costs
	Field audited costs						
	Medicare - Prospective			Inte	erim		
Χ	Payment System Rate			Tot	al Inte	erim	
	Average Nursing Home Rate			Set	tleme	nt based on cost	s
	 Orange						

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Program Development:

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687429124 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	<u>Medicaid Reimbursement Pe</u>	r Diem Rates	for N	lon-Ins	<u>titutional</u>	<u>Providers</u>		
Не	alth Care	e Center	For The Homeless, Inc.		Р	rovider	Number :	687429124		
					D	Date : 08/31/2022				
442	26 Old W	/inter Ga	rden Rd		F	iscal Ye	ear End : N	I/A		
Orl	ando, Fl	32811			Α	udit Sta	atus : N/A			
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date	
		Rural H	ealth Clinic							
		Swing-	Bed Provider							
	X	Federa	ly Qualified Health Centers				150.61	155.30	10/01/2022	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
#0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite Ca			51 / 0561 Continuous Home C	Care - SIA						
			re							
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]	Ra	te Ty	/pe :	1			
•			Budget		Х		Prospect	ive		
-			Unaudited costs				Total Pro	spective		
•			Desk audited costs				Prospect	ive Adjusted for	New costs	
•			Field audited costs				_			
-			Medicare - Prospective				Interim			
_)	X	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	s	
			Orange							
	Distri	bution:		T. K. Feehre	er,				1V.1	
	Fiscal	Agent		Senior Mana		ent An	alyst Supe	rvisor	2/1/2	
	Contra	act Mana	gement	Medicaid Pr	ograr	m Finar	nce			
	Perma	nent File	}							
	Progra	am Deve	opment:							



687955100 - 2022/10

Bureau of Medicaid Program 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	Provider Number : 687955100
	Date: 08/31/2022
1205 S. Woodland Blvd	Fiscal Year End : N/A
Deland, FL 32720	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	129.61	133.65	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Contract Management

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



687955102 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Pe	r Diem Rates for	r Non	-Institutional	<u>Providers</u>			
Northeast Florida	a Health Svcs - West Plymouth Av	e	Provider Number : 687955102					
			Date	e : 08/31/2022	/31/2022			
1205 S. Woodlar	nd Blvd		Fisc	al Year End : N	I/A			
Deland, FL 3272	20		Aud	it Status : N/A				
Provider Type:			(Current Rate	New Rate	Effective Date		
Rura	Il Health Clinic							
Swir	ng-Bed Provider							
X Fede	erally Qualified Health Centers			129.61	133.65	10/01/202		
Hos	pice Provider							
#	10651 / H51 Routine Home Care	(1-60)						
#	0651a / H5L Routine Home Care	e (61 +)						
#	10652 / H52 Continuous Home C	are						
#	10551 / 0561 Continuous Home (Care - SIA						
#	¹ 0655 / H55 Inpatient Respite Ca	ire						
#	10656 / H56 General Inpatient Ca	are						
#	0658 Room and Board							
Basis :		Rate	Туре) :				
	Budget		Χ	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
X	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	is		
	Volusia							
<u>Distributio</u>	on:	T. K. Feehrer,				AV 1		
Fiscal Agen			emen	t Analyst Supe	rvisor	1K2		
Contract Ma	anagement	Medicaid Prog	gram F	inance		· · · · · · · · · · · · · · · · · · ·		
Permanent	File							
Program De	evelopment:							



687955104 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pural Health Clinic								
Provider Type:	Current Rate	New Rate	Effective Date					
Deland, FL 32720	Audit Status : N/A							
1205 S. Woodland Blvd	Fiscal Year End : N/A							
	Date: 08/31/2022							
Northeast Florida Health Services, Inc Deltona	Provider Number : 687955104							
Northoast Florida Health Carriago Inc. Deltana	Drovidor Numbor	697055104						

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	129.61	133.65	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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687955111 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem	Rates for	r No	on-Ins	titutional I	<u>Providers</u>				
No	rtheast Florida H	lealth Services		Provider Number : 687955111								
					Da	Date: 08/31/2022						
12	05 S. Woodland	Blvd			Fis	iscal Year End : N/A						
De	Deland, FL 32720				Au	ıdit Sta	itus : N/A					
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date			
	Rural H	lealth Clinic										
	Swing-	Bed Provider										
	X Federa	lly Qualified Health Centers					129.61	133.65	10/01/2022			
	Hospic	e Provider										
	#06	51 / H51 Routine Home Care (1-60)						-			
	#06	51a / H5L Routine Home Care	(61 +)									
	#06	552 / H52 Continuous Home Ca	are									
	#05	551 / 0561 Continuous Home C	are - S	IA								
	#06	555 / H55 Inpatient Respite Car	е									
	#06	556 / H56 General Inpatient Car	re									
	#06	558 Room and Board										
	Basis :			Rate	Тур	oe :]					
'		Budget			Χ		Prospecti	ve				
		Unaudited costs					Total Pro	spective				
•		Desk audited costs					Prospecti	ve Adjusted for	New costs			
		Field audited costs					_					
		Medicare - Prospective					Interim					
	X	Payment System Rate					Total Inte	rim				
		Average Nursing Home Rate					Settleme	nt based on cost	s			
		Volusia					_					
	<u>Distribution</u> :	:	_ T K	Feehrer,					A\/ A			
	Fiscal Agent	-			eme	ent Ana	alyst Supe	rvisor	1/2/2			
	Contract Mana	agement	Medic	caid Prog	ram	Finar	ice					
	Permanent File	е										
	Program Deve	elopment:										



687955117 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Ra	ates for	No	n-Instit	utional I	<u>Providers</u>	
Noı	rtheast Florida H	lealth Services Deland		Provider Number : 687955117					
				Date: 08/31/2022					
120	5 S. Woodland	Blvd			Fis	cal Year	r End : N	/A	
Del	and, FL 32720				Au	dit Statu	s:N/A		
Pro	ovider Type:					Curren	t Rate	New Rate	Effective Date
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers					129.61	133.65	10/01/2022
	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SIA	1					
	#00	655 / H55 Inpatient Respite Car	·e						
	#00	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
Γ	Basis :	7		Rate	Тур	oe:			
		 Budget		,	X	F	Prospecti	ve	
-		Unaudited costs	-			т	otal Pro	spective	
-		Desk audited costs	-			F	Prospecti	ve Adjusted for	New costs
-		Field audited costs	-						
-		Medicare - Prospective	-			lı	nterim		
	Χ	Payment System Rate				Т	otal Inte	rim	
_		Average Nursing Home Rate Volusia	-				Settleme	nt based on cost	s
	Distribution	<u>:</u>	T. K. Fe Senior		eme	ent Analv	rst Supei	rvisor	184
	Fiscal Agent	agament				Finance			
	Contract Mana Permanent Fil	_		3					
	Permanent Fil								
	r logialli Deve	ыоринсии.							



687955119 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Services	Provider Number : 687955119
Family Health Source	Date: 08/31/2022
1205 S. Woodland Blvd	Fiscal Year End : N/A
Deland, FL 32720	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	129.61	133.65	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

184



688412100 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per	Diem Rates fo	r N	on-In	stitutional	<u>Providers</u>		
Pinellas	County Boa	ard-Mobile Med Unit		Provider Number : 688412100					
				Date: 08/31/2022					
647 1st	Ave. North			Fiscal Year End : N/A					
St. Pete	ersburg, FL	337013601		A	udit S	tatus : N/A			
Provide	er Type:				Cui	rent Rate	New Rate	Effective Date	
	Rural H	Health Clinic							
	Swing-	Bed Provider							
X	Federa	Illy Qualified Health Centers				121.01	124.78	10/01/2022	
	Hospic	e Provider							
	#06	551 / H51 Routine Home Care (1-60)						
	#06	551a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	ire						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	655 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	е						
	#06	558 Room and Board							
	Basis :]	Rate	Ту	pe :				
		Budget		Χ		Prospect	ive		
		Unaudited costs				Total Pro	spective		
		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs							
		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	s	
'		Pinellas				_			
	stribution	<u>:</u>	T. K. Feehrer, Senior Manag	em	ent A	nalyst Supe	rvisor	184	
	scal Agent		Medicaid Prog				551		
	ontract Mana								
	rmanent File								
Pr	ogram Deve	eiopriient:							



688571300 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		-	Medicaid Reimbursement Per	Diem Rates	for No	on-Instit	tutional l	<u>Providers</u>		
Citrus Health Network				Provider Number : 688571300						
					Da	ate : 08/3	31/2022			
41	75 W. 20	th Aven	ue		Fis	/A				
Hia	ıleah, Fl	33012			Au	ıdit Statı	us : N/A			
Pro	ovider T	уре:				Currer	nt Rate	New Rate	Effective Date	
	Rural Health Clinic Swing-Bed Provider									
	X	Federa	Ily Qualified Health Centers				162.80	167.87	10/01/2022	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Car	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
[Ва	sis :	7	R	ate Ty _l	pe:				
٠			Budget		Х		Prospecti	ve		
•			Unaudited costs			-	Total Pro	spective		
			Desk audited costs				Prospect	ve Adjusted for	New costs	
			Field audited costs							
•			Medicare - Prospective			I	Interim			
		X	Payment System Rate				Total Inte	rim		
			Average Nursing Home Rate				Settleme	nt based on cost	s	
			Dade							
	Distr	ibution:		T. K. Feehr					٨٧.٨	
	Fiscal	Agent		Senior Mar	nageme	ent Analy	yst Supe	visor	2/12	
	Contra	act Mana	agement	Medicaid P	rogram	n Financ	е			
	Perma	anent File	е							
	Progra	am Deve	lopment:							



688571302 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	No	n-Inst	<u>itutional l</u>	<u>Providers</u>				
Cit	rus Health Netwo	ork			Pro	ovider	Number :	688571302				
					Da	ite : 08	/31/2022					
55	1 West 51st Stre	et Place, Second Floor			Fis	scal Ye	ar End : N	/A				
Hia	leah, FL 33012	3601			Au	udit Status : N/A						
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic										
	Swing	-Bed Provider										
	X Federa	Illy Qualified Health Centers					162.80	167.87	10/01/2022			
	Hospic	ce Provider										
	#06	651 / H51 Routine Home Care (1-60)									
	#06	651a / H5L Routine Home Care	(61 +)									
	#06	652 / H52 Continuous Home Ca	are									
	#05	551 / 0561 Continuous Home C	are - SI	A								
	#06	655 / H55 Inpatient Respite Car	e									
	#06	656 / H56 General Inpatient Car	re									
	#06	658 Room and Board										
	Basis :]		Rate	Тур	oe :						
		⊐ Budget			Χ		Prospecti	ve				
•		Unaudited costs	-				Total Pro	spective				
•		Desk audited costs	-				Prospect	ve Adjusted for	New costs			
•		Field audited costs	-				-					
•		Medicare - Prospective	-				Interim					
	Χ	Payment System Rate	-				Total Inte	rim				
		Average Nursing Home Rate					Settleme	nt based on cost	ts			
		Dade										
	Distribution	·	 T. K. F	eehrer,					A \			
	Fiscal Agent	_			eme	ent Ana	lyst Supe	rvisor	2/62			
	Contract Mana	agement	Medic	aid Prog	ram	Finan	ce					
	Permanent Fil	е										
	Program Deve	elopment:										



688571308 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	. No	on-Ins	titutional l	<u>Providers</u>				
Cit	rus Health Netw	ork, E. 3rd St			Pro	ovider	Number :	688571308				
					Da	ate : 08	3/31/2022					
417	75 West 20th Av	e.			Fiscal Year End : N/A							
Hia	leah, FL 33012				Au	udit Status : N/A						
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date			
	Rural	Health Clinic										
	Swing	-Bed Provider										
	X Federa	ally Qualified Health Centers					162.80	167.87	10/01/2022			
	Hospid	ce Provider										
	#06	651 / H51 Routine Home Care (1-60)									
	#06	651a / H5L Routine Home Care	(61 +)									
	#06	652 / H52 Continuous Home Ca	are									
	#0	551 / 0561 Continuous Home C	are - SI	Α								
	#06	655 / H55 Inpatient Respite Car	е									
	#06	656 / H56 General Inpatient Car	e									
	#00	658 Room and Board										
	Basis :	7		Rate	Тур	pe:]					
ָ 		 Budget	'		X		ם Prospecti	ve				
-		Unaudited costs	-				- Total Pro	spective				
-		Desk audited costs	-				- Prospecti	ve Adjusted for	New costs			
-		Field audited costs	-				_					
-		Medicare - Prospective	-				- Interim					
	Χ	Payment System Rate	-				Total Inte	rim				
•		Average Nursing Home Rate	-				Settleme	nt based on cost	ts			
-		 Dade					_					
	D . 4 !! 4!											
	<u>Distribution</u>	· <u>·</u>		Feehrer, r Manage	eme	ent Ana	alyst Supe	rvisor	N4			
	Fiscal Agent			aid Prog								
	Contract Mana											
	Permanent Fil											
	Program Deve	ыортнени.										



688571310 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem l	Rates for	. N	on-In	stitutional	<u>Providers</u>				
Cit	rus Heal	th Netwo	rk-SW 26th St			Pr	rovide	er Number :	688571310				
						Da	ate :	08/31/2022					
417	75 W. 20	th Ave				Fi	scal `	Year End : N	I/A				
Hia	leah, Fl	33012				Αι	udit Status : N/A						
Pro	vider T	уре:					Cu	rrent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic										
		Swing-	Bed Provider										
	X	Federa	lly Qualified Health Centers					162.80	167.87	10/01/2022			
		Hospic	e Provider										
		#06	51 / H51 Routine Home Care (1-60)									
		#06	51a / H5L Routine Home Care	(61 +)									
		#06	52 / H52 Continuous Home Ca	are									
	#0551 / 0561 Continuous Home				IA								
		#06	·e										
		#06	56 / H56 General Inpatient Car	re									
		#06	58 Room and Board										
	Bas	sis :]		Rate	Ту	pe :						
ָ 			Budget			X		— Prospect	ive				
-			Unaudited costs					 Total Pro	spective				
-			Desk audited costs					— Prospect	ive Adjusted for	New costs			
-			Field audited costs										
-			Medicare - Prospective					 Interim					
)	X	Payment System Rate					Total Inte	erim				
•			Average Nursing Home Rate					Settleme	nt based on cost	ts			
-			Dade										
	D '									5.6			
		bution:			Feehrer, or Manage	em:	ent A	nalyst Supe	rvisor	N4			
		Agent			caid Prog			•					
		act Mana	_	2 2.1		•							
Permanent File Program Development:													
	Progra	ıııı Devel	юртеп.										



688571314 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		1	Medicaid Reimbursement Per	Diem l	Rates for	r No	<u>n-Inst</u>	itutional	<u>Providers</u>				
Cit	rus Heal	th Netwo	k-Hialeah			Pro	ovider	Number :	688571314				
						Dat	te : 08	/31/2022					
41	75 W 20t	th Ave				Fis	cal Ye	ar End : N	/A				
Hia	leah, Fl	33012				Audit Status : N/A							
Pro	vider T	уре:					Curre	nt Rate	New Rate	Effective Date			
		Rural H	ealth Clinic										
		Swing-E	Bed Provider										
	X	Federal	y Qualified Health Centers					162.80	167.87	10/01/2022			
		Hospice	Provider										
		#065	51 / H51 Routine Home Care (1-60)									
		#065	i1a / H5L Routine Home Care	(61 +)									
	#0652 / H52 Continuous Home			are									
	#0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C				IA								
		#065	re										
		#065	8 Room and Board										
	Bas	sis :			Rate	Тур	e :						
ָ י			Budget			X		ı Prospect	ve				
•			Unaudited costs					Total Pro	spective				
•			Desk audited costs					Prospect	ve Adjusted for	New costs			
•			Field audited costs					•					
•			Medicare - Prospective					Interim					
)	X	Payment System Rate					Total Inte	rim				
•			Average Nursing Home Rate					Settleme	nt based on cost	ts			
•			Dade										
	Distri	bution:		T K	Feehrer,					A > / A			
		Agent				eme	nt Ana	lyst Supe	rvisor				
	Contra	act Manag	gement	Medic	caid Prog	ram	Finan	ce					
Permanent File													
Program Development:													



688571316 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem R	ates for	· N	lon-In:	stitutional	<u>Providers</u>				
Cit	rus Heal	th Netwo	ork, Inc.			Р	rovide	r Number :	688571316				
						D	ate : C	8/31/2022					
417	75 West	20th Ave)		Fiscal Year End : N/A								
Hia	leah, FL	33012				Α	Audit Status : N/A						
Pro	vider T	уре:					Cur	rent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic										
		Swing-	Bed Provider										
	X	Federa	lly Qualified Health Centers					162.80	167.87	10/01/2022			
		Hospic	e Provider										
		#06	51 / H51 Routine Home Care (1-60)									
		#06	51a / H5L Routine Home Care	(61 +)									
		#06	52 / H52 Continuous Home Ca	are									
		#05	51 / 0561 Continuous Home C	are - SI	A								
		#06	55 / H55 Inpatient Respite Car	e									
		#06	56 / H56 General Inpatient Ca	re									
		#06	58 Room and Board										
	Bas	sis :]		Rate	Ту	/pe :						
י			Budget			Χ		Prospect	ive				
-			Unaudited costs	-				Total Pro	spective				
•			Desk audited costs	-				Prospect	ive Adjusted for	New costs			
-			Field audited costs	-									
-			Medicare - Prospective					Interim					
		X	Payment System Rate					Total Inte	erim				
•			Average Nursing Home Rate					Settleme	nt based on cos	ts			
			Dade					_					
	<u>Dist</u> ri	bution:		L T. K. F	eehrer,					A)/ /			
		Agent				em	ent Ar	nalyst Supe	rvisor	- TAKE			
	Contra	act Mana	gement	Medica	aid Prog	rar	m Fina	nce					
	Perma	anent File	9										
	Progra	am Deve	lopment:										



688693100 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem Ra	ates for	. N	<u>on-Ins</u>	titutional	<u>Providers</u>					
The	e Brevar	d Health	Alliance, Inc			Pr	rovider	Number :	688693100					
						Da	Date: 08/31/2022							
527	70 Babc	ock St NI	E	Fiscal Year End : N/A										
Pa	m Bay,	FL 3290	54616			Audit Status : N/A								
Pro	vider T	уре:					Curr	ent Rate	New Rate	Effective Date				
		Rural H	lealth Clinic											
		Swing-	Bed Provider											
	X	Federa	lly Qualified Health Centers					153.23	158.00	10/01/2022				
		Hospic	e Provider											
		#06	51 / H51 Routine Home Care ((1-60)										
		#06	51a / H5L Routine Home Care	(61 +)										
		#06	52 / H52 Continuous Home Ca	are										
		#05	51 / 0561 Continuous Home C	are - SIA	1									
		#06	55 / H55 Inpatient Respite Car	re										
		#06	56 / H56 General Inpatient Ca	re										
		#06	58 Room and Board											
	Ba	sis :]		Rate	Ту	pe:	7						
١.			Budget			Χ		Prospect	ive					
-			Unaudited costs					Total Pro	spective					
-			Desk audited costs					- Prospect	ive Adjusted for	New costs				
-			Field audited costs					_						
•			Medicare - Prospective					Interim						
		X	Payment System Rate					Total Inte	erim					
•			Average Nursing Home Rate					Settleme	nt based on cost	s				
			Brevard					_						
	Distr	ibution:		I T. K. Fe	eehrer,					1 / A				
	Fiscal	Agent				eme	ent An	alyst Supe	rvisor	2/62				
	Contra	act Mana	gement	Medica	id Prog	ran	n Finar	nce						
	Perma	anent File	e											
	Progra	am Deve	lopment:											



688693102 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	<u>r Noi</u>	n-Institutional	<u>Providers</u>					
he Brevard Heal	lth Alliance - Hickory	Provider Number : 688693102								
			Dat	e: 08/31/2022						
7 Silver Palm Av	/e.		Fisc	cal Year End : N	I/A					
lelbourne, FL 32	29013231		Auc	Audit Status : N/A						
rovider Type:				Current Rate	New Rate	Effective Date				
Rura	l Health Clinic									
Swin	g-Bed Provider									
X Fede	rally Qualified Health Centers			153.23	158.00	10/01/2022				
Hosp	ice Provider									
#	0651 / H51 Routine Home Care (1-60)								
#	0651a / H5L Routine Home Care	(61 +)								
#	0652 / H52 Continuous Home Ca	are								
#	0551 / 0561 Continuous Home C	are - SIA								
#	0655 / H55 Inpatient Respite Car	е								
#	0656 / H56 General Inpatient Car	re								
#	0658 Room and Board									
Basis :		Rate	Тур	e :						
	 Budget		Χ	Prospect	ive					
	Unaudited costs			Total Pro	spective					
	Desk audited costs			Prospect	ive Adjusted for	New costs				
	Field audited costs									
	Medicare - Prospective			Interim						
X	Payment System Rate			Total Inte	erim					
	Average Nursing Home Rate			Settleme	nt based on cost	ts				
	Brevard									
Distributio	<u>n:</u>	T. K. Feehrer,				AV 1				
Fiscal Agent			emer	nt Analyst Supe	rvisor	4				
Contract Ma	nagement	Medicaid Prog	gram	Finance						
Permanent F	File									
Program De	Program Development:									



688693106 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates for	Non-	<u>Institutional</u>	<u>Providers</u>	
e Brevard Heal	Ith Alliance - County Clinic		Provi	der Number :	688693106	
			Date	: 08/31/2022		
0 Barton Blvd,	Unit C14		Fisca	I Year End : N	I/A	
ockledge, FL 32	2955		Audit	Status : N/A		
ovider Type:			C	urrent Rate	New Rate	Effective Date
Rura	l Health Clinic					
Swin	g-Bed Provider					
X Fede	rally Qualified Health Centers			153.23	158.00	10/01/2022
Hosp	pice Provider					
#	0651 / H51 Routine Home Care ((1-60)				
#	0651a / H5L Routine Home Care	(61 +)				
#	0652 / H52 Continuous Home Ca	are				
#	0551 / 0561 Continuous Home C	are - SIA				
#	0655 / H55 Inpatient Respite Car	re				
#	0656 / H56 General Inpatient Ca	re				
#(0658 Room and Board					
Basis :		Rate -	Туре	:		
	 Budget	>	X	Prospect	ive	
	Unaudited costs			Total Pro	spective	
	Desk audited costs			Prospect	ive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
Χ	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	ts
	Brevard					
Distributio	<u>n:</u>	T. K. Feehrer,				AV 1
Fiscal Agent		Senior Manage	ment	Analyst Supe	rvisor	4
Contract Ma	nagement	Medicaid Progr	am Fi	nance		
Permanent F	File					
Program De	velopment:					



688693108 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Pe	Per Diem Rates for Non-Institutional Providers								
he Brevard Health Alliance - BHA Intl Mobile Unit	t	Provide	r Number :	688693108					
		Date : 0	08/31/2022						
20 Barton Blvd, Unit C14		Fiscal Y	ear End : N	I/A					
ockledge, FL 32955		Audit S	udit Status : N/A						
rovider Type:		Cur	rent Rate	New Rate	Effective Date				
Rural Health Clinic									
Swing-Bed Provider									
X Federally Qualified Health Centers			153.23	158.00	10/01/202				
Hospice Provider									
#0651 / H51 Routine Home Care	(1-60)								
#0651a / H5L Routine Home Car	e (61 +)								
#0652 / H52 Continuous Home C	are								
#0551 / 0561 Continuous Home	Care - SIA								
#0655 / H55 Inpatient Respite Ca	are								
#0656 / H56 General Inpatient Ca	are								
#0658 Room and Board									
Basis:	Rate	Type :							
Budget]	X	ー Prospect	ive					
Unaudited costs			— Total Pro	spective					
Desk audited costs			Prospect	ive Adjusted for	New costs				
Field audited costs									
Medicare - Prospective			 Interim						
X Payment System Rate			— Total Inte	erim					
Average Nursing Home Rate			 Settleme	nt based on cost	s				
Brevard									
<u>Distribution:</u>	T. K. Feehrer,				A \				
Fiscal Agent	Senior Manage	ement Aı	nalyst Supe	rvisor	JK.2				
Contract Management	Medicaid Progr	am Fina	ance	<u> </u>	▼				
Permanent File									



688693112 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement	Per Diem Rates for	<u>No</u>	n-Institutional	<u>Providers</u>		
The Breva	ard Health Alliance - N. Washington A	ve	Pro	vider Number :	688693112		
			Dat	te: 08/31/2022			
500 N. W	ashington Ave., Ste 105		Fis	cal Year End : N	I/A		
Titusville,	FL 32796		Aud	dit Status : N/A			
Provider	Туре:			Current Rate	New Rate	Effective Date	
	Rural Health Clinic						
	Swing-Bed Provider						
Х	Federally Qualified Health Cente	rs		153.23	158.00	10/01/2022	
	Hospice Provider						
	#0651 / H51 Routine Home Ca	are (1-60)					
	#0651a / H5L Routine Home (Care (61 +)					
	#0652 / H52 Continuous Hom	e Care					
	#0551 / 0561 Continuous Hon	ne Care - SIA					
	#0655 / H55 Inpatient Respite	Care					
	#0656 / H56 General Inpatient	t Care					
	#0658 Room and Board						
В	asis:	Rate	Тур	e :			
	Budget	;	X	Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
	X Payment System Rate			Total Inte	erim		
	Average Nursing Home Ra	ate		Settleme	nt based on cost	s	
	Brevard						
<u>Dist</u>	<u>ribution:</u>	T. K. Feehrer,				٨.٧٨	
Fisca				nt Analyst Supe	rvisor	1/h	
Cont	tract Management	Medicaid Progr	ram	Finance			

Permanent File Program Development: _____ For information Only (No Change in rate)



688693114 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		L	Medicaid Reimbursement Per	Diem Ra	tes for	No	on-Ins	titutional I	<u>Providers</u>			
Bre	evard Hea	alth Allia	nce			Pr	ovider	Number :	688693114			
						Da	ate : 08	3/31/2022				
77	5 Malabar	r Rd		Fiscal Year End : N/A								
Ма	labar, FL	32950			Audit Status : N/A							
Pro	ovider Ty	pe:					Curre	ent Rate	New Rate	Effective Date		
		Rural H	ealth Clinic						,			
		Swing-E	Bed Provider									
	X	Federal	ly Qualified Health Centers					153.23	158.00	10/01/2022		
		Hospice	e Provider									
		#06	51 / H51 Routine Home Care (1-60)								
		#06	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home Ca	re								
		#05	51 / 0561 Continuous Home C	are - SIA								
		#06	55 / H55 Inpatient Respite Car	е								
		#06	56 / H56 General Inpatient Car	е								
		#06	58 Room and Board									
	Basi	is :			Rate	Туј	pe:]				
'			Budget			X		Prospecti	ive			
•			Unaudited costs					Total Pro	spective			
•			Desk audited costs					Prospecti	ive Adjusted for	New costs		
•			Field audited costs					_				
•			Medicare - Prospective					Interim				
	X		Payment System Rate					Total Inte	erim			
			Average Nursing Home Rate					Settleme	nt based on cost	ts		
-			Brevard					_				
	Distrik	oution:		I T. K. Fe	ehrer.					AV 1		
	Fiscal A	Agent				eme	ent Ana	alyst Supe	rvisor	2/42		
	Contrac	ct Mana	gement	Medicai	d Prog	ram	n Finan	ice				
	Permar	nent File										
	Progra	m Devel	opment:									



688693119 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	_	Medicaid Reimbursement Per	Diem I	Rates for	r No	on-In	stitutional	<u>Providers</u>				
Bre	evard Health Allia	nce - Sarno			Pr	ovide	r Number :	688693119				
					Da	ate : 0	8/31/2022					
РС	Box 1137				Fi	scal Y	ear End : N	I/A				
Ме	lbourne, FL 329	021137			Αι	udit Status : N/A						
Pro	ovider Type:					Cur	rent Rate	New Rate	Effective Date			
	Rural H	lealth Clinic						,				
	Swing-	Bed Provider										
	X Federa	lly Qualified Health Centers					153.23	158.00	10/01/2022			
	Hospic	e Provider										
	#06	51 / H51 Routine Home Care (1-60)									
	#06	51a / H5L Routine Home Care	(61 +)									
	#06	52 / H52 Continuous Home Ca	re									
	#05	51 / 0561 Continuous Home C	are - S	IA								
	#06	55 / H55 Inpatient Respite Car	е									
	#06	56 / H56 General Inpatient Car	е									
	#06	58 Room and Board										
	Basis :]		Rate	Ту	pe :						
•		Budget			X		Prospect	ive				
•		Unaudited costs					— Total Pro	spective				
•		Desk audited costs					Prospect	ive Adjusted for	New costs			
-		Field audited costs										
-		Medicare - Prospective					Interim					
	X	Payment System Rate					Total Inte	erim				
•		Average Nursing Home Rate					Settleme	nt based on cost	ts			
		Brevard					_					
	<u>Distribution:</u>		_ _ T K	Feehrer,					A \			
	Fiscal Agent				eme	ent Aı	nalyst Supe	rvisor	JKJ-			
	Contract Mana	gement	Medic	caid Prog	ran	n Fina	ince					
	Permanent File)										
	Program Deve	lopment:										



Permanent File

Program Development:

_____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

688693121 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Po	<u>er Diem Rates foi</u>	r No	n-Institutional	<u>Providers</u>			
The Breva	ard Hlth Alliance- Cocoa		Provider Number : 688693121					
			Dat	ate: 08/31/2022				
7227 Nor	th US Hwy 1		Fis	cal Year End : N	I/A			
Cocoa, F	I 32927		Aud	dit Status : N/A				
Provider	Type:			Current Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers			153.23	158.00	10/01/2022		
	Hospice Provider							
	#0651 / H51 Routine Home Care	e (1-60)						
	#0651a / H5L Routine Home Car	re (61 +)						
	#0652 / H52 Continuous Home (Care						
	#0551 / 0561 Continuous Home	Care - SIA						
	#0655 / H55 Inpatient Respite C	are						
	#0656 / H56 General Inpatient C	are						
	#0658 Room and Board							
В	asis:	Rate	Тур	e :				
	Budget		X	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs		Prospective A		ive Adjusted for	djusted for New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
	X Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate	·		Settleme	nt based on cost	S		
	Brevard							
<u>Dist</u>	tribution:	T. K. Feehrer,				NV.A		
Fisc	al Agent			nt Analyst Supe	rvisor	2ht		
Con	tract Management	Medicaid Prog	ram	Finance				



688693128 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimburs	ement Per [Diem Rates f	or I	Non-I	nstitutional	<u>Providers</u>		
e Brevaro		Provider Number : 688693128							
			Date: 08/31/2022						
50 Grant	St Ste 137			F	iscal	Year End : N	I/A		
lbourne,	FL 32901-6037			ļ	Audit	Status : N/A			
ovider Ty	pe:				Сι	urrent Rate	New Rate	Effective Date	
	Rural Health Clinic						,		
	Swing-Bed Provider								
Х	Federally Qualified Health	Centers				153.23	158.00	10/01/2022	
	Hospice Provider								
	#0651 / H51 Routine Ho	me Care (1	-60)						
	#0651a / H5L Routine H	lome Care (61 +)						
	#0652 / H52 Continuous	s Home Car	е						
	#0551 / 0561 Continuo	ıs Home Ca	re - SIA						
	#0655 / H55 Inpatient R	espite Care							
	#0656 / H56 General Inp	oatient Care)						
	#0658 Room and Board	I							
Bas	is:		Ra	te T	ype :				
	Budget			X		Prospective Total Prospective			
	Unaudited costs								
	Desk audited costs					Prospect	Prospective Adjusted for New co		
	Field audited costs		-						
	Medicare - Prospec	tive				Interim			
X	Payment System R	ate	-			Total Inte	erim		
	Average Nursing Ho					Settleme	nt based on cost	S	
Diotri	aution.								
· ·	oution:		T. K. Feehre Senior Mana		nent /	Analyst Supe	rvisor	N/4	
Fiscal Agent Contract Management			Medicaid Program Finance						
	nent File			-					
	m Development:								
Fiogra	in pevelopinent.								



688693132 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	. No	<u>on-In</u>	stitutional I	<u>Providers</u>	
The Brevard Health Alliance Inc					Pr	ovide	r Number :	688693132	
				Date: 08/31/2022					
601	I E University Bl	vd			Fis	scal \	ear End : N	I/A	
Ме	lbourne, FL 329			Αι	udit S	tatus : N/A			
Pro	ovider Type:					Cur	rent Rate	New Rate	Effective Date
	Rural I	lealth Clinic							
	Swing-	Bed Provider							
	X Federa	Illy Qualified Health Centers					153.23	158.00	10/01/2022
	Hospic	e Provider							
	#06	551 / H51 Routine Home Care (1-60)						
	#06	551a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	ire						
	#05	551 / 0561 Continuous Home C	are - SI	Α					
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Car	е						
	#06	558 Room and Board							
ſ	Basis :]		Rate	Туј	pe :			
<u></u>		⊐ Budget			X		— Prospecti	ive	
-		Unaudited costs	· •				— Total Pro	spective	
-		Desk audited costs	-				Prospect	ive Adjusted for	New costs
-		Field audited costs	-						
-		Medicare - Prospective	-				 Interim		
	Χ	Payment System Rate	-				Total Inte	erim	
-		Average Nursing Home Rate	-				Settleme	nt based on cost	S
-		Brevard							
	Dietribution			_					
	Distribution: Fiscal Agent	<u>.</u>		Feehrer, r Manage	eme	ent Aı	nalyst Supe	rvisor	1/1/2
	Contract Mana	agement		aid Prog					
	Permanent File								
	Program Deve								
	. rogram beve	nopinoni.							



689693600 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem F	Rates for	· N	<u>lon-In</u>	stitutional	<u>Providers</u>			
Pancare of Florida					Provider Number : 689693600							
						Date: 08/31/2022						
230	9 E. 15			Fi	iscal `	Year End : N	I/A					
Panama City, FL 32405						Α	udit S	tatus : N/A				
Pro	vider T	уре:						rent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					133.82	137.98	10/01/2022		
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care ((1-60)								
		#06	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home Ca	are								
		#05	51 / 0561 Continuous Home C	are - SI	A							
		#06	55 / H55 Inpatient Respite Car	re								
		#06	56 / H56 General Inpatient Ca	ire								
		#06	58 Room and Board									
	Bas	sis :]		Rate	Ту	/pe :					
•			Budget	'		Χ		Prospect	ive			
-			Unaudited costs	'				Total Pro	spective			
-			Desk audited costs	'				Prospect	ive Adjusted for	New costs		
-			Field audited costs									
•			Medicare - Prospective	'				Interim				
	,	X	Payment System Rate					Total Inte	erim			
•			Average Nursing Home Rate					Settleme	nt based on cos	ts		
			Bay					_				
	Distri	bution:		l T. K. I	eehrer,					A \		
Fiscal Agent			Senior Management Analyst Supervisor									
	Contra	act Mana	gement	Medic	aid Prog	rar	m Fina	ance				
	Perma	anent File	9									
	Progra	am Deve	lopment:									



689693603 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem R	ates for	Nor	n-Institutional I	<u>Providers</u>			
Pancare of Florida, Inc.					Provider Number : 689693603					
De	Dental				Date	e: 08/31/2022				
70	7 Jenks Ave., Su	ite A			Fisc	al Year End : N	/A			
Ра	nama City, FL 3	24012586			Aud	Audit Status : N/A				
Pro	ovider Type:					Current Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	Illy Qualified Health Centers				133.82	137.98	10/01/2022		
	Hospid	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	552 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SIA	4						
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
[Basis :			Rate	Туре	e :				
٠		Budget		,	X	Prospect	ve			
•		Unaudited costs	-			Total Pro	spective			
•		Desk audited costs	-			Prospect	ve Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
		Average Nursing Home Rate Bay	-			Settleme	nt based on cost	s		
	Distribution Fiscal Agent	<u>:</u>		eehrer, Manage	emer	nt Analyst Supe	visor	184		
Contract Management			Medicaid Program Finance							
	Permanent Fil									
	Program Deve									
		- F								



689693604 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022
361 Greenway Trail	Fiscal Year End : N/A
Santa Rosa Beach, FL 32401	Audit Status : N/A

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	133.82	137.98	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1X2



689693612 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	N	<u>on-In</u>	stitutional	<u>Providers</u>			
Pa	ncare of Florida	- Chipley			Pr	rovide	r Number :	689693612			
					Da	Date: 08/31/2022					
43 ⁻	1 Oak Ave				Fi	scal \	ear End : N	I/A			
Pa	nama City, FL 3	32401			Αι	udit S	tatus : N/A				
Pro	ovider Type:					Cur	rent Rate	New Rate	Effective Date		
	Rural	Health Clinic						,			
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers					133.82	137.98	10/01/2022		
	Hospi	ce Provider									
	#0	651 / H51 Routine Home Care (1-60)								
	#0	651a / H5L Routine Home Care	(61 +)								
	#0	652 / H52 Continuous Home Ca	are								
	#0	551 / 0561 Continuous Home C	are - Sl	IA							
	#0	655 / H55 Inpatient Respite Car	е								
	#0	656 / H56 General Inpatient Car	re								
	#0	658 Room and Board									
	Basis :	7		Rate	Ту	pe :	7				
י		Budget	'		X		Prospect	ive			
•		Unaudited costs	'				Total Pro	spective			
-		Desk audited costs					Prospect	ive Adjusted for	New costs		
-		Field audited costs									
•		Medicare - Prospective	· ·				 Interim				
_	Χ	Payment System Rate					Total Inte	erim			
		Average Nursing Home Rate					Settleme	nt based on cost	s		
		Washington									
	Distribution	<u>:</u>	l K	Feehrer,					A \ / A		
	Fiscal Agent	_			m	ent A	nalyst Supe	rvisor	2/42		
	Contract Man	agement	Medic	aid Prog	an	n Fina	ance				
	Permanent Fi	le									
	Program Dev	elopment:									



689693615 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	<u>r Diem Rates for</u>	Non-	<u>-Institutional </u>	Providers				
anCare of Flori	da- Port St Joe		Provi	ider Number :	689693615				
			Date: 08/31/2022						
3 11th St			Fisca	Fiscal Year End : N/A					
anama City, Fl	32401		Audit	t Status : N/A					
ovider Type:			С	urrent Rate	New Rate	Effective Date			
Rura	al Health Clinic								
Swi	ng-Bed Provider								
X Fed	erally Qualified Health Centers			133.82	137.98	10/01/2022			
Hos	pice Provider								
;	#0651 / H51 Routine Home Care ((1-60)							
;	#0651a / H5L Routine Home Care	e (61 +)							
;	#0652 / H52 Continuous Home Ca	are							
;	#0551 / 0561 Continuous Home C	are - SIA							
;	#0655 / H55 Inpatient Respite Car	re							
;	#0656 / H56 General Inpatient Ca	re							
;	#0658 Room and Board								
Basis :		Rate	Туре	:					
	Budget		X	Prospect	ve				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ve Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
Х	Payment System Rate			Total Inte	rim				
	Average Nursing Home Rate Gulf			Settleme	nt based on cost	s			
Distribution Fiscal Ager		T. K. Feehrer, Senior Manage	ement	: Analyst Supe	visor	1X.F			
Contract Ma		Medicaid Progr	ram F	inance		•			
Permanent	_								
	evelopment:								



689693617 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	Medicaid Reimbursement Per	Diem Rat	es foi	r No	n-Institutional	<u>Providers</u>			
Pa	nCare of	f Florida-	Wewahitchka			Pro	ovider Number :	689693617			
					Date: 08/31/2022						
403	3 E. 111	th St				Fis	scal Year End : N/A				
Pa	nama Ci	ty, FI 32	401			Au	dit Status : N/A				
Pro	vider T	уре:					Current Rate	New Rate	Effective Date		
		Rural H	lealth Clinic						,		
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				133.82	137.98	10/01/2022		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1	1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	re							
		#05	51 / 0561 Continuous Home Ca	are - SIA							
		#06	55 / H55 Inpatient Respite Care	е							
		#06	56 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
	Bas	sis :]		Rate	Тур	oe:				
י			Budget			Χ	Prospect	ive			
-			Unaudited costs				Total Pro	spective			
-			Desk audited costs				Prospect	ive Adjusted for	New costs		
-			Field audited costs								
-			Medicare - Prospective				Interim				
	,	X	Payment System Rate				Total Inte	erim			
_			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Gulf								
	Distri	ibution:		T. K. Fee					NVJ		
	Fiscal	Agent					ent Analyst Supe	rvisor	2/1/2		
	Contra	act Mana	gement	Medicaid	l Prog	ram	Finance				
	Perma	anent File)								
	Progra	am Deve	opment:								



689693619 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem Ra	ites for	Nor	n-Institutional I	<u>Providers</u>		
Pa	nCare of Florida	-Carrabelle			Prov	vider Number :	689693619		
			Date: 08/31/2022						
403	3 E. !!th St				Fisc	al Year End : N	I/A		
Pa	nama City, Fl 32	2401			Aud	it Status : N/A			
Pro	ovider Type:					Current Rate	New Rate	Effective Date	
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	Illy Qualified Health Centers				133.82	137.98	10/01/2022	
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Car	е						
	#06	658 Room and Board							
[Basis :			Rate	Туре	e :			
		Budget	_	,	X	Prospect	ive		
•		Unaudited costs	_			Total Pro	spective		
•		Desk audited costs	-			Prospecti	ive Adjusted for	New costs	
		Field audited costs							
		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
•		Average Nursing Home Rate Franklin	-			Settleme	nt based on cost	rs .	
	Distribution Fiscal Agent	<u> </u>	T. K. Fe Senior N		emer	nt Analyst Supe	rvisor	184	
	Contract Mana	agement	Medicaid Program Finance						
	Permanent Fil								
	Program Deve								



689693621 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		<u>_l</u>	Medicaid Reimbursement Per	Diem R	ates for	. N	<u>lon-In</u>	stitutional	<u>Providers</u>		
Pa	nCare of	Florida-	Panama City			Р	rovide	r Number :	689693621		
					Date: 08/31/2022						
412	26 Indep	endent D	r			Fi	iscal \	ear End : N	I/A		
Ма	rianna, F	FI 32448				Α	udit S	tatus : N/A			
Pro	ovider T	ype:					Cur	rent Rate	New Rate	Effective Date	
		Rural H	ealth Clinic								
		Swing-l	Bed Provider								
	X	Federal	ly Qualified Health Centers					133.82	137.98	10/01/2022	
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SI	4						
		#06	55 / H55 Inpatient Respite Car	·e							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]	ĪΓ	Rate	Ту	/pe :				
י			Budget			X		Prospect	ive		
-			Unaudited costs	-				Total Pro	spective		
•			Desk audited costs	-				Prospect	ive Adjusted for	New costs	
-			Field audited costs	-				_			
-			Medicare - Prospective					Interim			
)	X	Payment System Rate	-				Total Inte	erim		
•			Average Nursing Home Rate					Settleme	nt based on cos	ts	
			Jackson								
	Distri	bution:		l T. K. F	eehrer,					A \ / A	
	Fiscal	Agent				em	ent A	nalyst Supe	rvisor	2K2	
	Contra	act Mana	gement	Medica	aid Prog	rar	m Fina	ance			
Permanent File											
	Progra	am Devel	opment:								



689693627 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Pancare of Florida - Malone						
	Provider Number : 689693627					
	Date: 08/31/2022					
403 East 11th Street	F	iscal Year End : N	I/A			
Panama City, FL 32401	A	udit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic				1		
Swing-Bed Provider						
X Federally Qualified Health Centers		133.82	137.98	10/01/2022		
Hospice Provider						
#0651 / H51 Routine Home Care (1-6	60)					
#0651a / H5L Routine Home Care (6	61 +)					
#0652 / H52 Continuous Home Care	e					
#0551 / 0561 Continuous Home Car	re - SIA					
#0655 / H55 Inpatient Respite Care						
#0656 / H56 General Inpatient Care						
#0658 Room and Board						
Basis:	Rate T	ype :				
Budget	X	Prospect	ive			
Unaudited costs		Total Pro	spective			
Desk audited costs		Prospect	ive Adjusted for	New costs		
Field audited costs						
Medicare - Prospective		Interim				
X Payment System Rate		Total Inte	erim			
Average Nursing Home Rate		Settleme	nt based on cost	ts		
Jackson						
<u>Distribution:</u>				A>/ A		
		nent Analyst Supe	rvisor	JK4		
	Medicaid Progra	m Finance		▼ 3		
Permanent File						
Program Development:						



692957500 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per	Diem Rates fo	r No	n-Inst	titutional l	<u>Providers</u>	
orth Florida Med	I. Ctr - Taylor Medical		Pro	vider	Number :	692957500	
			Date: 08/31/2022				
55 W. River Roa	d		Fisc	cal Ye	ear End : N	/A	
/ewahitchka, FL	32465		Auc	dit Sta	itus : N/A		
rovider Type:				Curre	ent Rate	New Rate	Effective Date
Rural	Health Clinic						
Swin	g-Bed Provider						
X Feder	rally Qualified Health Centers				120.39	124.14	10/01/2022
Hosp	ice Provider						
#(0651 / H51 Routine Home Care ((1-60)					
#(0651a / H5L Routine Home Care	e (61 +)					
#(0652 / H52 Continuous Home Ca	are					
#(0551 / 0561 Continuous Home C	are - SIA					
#(0655 / H55 Inpatient Respite Ca	re					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis:		Rate	Тур	e :			
	Budget		Х		Prospecti	ve	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospect	ve Adjusted for	New costs
	Field audited costs				-		
	Medicare - Prospective				Interim		
X	Payment System Rate				Total Inte	rim	
	Average Nursing Home Rate				Settleme	nt based on cost	s
	 Taylor				_		
Distribution	<u>n:</u>	T. K. Feehrer,					٨.٧٨
Fiscal Agent		Senior Manag	emer		•	rvisor	1/h
Contract Mar	nagement	Medicaid Prog	gram	Finan	ice		
Permanent F	ile						
Program Dev	velopment:						



692990700 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem	Rates for	· No	on-Ins	titutional I	<u>Providers</u>	
Es	cambia Commur	nity Clinics			Pro	ovider	Number :	692990700	
					Da	ate : 0	8/31/2022		
220	00 N. Palafox St				Fis	scal Y	ear End : N	/A	
Pe	nsacola, FL 325	14			Au	ıdit St	atus : N/A		
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	Illy Qualified Health Centers					140.80	145.19	10/01/2022
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - S	IA					
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Car	e						
	#06	658 Room and Board							
	Basis :]		Rate	Тур	pe:	7		
		⊐ Budget			X		⊐ Prospecti	ve	
•		Unaudited costs					– Total Pro	spective	
•		Desk audited costs					Prospect	ve Adjusted for	New costs
•		Field audited costs					_		
•		Medicare - Prospective					_ Interim		
	Χ	Payment System Rate					Total Inte	rim	
•		Average Nursing Home Rate					Settleme	nt based on cost	s
-		Escambia					_		
	Distribution			Feehrer,					A>/ A
	Fiscal Agent	<u>.</u>			eme	ent An	alyst Supe	rvisor	JK4
	Contract Mana	agement	Medic	caid Prog	ram	n Fina	nce		▼
	Permanent Fil								
	Program Deve								
	-	•							



692990702 - 2022/10

Bureau of Medicaid Program 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 : 692990702
Santa Rosa Community Clinic	Date: 08/31/2022
2200 North Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	140.80	145.19	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



692990704 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	<u> Medicaid Reimbursement Per</u>	Diem Rates f	or N	on-Inst	titutional	<u>Providers</u>	
Escambia Community Clinics, Inc				Provider Number : 692990704					
					Da	Date: 08/31/2022			
			scal Ye	ear End : N	I/A				
				Αι	udit Sta	itus : N/A			
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date
		Rural H	ealth Clinic						
		Swing-l	Bed Provider						
	X	Federal	ly Qualified Health Centers				140.80	145.19	10/01/2022
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care (1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	re					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Car	е					
		#06	56 / H56 General Inpatient Car	е					
		#06	58 Room and Board						
	Bas	sis :		Rat	е Ту	pe :]		
י			Budget		Х		Prospect	ive	
-			Unaudited costs				Total Pro	spective	
-			Desk audited costs				Prospect	ive Adjusted for	New costs
-			Field audited costs				_		
•			Medicare - Prospective				Interim		
)	X	Payment System Rate				Total Inte	erim	
-			Average Nursing Home Rate				Settleme	nt based on cost	S
			Flagler				_		
	Distri	bution:		T. K. Feehrei	· .				AV 1
	Fiscal	Agent		Senior Mana		ent Ana	alyst Supe	rvisor	1/h
	Contra	act Mana	gement	Medicaid Pro	gran	n Finan	ice		
	Perma	nent File							
	Progra	am Devel	opment:						



692990705 - 2022/10

Bureau of Medicaid Program 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 : 692990705
Lanza Pediatrics	Date: 08/31/2022
2200 N. Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	140.80	145.19	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Da			
Pensacola, FL 32501	Audit Status : N/A			
2200 N. Palafox Street	Fiscal Year End : N/A			
Lakeview Medical Clinic	Date: 08/31/2022			
Escambia Community Clinics, Inc.	Provider Number : 692990706			

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	140.80	145.19	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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692990710 - 2022/10

Bureau of Medicaid Program 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: 08/31/2022	
2200 North Palafox Street	Fiscal Year End : N/A	
Pensacola, FL 325011723	Audit Status : N/A	

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	140.80	145.19	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

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Medicaid Program Finance



692990714 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem I	Rates for	· No	on-Ins	titutional l	<u>Providers</u>	
Es	cambia Commur	nity Clinics			Pr	ovider	Number :	692990714	
	Da				ate: 08/31/2022				
220	2200 North Palafox Street Fis				scal Y	ear End : N	I/A		
Pe	nsacola, FL 325			Αu	ıdit Sta	atus : N/A			
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic						,	
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers					140.80	145.19	10/01/2022
	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - Sl	IA					
	#06	655 / H55 Inpatient Respite Car	e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
ſ	Basis :	7		Rate	Туј	pe:	7		
ָ 		 Budget	'		X		⊐ Prospecti	ive	
•		Unaudited costs					– Total Pro	spective	
-		Desk audited costs					Prospect	ive Adjusted for	New costs
-		Field audited costs					_		
-		Medicare - Prospective	,				_ Interim		
	Χ	Payment System Rate	· •				Total Inte	erim	
-		Average Nursing Home Rate					Settleme	nt based on cost	is
-		 Escambia					_		
	Distribution								
	Fiscal Agent	<u>.</u>		Feehrer, r Manage	eme	ent An	alyst Supe	rvisor	N/4
	Contract Mana	agement		aid Prog			•		
	Permanent Fil								
	Program Deve								
	i logialli Deve	лориноп.							



692990716 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinic	Provider Number : 692990716
Waterfront Rescue Mission	Date: 08/31/2022
2200 North Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32505	Audit Status : N/A

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	140.80	145.19	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Contract Management

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

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692990718 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Number : 692990718	
Date: 08/31/2022	
Fiscal Year End : N/A	
Audit Status : N/A	

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	140.80	145.19	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Contract Management

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



692990721 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement P	er Diem	Rates for	No	n-Institutional	<u>Providers</u>			
Es	cambia			Provider Number : 692990721						
EC	ECC at Cantonment Pediatrics				Dat	Date: 08/31/2022				
14	W Jord			Fisc	cal Year End : N	/A				
Pe	nsacola	ı, FL 32501			Auc	dit Status : N/A				
Pr	ovider ⁻	Гуре:				Current Rate	New Rate	Effective Date		
		Rural Health Clinic								
		Swing-Bed Provider								
	X	Federally Qualified Health Centers				140.80	145.19	10/01/2022		
		Hospice Provider								
		#0651 / H51 Routine Home Care	(1-60)							
		#0651a / H5L Routine Home Ca	re (61 +)							
		#0652 / H52 Continuous Home	Care							
		#0551 / 0561 Continuous Home	Care - S	IA						
		#0655 / H55 Inpatient Respite C	are							
		#0656 / H56 General Inpatient C	are							
		#0658 Room and Board								
	Ва	nsis:		Rate	Тур	e :				
		Budget			X	Prospect	ve			
		Unaudited costs		•		Total Pro	spective			
		Desk audited costs				Prospect	ve Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective				Interim				
		X Payment System Rate				Total Inte	rim			
		Average Nursing Home Rate	,			Settleme	nt based on cost	ts		
		Alachua								
	Diet	<u> </u>						N. / A		
		l Agent		Feehrer, or Manage	emer	nt Analyst Supe	rvisor	N.Z		
		ract Management	Medic	caid Prog	ram	Finance				
		anent File								
		ram Development:								
	- 9	•								



692990722 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Commuity Clinics	Provider Number : 692990722		
ECC at Weis Elem	Date: 08/31/2022		
2701 N "Q" St	Fiscal Year End : N/A		
Pensacola, Fl 32505	Audit Status : N/A		

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	140.80	145.19	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



692990725 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

5 111 14 62 1					
Provider Type:	Current Rate New Rate Effective Date				
Century, FI 32535	Audit Status : N/A				
501 Church St	Fiscal Year End : N/A				
ECC at Century Pediatrics	Date: 08/31/2022				
Escambia Comm Clinics	Provider Number : 692990725				

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	140.80	145.19	10/01/2022
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

AXA.



692990728 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		Medicaid Reimbursement Per	Diem F	Rates for	Nor	n-Institutional	<u>Providers</u>				
ECC Urgent Care				Provider Number : 692990728							
					Dat	Date: 08/31/2022					
14 W Jordan Street					Fisc	iscal Year End : N/A					
Pensacola, FL 32501					Aud	lit Status : N/A					
Provider Type:						Current Rate	New Rate	Effective Date			
	Rural I	Health Clinic									
	Swing-	Bed Provider									
	X Federa	Ily Qualified Health Centers				140.80	145.19	10/01/2022			
	Hospic	e Provider									
	#06	51 / H51 Routine Home Care (1-60)								
	#06	51a / H5L Routine Home Care	(61 +)								
	#06	552 / H52 Continuous Home Ca	are								
	#05	551 / 0561 Continuous Home C	are - SI	Α							
	#06	555 / H55 Inpatient Respite Car	е								
	#06	556 / H56 General Inpatient Car	e								
	#06	558 Room and Board									
	Basis :	7		Rate	Тур	e:					
'		Budget	'	,	X	Prospect	ive				
•		Unaudited costs				Total Pro	spective				
•		Desk audited costs				Prospect	ive Adjusted for	New costs			
•		Field audited costs									
•		Medicare - Prospective				Interim					
	X	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate				Settleme	nt based on cost	ts			
		Escambia									
	Distribution	:	l_	eehrer,				A \			
Fiscal Agent Contract Management					emer	nt Analyst Supe	rvisor	JKJ-			
			Medic	aid Progr	ram	Finance					
Permanent File											
Program Development:											



692990732 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

		_	<u>Medicaid Reimbursement Per</u>	Diem Rates	for N	<u>lon-Ins</u>	titutional	<u>Providers</u>	
Escambia Community Clinics				Provider Number: 692990732					
				Date: 08/31/2022					
5375 N 9th Avenue					F	iscal Year End : N/A			
Pensacola, FL 32504 Provider Type:				Α	udit Status : N/A				
					Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				140.80	145.19	10/01/2022
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care (1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Car	re .					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Bas	sis :]	Ra	ate Ty	/pe :	1		
•			Budget		Х		Prospect	ive	
-			Unaudited costs				Total Pro	spective	
-			Desk audited costs				- Prospect	ive Adjusted for	New costs
•			Field audited costs				_		
•			Medicare - Prospective				Interim		
)	X	Payment System Rate				Total Inte	erim	
•			Average Nursing Home Rate				Settleme	nt based on cost	s
			Escambia						
	Distri	bution:		T. K. Feehro	er,				1V.1
Fiscal Agent			Senior Man		ent An	alyst Supe	rvisor	1/2t	
Contract Management			Medicaid Pr	ograi	m Finar	nce			
	Perma	nent File	9						
	Progra	am Deve	opment:						



693564800 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for	Non-l	Institutional I	<u>Providers</u>				
North Florida Med Ctr - Crestview Med Center	Provider Number : 693564800							
		Date:	Pate: 08/31/2022					
535 John Knox Rd		Fiscal	iscal Year End : N/A					
Tallahassee, FL 32303		Audit	Status : N/A					
Provider Type:		Cı	urrent Rate	New Rate	Effective Date			
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Centers			120.39	124.14	10/01/2022			
Hospice Provider								
#0651 / H51 Routine Home Care (1	I-60)							
#0651a / H5L Routine Home Care	(61 +)							
#0652 / H52 Continuous Home Ca	re							
#0551 / 0561 Continuous Home Ca	are - SIA							
#0655 / H55 Inpatient Respite Care	е							
#0656 / H56 General Inpatient Car	е							
#0658 Room and Board								
Basis:	Rate -	Туре :	:]					
Budget		<	Prospecti	ve				
Unaudited costs			Total Pro	spective				
Desk audited costs			Prospective Adjusted for New costs					
Field audited costs								
Medicare - Prospective			Interim					
X Payment System Rate			Total Inte	rim				
Average Nursing Home Rate			Settleme	nt based on cost	s			
Okaloosa								
<u>Distribution:</u>	T. K. Feehrer,				ΛV.Λ			
Fiscal Agent	Senior Manage			rvisor	1/A			
Contract Management	Medicaid Progr	am Fi	nance					
Permanent File								
Program Development:								