



Florida Agency for Health Care Administration

000640100 - 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

Hendry County Hospital Authority
Hendry Regional Convenient Care Center
450 S. Main Street, Suite 1
Labelle, FL 33935

Provider Number : 000640100
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	128.67	132.67	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000707900 - 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

Adventist Health System
Family Practice Center of Avon Park
1006 W. Pleasant Street
Avon Park, FL 338252966

Provider Number : 000707900
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.55	90.44	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

005955000 - 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

Calhoun Liberty Hospital Assoc.
Calhoun Liberty Hospital Primary Care Clinic
20370 NE Burns Ave.
Blountstown, FL 324241045

Provider Number : 005955000
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	91.52	92.43	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr><td>Basis :</td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> <tr><td style="text-align: center;">Calhoun</td></tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Calhoun	<table border="0"> <tr><td>Rate Type :</td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
Basis :																	
<input type="checkbox"/> Budget																	
<input type="checkbox"/> Unaudited costs																	
<input type="checkbox"/> Desk audited costs																	
<input type="checkbox"/> Field audited costs																	
<input type="checkbox"/> Medicare - Prospective																	
<input checked="" type="checkbox"/> Payment System Rate																	
<input type="checkbox"/> Average Nursing Home Rate																	
Calhoun																	
Rate Type :																	
<input checked="" type="checkbox"/> Prospective																	
<input type="checkbox"/> Total Prospective																	
<input type="checkbox"/> Prospective Adjusted for New costs																	
<input type="checkbox"/> Interim																	
<input type="checkbox"/> Total Interim																	
<input type="checkbox"/> Settlement based on costs																	

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

008004300 - 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

Sacred Heart Medical Group on the Gulf

55 Avenue E

Apalachicola, FL 323201763

Provider Number : 008004300

Date : 08/31/2022

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	128.62	129.89	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

010834300 - 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

Baker County Medical Services
 Baker Rural Health Clinic
 159 N 3rd Street
 Macclenny, FL 320632103

Provider Number : 010834300
 Date : 08/31/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	128.61	129.88	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

018056100 - 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

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

Provider Number : 018056100
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	129.12	130.40	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

106170600 - 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

Franklin County BoCC
 Weems Med Ctr West
 PO Box 580
 Apalachicola, FL 32329

Provider Number : 106170600
 Date : 08/31/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	90.05	91.96	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Franklin</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Franklin	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
<input type="checkbox"/>	Budget																																
<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
	Franklin																																
Rate Type :																																	
<input checked="" type="checkbox"/>	Prospective																																
<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

106362400 - 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

Franklin County BoCC
 Weems Med Ctr East
 PO Box 580
 Apalachicola, FL 32329

Provider Number : 106362400
 Date : 08/31/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	91.05	91.96	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr><td>Basis :</td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> <tr><td style="text-align: center;">Franklin</td></tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Franklin	<table border="0"> <tr><td>Rate Type :</td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
Basis :																	
<input type="checkbox"/> Budget																	
<input type="checkbox"/> Unaudited costs																	
<input type="checkbox"/> Desk audited costs																	
<input type="checkbox"/> Field audited costs																	
<input type="checkbox"/> Medicare - Prospective																	
<input checked="" type="checkbox"/> Payment System Rate																	
<input type="checkbox"/> Average Nursing Home Rate																	
Franklin																	
Rate Type :																	
<input checked="" type="checkbox"/> Prospective																	
<input type="checkbox"/> Total Prospective																	
<input type="checkbox"/> Prospective Adjusted for New costs																	
<input type="checkbox"/> Interim																	
<input type="checkbox"/> Total Interim																	
<input type="checkbox"/> Settlement based on costs																	

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

112711800 - 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

Leesburg Pediatrics PA
Leesburg Pediatrics PA
8113 Centralia Ct
Leesburg, FL 34788-7508

Provider Number : 112711800
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	91.98	92.90	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr><td>Basis :</td><td></td></tr> <tr><td><input type="checkbox"/> Budget</td><td></td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Field audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td><td></td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td><td></td></tr> <tr><td><input type="checkbox"/> Lake</td><td></td></tr> </table>	Basis :		<input type="checkbox"/> Budget		<input type="checkbox"/> Unaudited costs		<input type="checkbox"/> Desk audited costs		<input type="checkbox"/> Field audited costs		<input type="checkbox"/> Medicare - Prospective		<input checked="" type="checkbox"/> Payment System Rate		<input type="checkbox"/> Average Nursing Home Rate		<input type="checkbox"/> Lake		<table border="0"> <tr><td>Rate Type :</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Total Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td><td></td></tr> <tr><td><input type="checkbox"/> Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Total Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td><td></td></tr> </table>	Rate Type :		<input checked="" type="checkbox"/> Prospective		<input type="checkbox"/> Total Prospective		<input type="checkbox"/> Prospective Adjusted for New costs		<input type="checkbox"/> Interim		<input type="checkbox"/> Total Interim		<input type="checkbox"/> Settlement based on costs	
Basis :																																	
<input type="checkbox"/> Budget																																	
<input type="checkbox"/> Unaudited costs																																	
<input type="checkbox"/> Desk audited costs																																	
<input type="checkbox"/> Field audited costs																																	
<input type="checkbox"/> Medicare - Prospective																																	
<input checked="" type="checkbox"/> Payment System Rate																																	
<input type="checkbox"/> Average Nursing Home Rate																																	
<input type="checkbox"/> Lake																																	
Rate Type :																																	
<input checked="" type="checkbox"/> Prospective																																	
<input type="checkbox"/> Total Prospective																																	
<input type="checkbox"/> Prospective Adjusted for New costs																																	
<input type="checkbox"/> Interim																																	
<input type="checkbox"/> Total Interim																																	
<input type="checkbox"/> Settlement based on costs																																	

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

253668401 - 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

Hendry Family Care Ctr
Forbes Family Care Ctr
500 West Sagamore Ave
Clewiston, FL 33440

Provider Number : 253668401
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	156.88	158.44	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr><td>Basis :</td><td></td></tr> <tr><td><input type="checkbox"/> Budget</td><td></td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Field audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td><td></td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td><td></td></tr> <tr><td></td><td>Hendry</td></tr> </table>	Basis :		<input type="checkbox"/> Budget		<input type="checkbox"/> Unaudited costs		<input type="checkbox"/> Desk audited costs		<input type="checkbox"/> Field audited costs		<input type="checkbox"/> Medicare - Prospective		<input checked="" type="checkbox"/> Payment System Rate		<input type="checkbox"/> Average Nursing Home Rate			Hendry	<table border="0"> <tr><td>Rate Type :</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Total Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td><td></td></tr> <tr><td><input type="checkbox"/> Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Total Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td><td></td></tr> </table>	Rate Type :		<input checked="" type="checkbox"/> Prospective		<input type="checkbox"/> Total Prospective		<input type="checkbox"/> Prospective Adjusted for New costs		<input type="checkbox"/> Interim		<input type="checkbox"/> Total Interim		<input type="checkbox"/> Settlement based on costs	
Basis :																																	
<input type="checkbox"/> Budget																																	
<input type="checkbox"/> Unaudited costs																																	
<input type="checkbox"/> Desk audited costs																																	
<input type="checkbox"/> Field audited costs																																	
<input type="checkbox"/> Medicare - Prospective																																	
<input checked="" type="checkbox"/> Payment System Rate																																	
<input type="checkbox"/> Average Nursing Home Rate																																	
	Hendry																																
Rate Type :																																	
<input checked="" type="checkbox"/> Prospective																																	
<input type="checkbox"/> Total Prospective																																	
<input type="checkbox"/> Prospective Adjusted for New costs																																	
<input type="checkbox"/> Interim																																	
<input type="checkbox"/> Total Interim																																	
<input type="checkbox"/> Settlement based on costs																																	

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

372384401 - 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

Healthmark of Walton
4415 US Hwy 331
DeFuniak Springs, FL 32435

Provider Number : 372384401
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	163.59	165.21	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr><td>Basis :</td><td></td></tr> <tr><td><input type="checkbox"/> Budget</td><td></td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Field audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td><td></td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td><td></td></tr> <tr><td></td><td>Walton</td></tr> </table>	Basis :		<input type="checkbox"/> Budget		<input type="checkbox"/> Unaudited costs		<input type="checkbox"/> Desk audited costs		<input type="checkbox"/> Field audited costs		<input type="checkbox"/> Medicare - Prospective		<input checked="" type="checkbox"/> Payment System Rate		<input type="checkbox"/> Average Nursing Home Rate			Walton	<table border="0"> <tr><td>Rate Type :</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Total Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td><td></td></tr> <tr><td><input type="checkbox"/> Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Total Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td><td></td></tr> </table>	Rate Type :		<input checked="" type="checkbox"/> Prospective		<input type="checkbox"/> Total Prospective		<input type="checkbox"/> Prospective Adjusted for New costs		<input type="checkbox"/> Interim		<input type="checkbox"/> Total Interim		<input type="checkbox"/> Settlement based on costs	
Basis :																																	
<input type="checkbox"/> Budget																																	
<input type="checkbox"/> Unaudited costs																																	
<input type="checkbox"/> Desk audited costs																																	
<input type="checkbox"/> Field audited costs																																	
<input type="checkbox"/> Medicare - Prospective																																	
<input checked="" type="checkbox"/> Payment System Rate																																	
<input type="checkbox"/> Average Nursing Home Rate																																	
	Walton																																
Rate Type :																																	
<input checked="" type="checkbox"/> Prospective																																	
<input type="checkbox"/> Total Prospective																																	
<input type="checkbox"/> Prospective Adjusted for New costs																																	
<input type="checkbox"/> Interim																																	
<input type="checkbox"/> Total Interim																																	
<input type="checkbox"/> Settlement based on costs																																	

Distribution:

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

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660037900 - 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

Blountstown Family Practice	Provider Number : 660037900
	Date : 08/31/2022
17808 NE Charley Johns St	Fiscal Year End : N/A
Blountstown, FL 32424	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.27	90.15	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr><td>Basis :</td><td></td></tr> <tr><td><input type="checkbox"/> Budget</td><td></td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Field audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td><td></td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td><td></td></tr> <tr><td><input type="checkbox"/> Calhoun</td><td></td></tr> </table>	Basis :		<input type="checkbox"/> Budget		<input type="checkbox"/> Unaudited costs		<input type="checkbox"/> Desk audited costs		<input type="checkbox"/> Field audited costs		<input type="checkbox"/> Medicare - Prospective		<input checked="" type="checkbox"/> Payment System Rate		<input type="checkbox"/> Average Nursing Home Rate		<input type="checkbox"/> Calhoun		<table border="0"> <tr><td>Rate Type :</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Total Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td><td></td></tr> <tr><td><input type="checkbox"/> Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Total Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td><td></td></tr> </table>	Rate Type :		<input checked="" type="checkbox"/> Prospective		<input type="checkbox"/> Total Prospective		<input type="checkbox"/> Prospective Adjusted for New costs		<input type="checkbox"/> Interim		<input type="checkbox"/> Total Interim		<input type="checkbox"/> Settlement based on costs	
Basis :																																	
<input type="checkbox"/> Budget																																	
<input type="checkbox"/> Unaudited costs																																	
<input type="checkbox"/> Desk audited costs																																	
<input type="checkbox"/> Field audited costs																																	
<input type="checkbox"/> Medicare - Prospective																																	
<input checked="" type="checkbox"/> Payment System Rate																																	
<input type="checkbox"/> Average Nursing Home Rate																																	
<input type="checkbox"/> Calhoun																																	
Rate Type :																																	
<input checked="" type="checkbox"/> Prospective																																	
<input type="checkbox"/> Total Prospective																																	
<input type="checkbox"/> Prospective Adjusted for New costs																																	
<input type="checkbox"/> Interim																																	
<input type="checkbox"/> Total Interim																																	
<input type="checkbox"/> Settlement based on costs																																	

Distribution:

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

T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660037901 - 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

Monticello Family Medicine	Provider Number : 660037901
	Date : 08/31/2022
1549. S. Jefferson St	Fiscal Year End : N/A
Monticello, FL 32344	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.27	90.15	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660037902 - 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

Quincy Medical Group
178 LaSalle Dr
Quincy, FL 32351

Provider Number : 660037902
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.27	90.15	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660037903 - 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

Wakulla Family Medicine
15 Council Moore Rd
Crawfordville, Fl 32327

Provider Number : 660037903
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.27	90.15	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660049201 - 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

Gateway Medical Clinic - Crestview

127-C Redstone Ave
Crestview, FL 32539

Provider Number : 660049201
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	90.37	91.27	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660058100 - 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

N. Okaloosa Medical Center

1045 US Hwy 331, Ste D
DeFuniak, FL 32435

Provider Number : 660058100
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	90.37	91.27	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr><td>Basis :</td><td></td></tr> <tr><td><input type="checkbox"/> Budget</td><td></td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Field audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td><td></td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td><td></td></tr> <tr><td></td><td>Walton</td></tr> </table>	Basis :		<input type="checkbox"/> Budget		<input type="checkbox"/> Unaudited costs		<input type="checkbox"/> Desk audited costs		<input type="checkbox"/> Field audited costs		<input type="checkbox"/> Medicare - Prospective		<input checked="" type="checkbox"/> Payment System Rate		<input type="checkbox"/> Average Nursing Home Rate			Walton	<table border="0"> <tr><td>Rate Type :</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Total Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td><td></td></tr> <tr><td><input type="checkbox"/> Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Total Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td><td></td></tr> </table>	Rate Type :		<input checked="" type="checkbox"/> Prospective		<input type="checkbox"/> Total Prospective		<input type="checkbox"/> Prospective Adjusted for New costs		<input type="checkbox"/> Interim		<input type="checkbox"/> Total Interim		<input type="checkbox"/> Settlement based on costs	
Basis :																																	
<input type="checkbox"/> Budget																																	
<input type="checkbox"/> Unaudited costs																																	
<input type="checkbox"/> Desk audited costs																																	
<input type="checkbox"/> Field audited costs																																	
<input type="checkbox"/> Medicare - Prospective																																	
<input checked="" type="checkbox"/> Payment System Rate																																	
<input type="checkbox"/> Average Nursing Home Rate																																	
	Walton																																
Rate Type :																																	
<input checked="" type="checkbox"/> Prospective																																	
<input type="checkbox"/> Total Prospective																																	
<input type="checkbox"/> Prospective Adjusted for New costs																																	
<input type="checkbox"/> Interim																																	
<input type="checkbox"/> Total Interim																																	
<input type="checkbox"/> Settlement based on costs																																	

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660083200 - 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

Lake Butler Hospital RHC
850 E Main St
Lake Butler, FL 32054

Provider Number : 660083200
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	177.38	179.14	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660092100 - 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

Doctor's Memorial Hospital
Steinhatchee Family Center
1209 First Ave S.
Steinhatchee, Fl 32359

Provider Number : 660092100
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	310.96	314.05	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr><td>Basis :</td><td></td></tr> <tr><td><input type="checkbox"/> Budget</td><td></td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Field audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td><td></td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td><td></td></tr> <tr><td><input type="checkbox"/> Taylor</td><td></td></tr> </table>	Basis :		<input type="checkbox"/> Budget		<input type="checkbox"/> Unaudited costs		<input type="checkbox"/> Desk audited costs		<input type="checkbox"/> Field audited costs		<input type="checkbox"/> Medicare - Prospective		<input checked="" type="checkbox"/> Payment System Rate		<input type="checkbox"/> Average Nursing Home Rate		<input type="checkbox"/> Taylor		<table border="0"> <tr><td>Rate Type :</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Total Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td><td></td></tr> <tr><td><input type="checkbox"/> Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Total Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td><td></td></tr> </table>	Rate Type :		<input checked="" type="checkbox"/> Prospective		<input type="checkbox"/> Total Prospective		<input type="checkbox"/> Prospective Adjusted for New costs		<input type="checkbox"/> Interim		<input type="checkbox"/> Total Interim		<input type="checkbox"/> Settlement based on costs	
Basis :																																	
<input type="checkbox"/> Budget																																	
<input type="checkbox"/> Unaudited costs																																	
<input type="checkbox"/> Desk audited costs																																	
<input type="checkbox"/> Field audited costs																																	
<input type="checkbox"/> Medicare - Prospective																																	
<input checked="" type="checkbox"/> Payment System Rate																																	
<input type="checkbox"/> Average Nursing Home Rate																																	
<input type="checkbox"/> Taylor																																	
Rate Type :																																	
<input checked="" type="checkbox"/> Prospective																																	
<input type="checkbox"/> Total Prospective																																	
<input type="checkbox"/> Prospective Adjusted for New costs																																	
<input type="checkbox"/> Interim																																	
<input type="checkbox"/> Total Interim																																	
<input type="checkbox"/> Settlement based on costs																																	

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660123500 - 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

Doctor's Memorial Family Medicine	Provider Number : 660123500
DMH Mayo Family Medicine	Date : 08/31/2022
P.O. Box 228	Fiscal Year End : N/A
Mayo, Fl 32066	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	172.42	174.13	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660124300 - 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

Doctor's Memorial Family Practice

1702 S. Jefferson St
Perry, FL 32348

Provider Number : 660124300
Date : 08/31/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	116.70	117.86	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr><td>Basis :</td><td></td></tr> <tr><td><input type="checkbox"/> Budget</td><td></td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Field audited costs</td><td></td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td><td></td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td><td></td></tr> <tr><td><input type="checkbox"/> Taylor</td><td></td></tr> </table>	Basis :		<input type="checkbox"/> Budget		<input type="checkbox"/> Unaudited costs		<input type="checkbox"/> Desk audited costs		<input type="checkbox"/> Field audited costs		<input type="checkbox"/> Medicare - Prospective		<input checked="" type="checkbox"/> Payment System Rate		<input type="checkbox"/> Average Nursing Home Rate		<input type="checkbox"/> Taylor		<table border="0"> <tr><td>Rate Type :</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Total Prospective</td><td></td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td><td></td></tr> <tr><td><input type="checkbox"/> Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Total Interim</td><td></td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td><td></td></tr> </table>	Rate Type :		<input checked="" type="checkbox"/> Prospective		<input type="checkbox"/> Total Prospective		<input type="checkbox"/> Prospective Adjusted for New costs		<input type="checkbox"/> Interim		<input type="checkbox"/> Total Interim		<input type="checkbox"/> Settlement based on costs	
Basis :																																	
<input type="checkbox"/> Budget																																	
<input type="checkbox"/> Unaudited costs																																	
<input type="checkbox"/> Desk audited costs																																	
<input type="checkbox"/> Field audited costs																																	
<input type="checkbox"/> Medicare - Prospective																																	
<input checked="" type="checkbox"/> Payment System Rate																																	
<input type="checkbox"/> Average Nursing Home Rate																																	
<input type="checkbox"/> Taylor																																	
Rate Type :																																	
<input checked="" type="checkbox"/> Prospective																																	
<input type="checkbox"/> Total Prospective																																	
<input type="checkbox"/> Prospective Adjusted for New costs																																	
<input type="checkbox"/> Interim																																	
<input type="checkbox"/> Total Interim																																	
<input type="checkbox"/> Settlement based on costs																																	

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)