

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	Provider Number : 000640100
Hendry Regional Convenient Care Center	Date: 08/31/2022
450 S. Main Street, Suite 1	Fiscal Year End : N/A
Labelle, FL 33935	Audit Status : N/A

vider	Туре:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	128.67	132.67	10/01/2022
	Swing-Bed Provider			,
	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			
	#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
	— Hendry		_

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

184



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	Provider Number : 000707900
Family Practice Center of Avon Park	Date: 08/31/2022
1006 W. Pleasant Street	Fiscal Year End : N/A
Avon Park, FL 338252966	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
Х	Rural Health Clinic	89.55	90.44	10/01/2022
	Swing-Bed Provider			
	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			
	#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
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Highlands		_

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Program Development:

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T. K. Feehrer,





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.	Provider Number : 005955000
Calhoun Liberty Hospital Primary Care Clinic	Date: 08/31/2022
20370 NE Burns Ave.	Fiscal Year End : N/A
Blountstown, FL 324241045	Audit Status : N/A

Provide	т Туре:	Current Rate	New Rate	Effective Date
Х	Rural Health Clinic	91.52	92.43	10/01/2022
	Swing-Bed Provider			
	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			
	#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
	 Calhoun		-

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,



008004300 - 2022/10

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

	-	Medicaid Reimbursement Per	Diem F	Rates for	Non Non	<u>ı-Inst</u>	itutional	<u>Providers</u>	
Sacred Heart Medical Group on the Gulf			Provider Number: 008004300						
				Date: 08/31/2022					
55	55 Avenue E				Fisc	al Ye	ar End : N	I/A	
Аp	alachicola, FL 3	23201763			Aud	it Sta	tus : N/A		
Pr	ovider Type:				(Curre	ent Rate	New Rate	Effective Date
	X Rural H	lealth Clinic					128.62	129.89	10/01/2022
	Swing-	·Bed Provider							
	Federa	Ily Qualified Health Centers							
	Hospic	e Provider							
	#06	51 / 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	IA					
	#06	555 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	е						
	#06	558 Room and Board							
	Basis :	7		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
		Franklin					-		
	<u>Distribution:</u>	<u>.</u>	l T. K. I	Feehrer,					1V.1
	Fiscal Agent		Senio	r Manage	emen	t Ana	alyst Supe	rvisor	2/12
	Contract Mana	agement	Medic	aid Progr	ram F	Finan	ce		
	Permanent File	е							
	Program Deve	elopment:							
	For ir	nformation Only (No Change in r	ate)						



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

	Medicald Kellibursellient Fer Di	eiii ivales ioi	INOI1-	ilistitutionai i	FIOVIUEIS			
Baker County Medi	cal Services		Provi	der Number :	010834300			
			Date	ate: 08/31/2022				
			Fisca	I Year End : N	I/A			
Macclenny, FL 320	Macclenny, FL 320632103		Audit	Status : N/A				
Provider Type:			С	urrent Rate	New Rate	Effective Date		
X Rural I	Health Clinic			128.61	129.88	10/01/202		
Swing	Bed Provider							
Federa	Ily Qualified Health Centers							
Hospic	e Provider							
#06	51 / H51 Routine Home Care (1-6	50)						
#06	51a / H5L Routine Home Care (6	1 +)						
#06	552 / H52 Continuous Home Care							
#05	551 / 0561 Continuous Home Care	e - SIA						
#06	555 / H55 Inpatient Respite Care							
#06	556 / H56 General Inpatient Care							
#06	558 Room and Board							
Basis :	7	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		
	B aker							
Distribution	Т	. K. Feehrer,				NVJ		

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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.	Provider Number: 018056100
Century Medical Center	Date: 08/31/2022
8401 North Century Boulevard	Fiscal Year End : N/A
Century, FL 32535	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date	
Х	Rural Health Clinic	129.12	130.40	10/01/2022	
	Swing-Bed Provider			,	
	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				
	#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
	 Escambia		_
	Escambia		

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,



106170600 - 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>Non</u>	-Institutional I	<u>Providers</u>	
Fra	anklin Coun	Provider Number : 106170600						
We	eems Med (Ctr West	Date: 08/31/2022					
PC	Box 580			F	-isca	al Year End : N	/A	
Ар	alachicola,	FL 32329		Δ	∖udi	t Status : N/A		
Pro	ovider Typ	e:			C	Current Rate	New Rate	Effective Date
	X R	ural Health Clinic			T	90.05	91.96	10/01/2022
	S	wing-Bed Provider			T			,
	F	ederally Qualified Health Centers						
	H	ospice 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	• T	уре	:		
		Budget		Χ		 Prospecti	ve	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospecti	ve Adjusted for I	New costs
		Field audited costs						
•		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	rim	
ľ		Average Nursing Home Rate				Settleme	nt based on cost	s
		Franklin						
	Distribu	ution:	T. K. Feehrer					A)/ A
Fiscal Agent					nent	t Analyst Super	visor	2/1/2
	Contract	Management	Medicaid Pro	gra	ım F	inance		
	Permane	ent File						
	Program	Development:						



Program Development:

_ 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

<u>Medicaid Reimburs</u>	<u>sement Per Diem I</u>	Rates for I	Non-In	<u>stitutional</u>	<u>Providers</u>		
Franklin County BoCC		Provider Number: 106362400					
Weems Med Ctr East			Date: 08/31/2022				
PO Box 580		F	iscal Y	ear End : N	I/A		
Apalachicola, FL 32329		A	Audit St	tatus : N/A			
Provider Type:			Cur	rent Rate	New Rate	Effective Date	
X Rural Health Clinic				91.05	91.96	10/01/2022	
Swing-Bed Provider							
Federally Qualified Health	Centers						
Hospice Provider							
#0651 / H51 Routine He	ome Care (1-60)						
#0651a / H5L Routine I	Home Care (61 +)						
#0652 / H52 Continuou	s Home Care						
#0551 / 0561 Continuo	us Home Care - S	IA					
#0655 / H55 Inpatient F	Respite Care						
#0656 / H56 General In	patient Care						
#0658 Room and Board	d						
Basis :		Rate T	ype :	7			
Budget	'	X	Prosp		ospective		
Unaudited costs				Total Prospective			
Desk audited costs	:			Prospect	ive Adjusted for	New costs	
Field audited costs				_			
Medicare - Prospec	ctive			 Interim			
X Payment System R	tate			Total Inte	erim		
Average Nursing H	ome Rate			Settleme	nt based on cost	S	
Frankl	in						
<u>Distribution:</u>	I T. K. I	Feehrer,				Λ. Λ	
Fiscal Agent	Senio	r Manager		nalyst Supe	rvisor	1/h	
Contract Management	Medic	aid Progra	ım Fina	ince			
Permanent File							



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	Provider Number : 112711800
Leesburg Pediatrics PA	Date: 08/31/2022
8113 Centralia Ct	Fiscal Year End : N/A
Leesburg, FL 34788-7508	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date	
Х	Rural Health Clinic	91.98	92.90	10/01/2022	
	Swing-Bed Provider				
	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				
	#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
	 Lake		-

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,



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

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

rovider	rovider Type:		New Rate	Effective Date	
Х	Rural Health Clinic	156.88	158.44	10/01/2022	
	Swing-Bed Provider				
	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				
	#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
	 Hendry		_

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





372384401 - 2022/10

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

		_	<u> Medicaid Reimbursement Per</u>	Diem F	Rates for No	on-Ins	titutional	<u>Providers</u>		
Healthmark of Walton				Provider Number : 372384401						
				Date: 08/31/2022						
44	15 US H	wy 331			Fis	scal Ye	ear End : N	I/A		
De	Funiak S	Springs, F	FI 32435		Αι	udit Sta	atus : N/A			
Provider Type:						Curre	ent Rate	New Rate	Effective Date	
	Χ	Rural H	lealth Clinic				163.59	165.21	10/01/2022	
		Swing-	Bed Provider							
		Federa	lly Qualified Health Centers							
		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	Α					
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	е						
		#06	58 Room and Board							
	Bas	sis :]		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 cos	ts	
			Walton							
	Distri	ibution:		l T. K. F	eehrer,				ΛV.Λ	
	Fiscal	Agent		Senio	Manageme	ent Ana	alyst Supe	rvisor	2/1/2	
	Contra	act Mana	gement	Medic	aid Progran	n Finar	nce			
	Perma	anent File	2							
	Progra	am Deve	opment:							



660037900 - 2022/10

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

		Medicaid Reimbursement Per	<u>r Diem Rates</u>	for No	on-Institutional	<u>Providers</u>		
Blo	ountstown Famil	y Practice	Provider Number : 660037900					
			Date: 08/31/2022					
17	808 NE Charley	Johns St		Fis	scal Year End : N	N/A		
Blo	ountstown, FL 3	32424		Au	idit Status : N/A			
Pre	ovider Type:				Current Rate	New Rate	Effective Date	
	X Rural	Health Clinic			89.27	90.15	10/01/2022	
	Swing	_J -Bed Provider						
	Feder	ally Qualified Health Centers						
	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	Ra	ate Typ	pe:			
		 Budget		Х	Prospect	tive		
•		Unaudited costs			Total Pro	spective		
•		Desk audited costs			Prospect	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 cost	s	
•		Calhoun						
	Distribution	<u>ı:</u>	T. K. Feehr	er.			AV 1	
	Fiscal Agent				ent Analyst Supe	rvisor	2/h2+	
	Contract Man	agement	Medicaid P	rogram	Finance			
	Permanent F	ile						
	Program Dev	elopment:						



660037901 - 2022/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for	Noı	<u>n-Insti</u>	tutional	<u>Providers</u>	
Мо	nticello Fami	ly Medicine			Pro	vider N	Number :	660037901	
					Dat	e: 08/	31/2022		
154	49. S. Jeffers	on St			Fisc	cal Yea	ar End : N	I/A	
Мо	nticello, FL	32344			Auc	dit Stat	us : N/A		
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date
	X Rui	ral Health Clinic					89.27	90.15	10/01/2022
	Sw	ing-Bed Provider						,	
	Fed	derally Qualified Health Centers							
	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 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		
	Χ	Payment System Rate	_				Total Inte	erim	
•		Average Nursing Home Rate					Settleme	nt based on cos	ts
-		Jefferson							
	Distributi	ion:	l T. K. Fe	ehrer					A>/ A
	Fiscal Age				emer	nt Anal	lyst Supe	rvisor	4
	Contract M	lanagement	Medica	id Progr	ram	Financ	ce		
	Permanen	t File							
	Program D	evelopment:							



660037902 - 2022/10

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

			<u>Medicaid Reimbursement Per</u>	<u>Diem F</u>	Rates for	Nor	<u>1-Inst</u>	titutional	<u>Providers</u>	
Qι	incy Me	dical Gro	up			Prov	vider	Number :	660037902	
						Date	e : 08	3/31/2022		
17	8 LaSalle	e Dr				Fisc	al Ye	ear End : N	I/A	
Qι	incy, FI	32351				Aud	it Sta	itus : N/A		
Pr	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					89.27	90.15	10/01/2022
		Swing-l	Bed Provider							
		Federal	ly Qualified Health Centers							
		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 - SI	Α					
		#06	55 / H55 Inpatient Respite Card	е						
		#06	56 / H56 General Inpatient Car	е						
		#06	58 Room and Board							
	Ba	sis :]		Rate	Туре) :]		
			J 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
			Gadsden					_		
	Distr	ibution:		L T. K. F	eehrer,					ΛV./I
	Fiscal	Agent						alyst Supe	rvisor	2/h2+
	Contra	act Mana	gement	Medic	aid Progr	ram I	Finan	ice		
	Perma	anent File	•							
	Progra	am Devel	opment:							
		For in	formation Only (No Change in ra	ate)						



660037903 - 2022/10

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

		<u>L</u>	Medicaid Reimbursement Per	Diem Ra	ites for	No	n-Inst	itutional	<u>Providers</u>	
Wa	akulla Fa	mily Med	icine			Pro	ovider	Number :	660037903	
						Da	te : 08	/31/2022		
15	Council	Moore Ro	d			Fis	cal Ye	ar End : N	I/A	
Cra	awfordvi	lle, Fl 32	327			Au	dit Sta	tus : N/A		
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	Χ	Rural H	ealth Clinic					89.27	90.15	10/01/2022
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	e Provider							
		#065	51 / H51 Routine Home Care (I-60)						
		#065	51a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#05	51 / 0561 Continuous Home Co	are - SIA						
		#065	55 / H55 Inpatient Respite Card	e						
		#065	56 / H56 General Inpatient Car	е						
		#065	58 Room and Board							
	Ba	sis :			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 cos	ts
			Wakulla					_		
	Distr	ibution:		I T. K. Fe	ehrer					A>/ A
		Agent				eme	ent Ana	alyst Supe	rvisor	4
	Contra	act Manag	gement	Medicai	d Progr	ram	Finan	ce		
	Perma	anent File								
	Progra	am Devel	opment:							



660049201 - 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-Institutional	<u>Providers</u>	
Ga	ateway Medica	al Clinic - Crestview		Pro	ovider Number :	660049201	
				Da	ate: 08/31/2022		
12	7-C Redstone	e Ave		Fis	scal Year End : N	I/A	
Cr	estview, FL 3	32539		Au	ıdit Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	X Rur	al Health Clinic			90.37	91.27	10/01/2022
	Swi	ng-Bed Provider					
	Fed	lerally Qualified Health Centers					
	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 - SI	IA			
		#0655 / H55 Inpatient Respite Car	e.				
		#0656 / H56 General Inpatient Ca	re				
	:	#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
		Okaloosa					
	Distributi	<u>on:</u>	L T. K. I	Feehrer,			1 V 1
	Fiscal Ager	nt			ent Analyst Supe	rvisor	2/1/2
	Contract M	anagement	Medic	aid Program	r Finance		
	Permanent	: File					
	Program D	evelopment:					



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. Okaloos	sa Medica	al Center		Pı	Provider Number : 660058100						
				D	ate : 08	3/31/2022					
1045 US H	lwy 331,	Ste D		Fi	scal Year End : N/A						
DeFuniak,	FL 3243	5		Αι	udit Sta	itus : N/A					
Provider T	уре:				Curre	ent Rate	New Rate	Effective Date			
Х	Rural H	lealth Clinic				90.37	91.27	7 10/01/2022			
	Swing-	Bed Provider					1				
	Federa	lly Qualified Health Centers									
	Hospic	e Provider									
	#06	51 / H51 Routine Home Care (1-6	0)								
	#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									
Ba	sis :]	R	ate Ty	pe:]					
		J Budget	<u> </u>	X	•	J Prospect	ive				
		_ Unaudited costs	<u></u>			- Total Pro					
Desk audited costs						- Prospect	ive Adjusted for	New costs			
Field audited costs						<u>-</u>	•				
		- Medicare - Prospective				- Interim					
	Χ	Payment System Rate				- Total Inte	erim				
		- Average Nursing Home Rate				- Settleme	nt based on cos	ts			
		_	l ——			_					

Distribution:

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Walton

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor



660083200 - 2022/10

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

		1	Medicaid Reimbursement Per	Diem Rates	s for N	lon-	Institutional	<u>Providers</u>	
La	ke Butler	Hospital	RHC		F	Provid	der Number :	660083200	
					С	Date	: 08/31/2022		
85) E Main	St			F	isca	I Year End : N	I/A	
Lal	ke Butler	, FL 320	54		Α	Audit	Status : N/A		
Pro	ovider Ty	/pe:				Cı	urrent Rate	New Rate	Effective Date
	Χ	Rural H	ealth Clinic				177.38	179.14	10/01/2022
		Swing-E	Bed Provider						
		Federal	ly Qualified Health Centers						
		Hospice	e Provider						
		#065	51 / H51 Routine Home Care (1	I-60)					
		#065	51a / H5L Routine Home Care	(61 +)					
		#065	52 / H52 Continuous Home Ca	re					
		#05	51 / 0561 Continuous Home Ca	are - SIA					
		#065	55 / H55 Inpatient Respite Care	e					
		#065	56 / H56 General Inpatient Car	е					
		#065	58 Room and Board						
	Bas	sis :		R	ate T	ype :	:		
ľ			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
			Union						
	Distri	bution:		T. K. Feeh					٨٧٨
	Fiscal	Agent					Analyst Supe	rvisor	2/12
	Contra	ct Mana	gement	Medicaid F	Progra	m Fi	nance		
	Perma	nent File							
	Progra	m Devel	opment:						
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660092100 - 2022/10

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

		<u>_</u>	<u>Medicaid Reimbursement Per</u>	Diem Rate	es for	<u>r Nor</u>	n-Institutional	<u>Providers</u>		
Do	ctor's M	emorial H	lospital	Provider Number : 660092100						
Ste	inhatch	ee Family	Center			Dat	e: 08/31/2022			
12	09 First	Ave S.		Fiscal Year End : N/A						
Ste	inhatch	ee, Fl 32	359			Aud	lit Status : N/A			
Pro	ovider T	уре:					Current Rate	New Rate	Effective Date	
	Χ	Rural H	ealth Clinic				310.96	314.05	10/01/2022	
		Swing-l	Bed Provider							
		Federal	ly Qualified Health Centers							
		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 Card	е						
		#06	56 / H56 General Inpatient Car	е						
		#06	58 Room and Board							
	Ва	sis :]		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	s	
•			Taylor							
	Distr	ibution:		T. K. Fee	hrer.				AV 1	
	Fiscal	l Agent				emer	nt Analyst Supe	rvisor	2/h2+	
			Medicaid	Progi	ram	Finance				
Permanent File										
	Program Development:									



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		Pro	ovider N	lumber :	660123500				
DMH Ma	yo Family	/ Medicine		Dat	Date: 08/31/2022						
P.O. Box	228			Fis	Fiscal Year End : N/A						
Mayo, Fl	32066			Aud	Audit Status : N/A						
Provider	Type:				Currer	nt Rate	New Rate	Effective Date			
Х	Rural	Health Clinic				172.42	174.13	10/01/2022			
	Swing	g-Bed Provider									
	Feder	ally Qualified Health Centers									
	Hosp	ice Provider									
	#0	0651 / H51 Routine Home Care (1-6	0)								
	#0	0651a / H5L Routine Home Care (61	+)								
	#0	0652 / H52 Continuous Home Care									
	#0	0551 / 0561 Continuous Home Care	- SIA								
	#0	0655 / H55 Inpatient Respite Care									
	#0	0656 / H56 General Inpatient Care									
	#0	0658 Room and Board									
E	Basis :		Rat	е Тур	oe:						
		 Budget		Χ		Prospect	ive				
		Unaudited costs			Total Prospe		spective				
		Desk audited costs				Prospect	ive Adjusted for	New costs			
	Field audited costs										
	Medicare - Prospective					Interim					
	Χ	Payment System Rate			Total Interim						
		Average Nursing Home Rate			Settlement based on costs			is			
		 Lafayette									

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Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance





660124300 - 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>			
Do	ctor's Memorial	Family Practice		Pro	ovider Number :	660124300			
				Da	ate: 08/31/2022				
17	02 S. Jefferson	St		Fis	scal Year End : N	I/A			
Pe	rry, Fl 32348		Audit Status : N/A						
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural	Health Clinic			116.70	117.86	10/01/2022		
	Swing	-Bed Provider							
	Feder	ally Qualified Health Centers							
	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	Ra	te 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	s		
•		Taylor							
	Distribution	<u>ı:</u>	T. K. Feehre	er.			AV 1		
	Fiscal Agent				ent Analyst Supe	rvisor	2/1/2		
	Contract Man	agement	Medicaid Pr	ogram	Finance				
	Permanent Fi	le							
	Program Dev	elopment:							