



Florida Agency for Health Care Administration

000387200 - 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

Acute Care Pediatrics of Palm Coast, PA
397 SW Palm Coast Parkway, #309
Palm Coast, FL 32137

Provider Number : 000387200
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	83.71	86.32	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"/> Flagler</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"/> Flagler		<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	
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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

000707902 - 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 Sunbelt Inc
 Florida Hospital Heartland Medical Ctr Family Prac
 515 Carlton St
 Wauchula, FL 33873-3407

Provider Number : 000707902
 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	87.71	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			

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

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Florida Agency for Health Care Administration

000997400 - 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

Healthflo Medical Clinic, Inc.	Provider Number : 000997400
Ridge Manor Medical Clinic	Date : 08/31/2022
34498 Cortez Blvd	Fiscal Year End : N/A
Ridge Manor, FL 335238908	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.47	86.32	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 +)			
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Florida Agency for Health Care Administration

001165800 - 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

Little Pine Pediatrics, PLLC	Provider Number : 001165800
	Date : 08/31/2022
1702 S Jefferson St	Fiscal Year End : N/A
Perry, FL 32348	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.47	86.32	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 +)			
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Florida Agency for Health Care Administration

001165803 - 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

Little Pine Pediatrics-Madison

194 NE Hancock Ave
Madison, FL 32340

Provider Number : 001165803
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	85.89	86.75	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;">Madison</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>
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Medicaid Program Finance

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Florida Agency for Health Care Administration

001165807 - 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

Little Pine Pediatrics-Alachua	Provider Number : 001165807
	Date : 08/31/2022
15260 NW 147th Drive	Fiscal Year End : N/A
Alachua, FL 32615	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.71	86.32	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)			
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Florida Agency for Health Care Administration

001524200 - 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

Avon Park Pediatrics, PA	Provider Number : 001524200
	Date : 08/31/2022
1571 US Hwy 27 North	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.61	86.22	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			
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Florida Agency for Health Care Administration

001532500 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics - Lake City	Provider Number : 001532500
	Date : 08/31/2022
1859 SW Newland Way	Fiscal Year End : N/A
Lake City, FL 320256966	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.46	91.21	10/01/2022
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
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T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

001534800 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics - Jasper
1117 US Highway 41 NW, Suite B
Jasper, FL 320525856

Provider Number : 001534800
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	88.46	91.21	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			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

001589500 - 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

West Florida Medical Associates, PA	Provider Number : 001589500
Suncoast Primary Care Specialists - Inverness	Date : 08/31/2022
3733 Gulf To Lake Hwy.	Fiscal Year End : N/A
Inverness, FL 344534830	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.69	86.30	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			

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

001768600 - 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

Tri County Primary Care, Inc.
 Tri County Primary Care - Dixie Co.
 306 NE Hwy 351
 Cross City, FL 32628

Provider Number : 001768600
 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	83.69	86.30	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			
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<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

002074400 - 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 Urgent Care and Diagnostic Ctr PLC	Provider Number : 002074400
	Date : 08/31/2022
2615 Crawfordville Hwy, Suite 103	Fiscal Year End : N/A
Crawfordville, FL 323272169	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.46	86.31	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			
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

002335400 - 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

Sun n Lake Medical Group - Lake Placid
511 West Interlake Blvd.
Lake Placid, FL 33852

Provider Number : 002335400
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	85.46	86.31	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 +)			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

002952100 - 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

Pediatric & Internal Medicine Specialists, PA
PO Box 2066
Lecanto, FL 34461

Provider Number : 002952100
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	83.87	86.48	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			
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Program Development:

T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

003198500 - 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

Premier Pediatrics, LLC	Provider Number : 003198500
	Date : 08/31/2022
7960 SW 60th Ave.	Fiscal Year End : N/A
Ocala, FL 344766457	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.90	86.52	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			

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Distribution:

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- Program Development:

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

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Florida Agency for Health Care Administration

003432700 - 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

High Springs Pediatrics, LLC

210 NW 1st Ave.
High Springs, FL 326431002

Provider Number : 003432700
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	83.87	86.48	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;">Alachua</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>
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Distribution:

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

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Florida Agency for Health Care Administration

003557700 - 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

Grace Healthcare Solutions, Inc.	Provider Number : 003557700
	Date : 08/31/2022
7368 State Road 15, US 441	Fiscal Year End : N/A
Pahokee, FL 334761736	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.89	86.50	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			
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Florida Agency for Health Care Administration

003682000 - 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

West Florida Medical Associates, PA
Suncoast Primary Care Specialists - Homasassa
7991 S. Suncoast Blvd.
Homasassa, FL 344465005

Provider Number : 003682000
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	83.87	86.48	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"/> Citrus	

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

003682002 - 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

West Florida Medical Associates PA
Suncoast Primary Care Specialists
4363 S Suncoast Blvd
Homosassa Springs, FL 34446-1182

Provider Number : 003682002
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	83.87	86.48	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			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

004510300 - 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

West Florida Medical Associates
Nature Coast Family Medical Clinic
PO Box 640573
Beverly Hills, FL 344533838

Provider Number : 004510300
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	84.13	86.75	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			
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Senior Management Analyst Supervisor
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Florida Agency for Health Care Administration

004567100 - 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

Ira Fialko, DO, PA
6171 West Gulf to Lake Highway
Crystal River, FL 344292679

Provider Number : 004567100
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	84.13	86.75	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			

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Medicaid Program Finance

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Florida Agency for Health Care Administration

004770700 - 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

Mohammad Afzal, MD	Provider Number : 004770700
Professional Pediatrics	Date : 08/31/2022
1050 US HWY 27N Suite 5	Fiscal Year End : N/A
Clermont, FL 34714	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.13	86.75	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;">Lake</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>
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Florida Agency for Health Care Administration

004771000 - 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

Afzal Mohammad MD
 Tavares Pediatrics Inc
 2523 Dora Ave
 Tavares, FL 32778

Provider Number : 004771000
 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	84.13	86.75	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	
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Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

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

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Florida Agency for Health Care Administration

005919400 - 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

West Florida Medical Assoc. PA	Provider Number : 005919400
	Date : 08/31/2022
3775 N. Lecanto Hwy	Fiscal Year End : N/A
Beverly Hills, FL 344653504	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.13	86.75	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			

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

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Florida Agency for Health Care Administration

005951500 - 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

West Florida Medical Associates, PA	Provider Number : 005951500
Deven Medical Center	Date : 08/31/2022
11707 N. Williams Street, Suite 2	Fiscal Year End : N/A
Dunnellon, FL 34432	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.13	86.75	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			
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- Permanent File
- Program Development:

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

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Florida Agency for Health Care Administration

005951502 - 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

West Florida Medical Associates	Provider Number : 005951502
	Date : 08/31/2022
801 Medical Ct. E	Fiscal Year End : N/A
Inverness, FL 34452	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.88	85.46	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			

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Distribution:

Fiscal Agent
 Contract Management
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 Program Development:

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

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Florida Agency for Health Care Administration

005951504 - 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

West Florida Medical Associates PA
Suncoast Primary Care Specialists
2671 W Norvell Bryant Hwy
Lecanto, FL 34461

Provider Number : 005951504
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	84.12	86.74	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;">Citrus</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>
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Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

005951508 - 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

West Florida Medical Associates PA
 Deven Medical Center
 41 N Inglis Ave Ste B
 Inglis, FL 34449-9463

Provider Number : 005951508
 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	84.12	86.74	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;">Levy</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>
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Distribution:

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- Contract Management
- Permanent File
- Program Development:

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

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Florida Agency for Health Care Administration

006449300 - 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

Sonnis Pediatrics PA
1125 South Sixth Avenue
Wauchula, FL 33873

Provider Number : 006449300
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	84.13	86.75	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"/> Hardee	

Distribution:

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- Contract Management
- Permanent File
- Program Development:

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

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Florida Agency for Health Care Administration

006480000 - 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

Sunshine Pediatrics of Ocala, PA
 1900 SW 20th Place
 Ocala, FL 344717870

Provider Number : 006480000
 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	84.13	86.75	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;">Marion</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>
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Distribution:

Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

007197500 - 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

Louis J. Radnothy, DO	Provider Number : 007197500
	Date : 08/31/2022
390 S. Central Ave.	Fiscal Year End : N/A
Umatilla, FL 327842325	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.06	86.68	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			
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<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"/> Lake	

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- Program Development:

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

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Florida Agency for Health Care Administration

007210600 - 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

Weirsdale Family Health Center Inc.

16400 South Highway 25
Wiersdale, FL 321952442

Provider Number : 007210600
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	84.06	86.68	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;">Marion</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>
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Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

007864900 - 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

A Womans Place, Inc.

1415 NW 23rd Ave.
Chiefland, FL 326440058

Provider Number : 007864900
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	84.06	86.68	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;">Levy</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>
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Distribution:

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Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

008413600 - 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

University of Florida College of Nursing
 Archer Family Health Care
 16939 SW 134th Ave
 Archer, FL 326185413

Provider Number : 008413600
 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	84.06	86.68	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			
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<input type="checkbox"/> #0658 Room and Board			

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Distribution:

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 Program Development:

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

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Florida Agency for Health Care Administration

009615800 - 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

Nature Coast Medical Group PA
130 SW 7th Street
Williston, FL 326962404

Provider Number : 009615800
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	84.06	86.67	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			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

009634300 - 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

Magnolia Pediatrics LLC	Provider Number : 009634300
	Date : 08/31/2022
1140 SW Bascom Norris Drive Ste 104	Fiscal Year End : N/A
Lake City, FL 320251329	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.06	86.68	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			

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Distribution:

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- Program Development:

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

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Florida Agency for Health Care Administration

010332700 - 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

Healthflo Medical Clinics
Bushnell Medical Clinic
117 W Belt Ave, Ste A
Bushnell, FL 33513

Provider Number : 010332700
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	85.70	88.36	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			
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<input type="checkbox"/> #0658 Room and Board			

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 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

010633400 - 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

Grace Pediatrics PL	Provider Number : 010633400
	Date : 08/31/2022
4196 W US Highway 90 STE 105	Fiscal Year End : N/A
Lake City, FL 320558834	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.17	86.79	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			
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

010801000 - 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

Williston Rural Health and Wellness Clinic	Provider Number : 010801000
	Date : 08/31/2022
300A NW 1st Ave	Fiscal Year End : N/A
Williston, FL 32696	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.06	86.68	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)			
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<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

010855400 - 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

Premier Medical Pediatric Clinic	Provider Number : 010855400
	Date : 08/31/2022
315 East Ash Street	Fiscal Year End : N/A
Perry, FL 323472029	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.71	86.32	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			

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

014637300 - 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

First Coast Obstetrics & Gynecology	Provider Number : 014637300
	Date : 08/31/2022
PO Box 519	Fiscal Year End : N/A
Palatka, FL 32178-0519	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.17	86.79	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			

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

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Florida Agency for Health Care Administration

014683500 - 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

Sumter Pediatrics
Mohammad Afzal
265 Citrus Tower Blvd Ste 102
Clermont, FL 34711

Provider Number : 014683500
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	84.17	86.79	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			
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<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Program Development:

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

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Florida Agency for Health Care Administration

015048100 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics-Columbia Co

1859 SW Newland Way

Lake City, FL 32025

Provider Number : 015048100

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	84.16	86.78	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> <hr/> <p>Budget</p> <hr/> <p>Unaudited costs</p> <hr/> <p>Desk audited costs</p> <hr/> <p>Field audited costs</p> <hr/> <p>Medicare - Prospective</p> <hr/> <p><input checked="" type="checkbox"/> Payment System Rate</p> <hr/> <p>Average Nursing Home Rate</p> <hr/> <p style="text-align: center;">Suwannee</p>	<p>Rate Type :</p> <hr/> <p><input checked="" type="checkbox"/> Prospective</p> <hr/> <p>Total Prospective</p> <hr/> <p>Prospective Adjusted for New costs</p> <hr/> <p>Interim</p> <hr/> <p>Total Interim</p> <hr/> <p>Settlement based on costs</p>
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T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

016554200 - 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

SNC Holding Co
Citra Family Hlth
17805 N US Hwy 301
Citra, FL 32113

Provider Number : 016554200
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	84.14	86.76	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 +)			
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

018968900 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family & After Hours Care

1413 NW 23rd Ave
Chiefland, FL 32626

Provider Number : 018968900
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	84.13	86.75	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;">Levy</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>
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Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

018968904 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FAMILY AND AFTER HOUR CARE LLC	Provider Number : 018968904
	Date : 08/31/2022
5915 North Oceanshore Blvd	Fiscal Year End : N/A
Palm Coast, FL 32137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.13	86.75	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 +)			
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<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"/> Levy	

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

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Florida Agency for Health Care Administration

019432300 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics-Cross City	Provider Number : 019432300
	Date : 08/31/2022
149 NE 241st St Ste A	Fiscal Year End : N/A
Cross City, Fl 32628	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.13	86.75	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 +)			
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<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><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>Dixie</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		Dixie	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <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> </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
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Distribution:

- Fiscal Agent
- Contract Management
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- Program Development:

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

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Florida Agency for Health Care Administration

019474000 - 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

Divaker Pediatrics	Provider Number : 019474000
	Date : 08/31/2022
6551 N Orange Blossom Trl	Fiscal Year End : N/A
Mount Dora, Fl 32757	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.13	86.75	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"/> Lake	

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

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Florida Agency for Health Care Administration

020403901 - 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

Reliant Acute Care
5781 Lee Blvd
Lehigh Acres, FL 33971

Provider Number : 020403901
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	84.14	86.76	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;">Lee</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>
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Program Development:

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

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Florida Agency for Health Care Administration

023548300 - 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

Kids Health Alliance, P.A.

2650 NW 2nd Street Suite 100
Ocala, FL 34475

Provider Number : 023548300
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	84.13	86.75	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			
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<input type="checkbox"/> #0658 Room and Board			

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Program Development:

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

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Florida Agency for Health Care Administration

023710500 - 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

Northwest Florida Healthcare
 Chipley Medical Group
 1376 Brickyard Rd Ste 4
 Chipley, FL 32428

Provider Number : 023710500
 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	83.82	86.43	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			

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Distribution:

Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

023710502 - 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

Northwest Florida Healthcare, Inc
PO Box 889
Chipley, FL 32428

Provider Number : 023710502
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	83.82	86.43	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			

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<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

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Florida Agency for Health Care Administration

023710507 - 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

Northwest Florida Healthcare, Inc

101 E Wisconsin Ave
Bonifay, FL 32425-1809

Provider Number : 023710507
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	83.82	86.43	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			

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Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

024917965 - 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

St Vincent's Ambulatory Care, Inc
 4205 Belfort Rd
 Jacksonville, FL 32216

Provider Number : 024917965
 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	84.14	86.76	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			
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

029506000 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center
911 S. Main St
Trenton, FL 32693

Provider Number : 029506000
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	90.06	92.86	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			

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"/> Collier	

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Program Development:

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

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Florida Agency for Health Care Administration

029511600 - 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

ACV Community Services
PO Box 4675
Dowling Park, FL 32064

Provider Number : 029511600
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	82.59	85.16	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"/> Not Selected	

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Florida Agency for Health Care Administration

100167400 - 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

Dynamic Health Centers-Lake City

163 Sw Stonegate Tercace Suite 109
Lake City , FL 32024

Provider Number : 100167400
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	84.15	86.77	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			
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<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>Columbia</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			Columbia	<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	
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T. K. Feehrer,
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Florida Agency for Health Care Administration

100739300 - 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

Northwest Florida Healthcare
 5429 College Dr
 Graceville, FL 32440

Provider Number : 100739300
 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	84.40	87.02	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;">Jackson</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>
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Florida Agency for Health Care Administration

101319900 - 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

Jeffrey A. Carameros PLLC
Rainbow River Medical
20312 Robinson Road
Dunnellon, FL 34431

Provider Number : 101319900
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	84.14	86.76	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;">Marion</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>
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Senior Management Analyst Supervisor
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Florida Agency for Health Care Administration

101707000 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics-Chiefland	Provider Number : 101707000
	Date : 08/31/2022
2220 North Young Blvd	Fiscal Year End : N/A
Chiefland, FL 32626	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.14	86.76	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 colspan="2">Basis :</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><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;">Levy</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		Levy	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <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> </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
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Distribution:

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 Program Development:

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

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Florida Agency for Health Care Administration

101707400 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics-Starke
417 E Call St
Starke, FL 32091

Provider Number : 101707400
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	84.14	86.76	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>Bradford</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			Bradford	<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	
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- Program Development:

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Medicaid Program Finance

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Florida Agency for Health Care Administration

102610200 - 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

Port Charlotte HMA Physician Management
 Bayfront Health Medical Group
 1012 N Mills Ave
 Arcadia, FL 34266

Provider Number : 102610200
 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	82.90	85.48	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;">Desoto</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>
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Distribution:

Fiscal Agent
 Contract Management
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 Program Development:

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

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Florida Agency for Health Care Administration

102625100 - 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

Philip Colaizzo MD PA
 170 S Barfield Hwy STE 108
 Pahokee, FL 33476

Provider Number : 102625100
 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	84.14	86.76	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;">Palm Beach</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>
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 Program Development:

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

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Florida Agency for Health Care Administration

105763900 - 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

Breen Health, LLC
 Community Family Health Care
 11392 E Highway 316 Ste 92
 Fort McCoy, FL 32134-8114

Provider Number : 105763900
 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	82.90	85.48	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;">Marion</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>
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 Program Development:

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

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Florida Agency for Health Care Administration

107889600 - 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

Kids Care Pediatrics
6910 Old Wolf Bay Rd
Palatka, FL 32177

Provider Number : 107889600
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	88.46	91.21	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			

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"/> Putnam	

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

109045401 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Care Medical Center II LLC
 819 N Mills Ave
 Arcadia, FL 34266

Provider Number : 109045401
 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	85.30	87.95	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			
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<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;">Desoto</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>
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

109368700 - 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

Holmes County Hospital Corporation
 Bonifay Rural Health Clinic
 2910 HOSPITAL DR
 BONIFAY, FL 32425

Provider Number : 109368700
 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	84.28	86.91	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			
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<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

109437500 - 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

Heartland Pediatric Associates	Provider Number : 109437500
	Date : 08/31/2022
7215 US Hwy 27 North	Fiscal Year End : N/A
Sebring, FL 33870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.28	86.91	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			
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<input type="checkbox"/> #0658 Room and Board			

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

110545600 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart 2 Heart Family Practice
1326 State Road 100
Melrose, FL 32666-3701

Provider Number : 110545600
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	89.93	92.73	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
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<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"/> Putnam	

Distribution:

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

110621800 - 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 - Sunbelt Inc
200 S SCENIC HWY
Frostproof, FL 33843

Provider Number : 110621800
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	88.75	91.51	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			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

110740900 - 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

Panhandle Rural Health & Primary Care, Inc	Provider Number : 110740900
	Date : 08/31/2022
20274 Central Ave W	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	88.75	91.51	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			
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T. K. Feehrer,
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

110818300 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Primary Care South-Walton, Inc	Provider Number : 110818300
Rural Primary Care South	Date : 08/31/2022
5551 US Highway 98	Fiscal Year End : N/A
Santa Rosa Beach, FL 32459	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.75	91.51	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			

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<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
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<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

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Florida Agency for Health Care Administration

110836000 - 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

Accension Sacred Heart Gulf
 ASCENSION SACRED HEART GULF PSJ RHC
 4205 Belfort Rd Ste 4015
 Jacksonville, FL 32216-3623

Provider Number : 110836000
 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	90.21	93.01	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;">Gulf</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>
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 Program Development:

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

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Florida Agency for Health Care Administration

111314300 - 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

Premier Pediatrics LLC
 Premier Pediatrics LLC
 7960 SW 60th Ave
 Ocala, FL 34476-6408

Provider Number : 111314300
 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	90.24	93.05	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			

<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;">Marion</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>
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

113722800 - 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

Allied Health Organization	Provider Number : 113722800
Allied Health Organization	Date : 08/31/2022
14001 NW 4th St, Ste B	Fiscal Year End : N/A
Sunrise, FL 33325-6206	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.99	92.79	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			

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Distribution:

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

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Florida Agency for Health Care Administration

113804800 - 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

Braden Clinic LLC
 Braden Clinic
 5050 Ave Maria Blvd
 Ave Maria, FL 34142-9505

Provider Number : 113804800
 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	89.99	92.79	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			

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<input type="checkbox"/> Medicare - Prospective																																	
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

251469901 - 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

Heartland Pediatrics of Lake Wales
 1354 State Road 60 East
 Lake Wales, Fl 33853

Provider Number : 251469901
 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	78.53	80.97	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;">Polk</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>
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Distribution:

Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

253535101 - 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

Heartland Pediatrics of L. P
344 East Royal Palm St, Ste 3
Lake Placid, Fl 33852

Provider Number : 253535101
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	78.52	80.96	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			

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"/> Highlands	

Distribution:

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

370861601 - 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

Children's Medical Clinic	Provider Number : 370861601
	Date : 08/31/2022
1002 SW 11th Street	Fiscal Year End : N/A
Live Oak, FL 32064	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	78.34	80.78	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			

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<input type="checkbox"/>	Total Prospective																																
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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

370861604 - 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

Children's Medical Center

789 West Duval Street
Lake City, FL 32055

Provider Number : 370861604
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	78.34	80.78	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"/> Columbia	

Distribution:

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

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Florida Agency for Health Care Administration

372143401 - 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

Jack M. Matheny RHC
 205 Zeagler Drive, Suite #101
 Palatka, FL 32177

Provider Number : 372143401
 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	88.46	91.21	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			

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

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Florida Agency for Health Care Administration

377682401 - 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

Sebring Pediatrics	Provider Number : 377682401
	Date : 08/31/2022
1550 Lakeview Dr.	Fiscal Year End : N/A
Sebring, FL 33870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.71	85.29	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			

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

378772904 - 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

The Pediatric Center	Provider Number : 378772904
	Date : 08/31/2022
1447 Medical Park Blvd, Suite 402	Fiscal Year End : N/A
Wellington, FL 33414	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.13	86.75	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			
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

660018201 - 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

Heartland Pediatric Associates
 120 Heartland Way
 Wauchula, FL 338375000

Provider Number : 660018201
 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	78.72	81.17	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;">Hardee</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>
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

660022100 - 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 Medical Center
14088 Alabama St
Jay, FL 32565

Provider Number : 660022100
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	90.33	93.14	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			

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

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Florida Agency for Health Care Administration

660026300 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Medical Ctr.-Deland
1190 North Stone Street
Deland, FL 32720

Provider Number : 660026300
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	89.67	92.46	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 +)			
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<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"/> Volusia	

Distribution:

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- Program Development:

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

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Florida Agency for Health Care Administration

660026302 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Comm. Medical Ctr.-Orange Cty.
810 Commed Boulevard
Orange City, FL 32763

Provider Number : 660026302
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	84.15	86.77	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			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660027100 - 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. Fl. Pediatrics RHC

4316 Fifth Avenue
Marianna, FL 32446

Provider Number : 660027100
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	88.46	91.21	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 +)			
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T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

660039500 - 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

Yunus Rural Health Clinic
Mohammad Yunus, MD
404 East Hwy 90
Bonifay, FL 32425

Provider Number : 660039500
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	88.46	91.21	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			

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Distribution:

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

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Florida Agency for Health Care Administration

660046800 - 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

Richard A. Campbell RHC	Provider Number : 660046800
	Date : 08/31/2022
105 Tomoka Boulevard South	Fiscal Year End : N/A
Lake Placid, FL 33852	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.07	90.81	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			
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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660053100 - 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

Children's Clinic	Provider Number : 660053100
	Date : 08/31/2022
1100 N. Main St	Fiscal Year End : N/A
Belle Glade, FL 33430	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.46	91.21	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			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660054900 - 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

Marion RHC dba Forest Family Health	Provider Number : 660054900
	Date : 08/31/2022
15932 E. 40	Fiscal Year End : N/A
Silver Springs, FL 34488	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.22	89.94	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			
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<input type="checkbox"/> #0656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

660056500 - 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

Ahmad T. Ismail RHC	Provider Number : 660056500
	Date : 08/31/2022
110 E. Byrd Avenue	Fiscal Year End : N/A
Bonifay, FL 32425	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.96	80.39	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			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660069700 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Family Rural Hlth Care
2398 N. Beach Dr., Suite 100
Avon Park, Fl 33825

Provider Number : 660069700
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	87.08	89.79	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			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660070100 - 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

Express Care of Belleview, Inc
10762 S US Hwy 441
Belleview, FL 34420

Provider Number : 660070100
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	87.39	90.11	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 +)			
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Basis :	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
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<input type="checkbox"/> Average Nursing Home Rate	
Marion	

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660071900 - 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

Nature Coast Family Medical
Nature Coast Family
3400 N. Lecanto Hwy Suite A
Beverly Hills, FL 34464

Provider Number : 660071900

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	83.72	86.32	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"/> Citrus	

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

660072700 - 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

Rajendra P. Bellam MD	Provider Number : 660072700
	Date : 08/31/2022
11707 N. Williams St Suite 3	Fiscal Year End : N/A
Dunnellon, FL 34432	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.49	88.15	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			

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Distribution:

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

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Florida Agency for Health Care Administration

660072702 - 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

Rajendra P. Bellam, MD	Provider Number : 660072702
	Date : 08/31/2022
41 N INGLIS AVE	Fiscal Year End : N/A
INGLIS, FL 34449-9463	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.49	88.15	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	
<input type="checkbox"/> Levy	

Distribution:

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- Contract Management
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- Program Development:

T. K. Feehrer,
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

660075100 - 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

Charles S. Li MD	Provider Number : 660075100
	Date : 08/31/2022
7647 W. Gulf Lake Hwy	Fiscal Year End : N/A
Crystal River, FL 34429	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.44	85.01	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			

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Distribution:

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

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Florida Agency for Health Care Administration

660075101 - 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

Citrus Springs RHC	Provider Number : 660075101
	Date : 08/31/2022
10489 N. Fl Ave	Fiscal Year End : N/A
Citrus Springs, Fl 34434	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.44	85.01	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	
Citrus	

Distribution:

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

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

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Florida Agency for Health Care Administration

660076000 - 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

WFMA- Beverly Hills Med Ctr
 Alugubelli & Patel MD
 3745 N Lecanto Hwy
 Beverly Hills, FL 34465

Provider Number : 660076000
 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	86.55	89.25	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			

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Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

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

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Florida Agency for Health Care Administration

660087500 - 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

Palm Glades Rural Hlth Assoc

217 W Ave
Belle Glade, Fl 33430

Provider Number : 660087500
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	86.02	88.70	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"/> Palm Beach	

Distribution:

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- Contract Management
- Permanent File
- Program Development:

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

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Florida Agency for Health Care Administration

660089100 - 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

Hernando Medical Center	Provider Number : 660089100
	Date : 08/31/2022
10489 N Florida Ave	Fiscal Year End : N/A
Citrus Springs, FL 34434	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.90	87.55	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			

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

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Florida Agency for Health Care Administration

660089102 - 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

West Florida Medical Associates PA	Provider Number : 660089102
Hernando Medical Center	Date : 08/31/2022
213 S. Pine Ave.	Fiscal Year End : N/A
Inverness , FL 34452-4830	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.90	87.54	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			
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<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><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;">Citrus</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		Citrus	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <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> </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
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Distribution:

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

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Florida Agency for Health Care Administration

660103100 - 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 Pediatrics
4880 N Hwy 19A
Mt. Dora, FL 32757

Provider Number : 660103100

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	85.32	87.98	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	
Lake	

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T. K. Feehrer,
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Florida Agency for Health Care Administration

660129400 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Meidcal Group (Sebring)	Provider Number : 660129400
	Date : 08/31/2022
3420 US 27 North	Fiscal Year End : N/A
Sebring, Fl 33870	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	86.15	88.83	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"/> Highlands	

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Florida Agency for Health Care Administration

660140500 - 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

Andres R. Villar, M.D.

P.O. Box 606
Glen St. Mary, FL 32040

Provider Number : 660140500
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	84.55	87.18	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			
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<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Medicaid Program Finance

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Florida Agency for Health Care Administration

660141300 - 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

Williston Pediatrics, PA
 223 N. Main Street
 Williston, FL 32696

Provider Number : 660141300
 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	83.74	86.34	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;">Collier</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>
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Distribution:

Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

660147200 - 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 Medical Ctr of Walton Co, PA	Provider Number : 660147200
	Date : 08/31/2022
21 West Main St	Fiscal Year End : N/A
DeFuniak Springs, FL 32435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.67	91.43	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			

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	
Walton	

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Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

660151100 - 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

Andres R. Villar, M.D
 Children's Medical Ctr-Mt. Vernon
 P.O. Box 606
 Glen St. Mary, Fl 32040

Provider Number : 660151100
 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	84.55	87.18	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"/> Baker	

Distribution:

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

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Florida Agency for Health Care Administration

660162600 - 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

Putnam Obstetrics & Gynecology, Inc.
 Putnam Obstetrics & Gynecology
 6061 St. Johns Ave, Ste A
 Palatka, FL 321776858

Provider Number : 660162600
 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	87.42	90.14	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			

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Distribution:

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 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

660167700 - 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

Southern Family Healthcare, PA
P.O. Box 692
Chipley, FL 32428

Provider Number : 660167700
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	82.54	85.12	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"/> Collier	

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

660174000 - 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

Children's Medical Center - Alachua
 Children's Medical Center - Alachua
 14681 N.W. Hwy 441
 Alachua, FL 32615

Provider Number : 660174000
 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	81.38	83.91	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			
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<input type="checkbox"/> Total Interim																																	
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Distribution:

Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

660187100 - 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

Sun 'Lake Medical Group, PA
 Sun 'N Lake Medical Group
 4958 Sun ' N Lake Blvd
 Sebring, FL 33872

Provider Number : 660187100
 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	83.95	86.56	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			

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Distribution:

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

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Florida Agency for Health Care Administration

660200200 - 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

Garcia Medical Clinic	Provider Number : 660200200
	Date : 08/31/2022
411 E. Nelson Avenue	Fiscal Year End : N/A
Defuniak Springs, FL 32433	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.81	86.42	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			

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

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Florida Agency for Health Care Administration

660204500 - 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

Chiefland Medical Center	Provider Number : 660204500
	Date : 08/31/2022
1113 N. W. 23rd Ave	Fiscal Year End : N/A
Chiefland, FL 32626	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.06	84.61	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			

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

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Florida Agency for Health Care Administration

660205300 - 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

The Medical Center LLC	Provider Number : 660205300
	Date : 08/31/2022
20454 N.E. Finley Ave	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	83.62	86.23	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			
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<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

660209600 - 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

Clark Clinic

212 S. Florida St
Bushnell, FL 33513

Provider Number : 660209600
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	83.58	86.18	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			
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<input type="checkbox"/> #0658 Room and Board			

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Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

660209605 - 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

Clark Clinic	Provider Number : 660209605
	Date : 08/31/2022
212 S Florida St	Fiscal Year End : N/A
Bushnell, FL 33513	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.14	86.76	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"/> Lake	

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T. K. Feehrer,
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

660209606 - 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

Clark Clinic Inc.
Lowell F. Clark, MD. PA.
212 S. Floirda St.
Bushnell, FL 33513

Provider Number : 660209606
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	84.14	86.76	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;">Lake</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>
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Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

660212600 - 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

Mohammad Afzal/Excel Pediatrics & Family Care	Provider Number : 660212600
	Date : 08/31/2022
265 Citrus Tower Blvd	Fiscal Year End : N/A
Clermont, FL 347111908	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.71	91.47	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			

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Florida Agency for Health Care Administration

660218500 - 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

Dwight Peter Tiu/Acute Care Pediatrics
1301 Reid St
Palatka, FL 32178

Provider Number : 660218500
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	83.58	86.18	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 +)			
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Florida Agency for Health Care Administration

660219300 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Medical Group, P.A.	Provider Number : 660219300
	Date : 08/31/2022
105 Tomoka Blvd South	Fiscal Year End : N/A
Lake Placid, FL 33852	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.58	86.18	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)			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660230400 - 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

Express Care of Leesburg
 2500 Citrus Blvd
 Leesburg, FL 34748

Provider Number : 660230400
 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	83.58	86.18	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			
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Florida Agency for Health Care Administration

660232100 - 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

Dawn Rene, Inc
 Vernon Family Health Center
 3027 Main St
 Vernon, FL 32462

Provider Number : 660232100
 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	77.33	79.74	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 Washington</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>
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Florida Agency for Health Care Administration

660233900 - 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

Jackson County Hospital
 4318 5th Avenue
 Marianna, FL 32446

Provider Number : 660233900
 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	83.52	86.13	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			

<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;">Jackson</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>
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