

000387200 - 2023/10

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	Provider Number: 000387200
	Date: 09/21/2023
397 SW Palm Coast Parkway, #309	Fiscal Year End : N/A
Palm Coast, FL 32137	Audit Status : N/A

ovider Type:		Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.32	89.44	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



000640100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry County Hospital Authority	Provider Number : 000640100	
Hendry Regional Convenient Care Center	Date: 09/21/2023	
450 S. Main Street, Suite 1	Fiscal Year End : N/A	
Labelle, FL 33935	Audit Status : N/A	

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	132.67	137.46	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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For information Only (No Change in rate)

T. K. Feehrer,



000707900 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health System	Provider Number : 000707900	
Family Practice Center of Avon Park	Date: 09/21/2023	
1006 W. Pleasant Street	Fiscal Year End : N/A	
Avon Park, FL 338252966	Audit Status : N/A	

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	90.44	93.71	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)		'	
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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T. K. Feehrer,



000707902 - 2023/10

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	Provider Number : 000707902
Florida Hospital Heartland Medical Ctr Family Prac	Date: 09/21/2023
515 Carlton St	Fiscal Year End : N/A
Wauchula, FL 33873-3407	Audit Status : N/A

ovider	ovider Type:		New Rate	Effective Date
Χ	Rural Health Clinic	90.44	93.70	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor





000997400 - 2023/10

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: 09/21/2023
34498 Cortez Blvd	Fiscal Year End : N/A
Ridge Manor, FL 335238908	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.32	89.44	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor





001165800 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	modicala Nombarcomont For Bit	Jiii itatoo io		on moditational	1 10 114010	
Little Pine Pediatr	Little Pine Pediatrics, PLLC		Provider Number : 001165800			
Da			ate: 09/21/2023			
1702 S Jefferson	St		Fis	scal Year End : N	I/A	
Perry, FL 32348			Αι	udit Status : N/A		
Provider Type:				Current Rate	New Rate	Effective Dat
X Rura	l Health Clinic			86.32	89.44	10/01/202
Swin	g-Bed Provider					
Fede	rally Qualified Health Centers					
Hosp	ice Provider					
#(0651 / H51 Routine Home Care (1-6	0)			·	
#(0651a / H5L Routine Home Care (61	+)				
#(0652 / H52 Continuous Home Care					
#(0551 / 0561 Continuous Home Care	- SIA				
#(0655 / H55 Inpatient Respite Care					
#(0656 / H56 General Inpatient Care					
#1	0658 Room and Board					
Basis :		Rate	Ту	pe :		
	 Budget		Χ	Prospect	ive	
	Unaudited costs	-		Total Pro	spective	
	Desk audited costs			Prospect	ive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
X	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate Taylor			Settleme	nt based on cos	ts

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T. K. Feehrer,

Senior Management Analyst Supervisor





Program Development:

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Florida Agency for Health Care Administration

001165803 - 2023/10

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

		Medicaid Reimbursement Per	Diem Ra	ites for	r I	Non-	Institutional I	<u>Providers</u>	
Little Pin	ne Pediatrio	cs-Madison			I	Provi	ider Number :	001165803	
					Date: 09/21/2023				
194 NE	Hancock A	ve			ı	Fisca	al Year End : N	/A	
Madison	, FI 32340				,	Audit	Status : N/A		
Provide	r Type:					С	Surrent Rate	New Rate	Effective Date
Х	Rural	Health Clinic					86.75	89.88	10/01/2023
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospi	ce Provider							
	#00	651 / H51 Routine Home Care (1-60)						
	#00	651a / H5L Routine Home Care	(61 +)						
	#00	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SIA						
	#00	655 / H55 Inpatient Respite Car	е						
	#00	656 / H56 General Inpatient Car	re						
	#00	658 Room and Board							
	Basis :	7		Rate	T	уре	:		
		 Budget			X		 Prospecti	ve	
		Unaudited costs					 Total Pro	spective	
-		Desk audited costs					Prospecti	ve Adjusted for	New costs
		Field audited costs							
		Medicare - Prospective					Interim		
	Χ	Payment System Rate	_				Total Inte	rim	
		Average Nursing Home Rate					Settleme	nt based on cost	s
		 Madison							
	stribution	<u>.</u>	T. K. Fe Senior I		er	ment	Analyst Super	visor	184
	cal Agent		Medicai						
	ntract Man	-		y					
Per	manent Fil	le							



001165807 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:		Current Rate	New Rate	Effective Date		
Alachua, FL 32615	Au	Audit Status : N/A				
15260 NW 147th Drive	Fi	Fiscal Year End : N/A				
	Date: 09/21/2023					
Little Pine Pediatrics-Alachua	Pı	ovider Number :	001165807			

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.32	89.44	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor





001524200 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicaid Reillibursement Fer Di						
Avon Park Pediat	rics, PA		Prov	rovider Number : 001524200			
			Date	e : 09/21/2023			
1571 US Hwy 27	North		Fisc	al Year End : N	I/A		
Avon Park, FL 33	3825		Aud	it Status : N/A			
Provider Type:				Current Rate	New Rate	Effective Date	
X Rura	I Health Clinic			86.22	89.33	10/01/202	
Swin	g-Bed Provider						
Fede	rally Qualified Health Centers						
Hosp	Hospice Provider						
#	0651 / H51 Routine Home Care (1-6	60)					
#	0651a / H5L Routine Home Care (6	1 +)					
#	0652 / H52 Continuous Home Care						
#	0551 / 0561 Continuous Home Care	e - SIA					
#	0655 / H55 Inpatient Respite Care						
#	0656 / H56 General Inpatient Care						
#	0658 Room and Board						
Basis :		Rate	Э Туре	• :			
	Budget		Х	Prospect	ive		
	Unaudited costs			Total Pro	spective		
-	Desk audited costs	-		Prospect	ive Adjusted for	New costs	
	Field audited costs	-					
	Medicare - Prospective			Interim			
X	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	s	
	— Highlands						

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001532500 - 2023/10

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: 09/21/2023
1859 SW Newland Way	Fiscal Year End : N/A
Lake City, FL 320256966	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	91.21	94.51	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			'
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,



001534800 - 2023/10

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	Provider Number: 001534800	
	Date: 09/21/2023	
1117 US Highway 41 NW, Suite B	Fiscal Year End : N/A	
Jasper, FL 320525856	Audit Status : N/A	

ovider	vider Type:		New Rate	Effective Date
X	Rural Health Clinic	91.21	94.51	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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For information Only (No Change in rate)

T. K. Feehrer,



001589500 - 2023/10

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: 09/21/2023	
3733 Gulf To Lake Hwy.	Fiscal Year End : N/A	
Inverness, FL 344534830	Audit Status : N/A	

ovider	ovider Type:		New Rate	Effective Date
Х	Rural Health Clinic	86.30	89.42	10/01/2023
	Swing-Bed Provider		'	
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)		'	
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance

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001768600 - 2023/10

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.	Provider Number : 001768600
Tri County Primary Care - Dixie Co.	Date: 09/21/2023
306 NE Hwy 351	Fiscal Year End : N/A
Cross City, FL 32628	Audit Status : N/A

ovider Type:		Current Rate	New Rate	Effective Date
Χ	Rural Health Clinic	86.30	89.42	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,



002074400 - 2023/10

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: 09/21/2023
2615 Crawfordville Hwy, Suite 103	Fiscal Year End : N/A
Crawfordville, FL 323272169	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.31	89.43	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

Basis :	7	Rate Type :	1
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Wakulla		-

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For information Only (No Change in rate)

T. K. Feehrer,



002335400 - 2023/10

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	Provider Number : 002335400
	Date: 09/21/2023
511 West Interlake Blvd.	Fiscal Year End : N/A
Lake Placid, FL 33852	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.31	89.43	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor





002952100 - 2023/10

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

	Medicaid Reimbursement Per	r Diem Rate	es for N	lon-lı	nstitutional	<u>Providers</u>			
diatric & Interna	Il Medicine Specialists, PA		F	Provid	er Number :	002952100			
				Date: 09/21/2023					
Box 2066			F	iscal	Year End : N	I/A			
canto, FL 3446	1		P	udit \$	Status : N/A				
ovider Type:				Cu	rrent Rate	New Rate	Effective Da		
X Rural	Health Clinic				86.48	89.60	10/01/20		
Swing	g-Bed Provider								
Feder	ally Qualified Health Centers								
Hospi	ce Provider								
#0	651 / H51 Routine Home Care ((1-60)							
#0	651a / H5L Routine Home Care	(61 +)							
#0	652 / H52 Continuous Home Ca	are							
#0	551 / 0561 Continuous Home C	Care - SIA							
#0	655 / H55 Inpatient Respite Car	re							
#0	656 / H56 General Inpatient Ca	re							
#0	658 Room and Board								
Basis :			Rate T	ype :					
	Budget		Х		Prospecti	ive			
	Unaudited costs				Total Pro	spective			
	Desk audited costs				Prospect	ive Adjusted for	New costs		
	Field audited costs								
	Medicare - Prospective				Interim				
Х	Payment System Rate				Total Inte	erim			
	Average Nursing Home Rate				Settleme	nt based on cost	S		
	Citrus								
Distribution	<u></u>	T. K. Feel	hrer,				٨٧.٨		
Fiscal Agent				nent A	Analyst Supe	rvisor	14HC		
Contract Man	agement	Medicaid	Progra	m Fin	ance				
Permanent F	ile								
Program Dev	elopment:								



003198500 - 2023/10

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

		Medicaid Reimbursement Per	Diem Rates for	N	on-Ins	<u>titutional l</u>	<u>Providers</u>	
Premier Pediatrics, LLC				Р	rovider	Number :	003198500	
				D	ate : 09)/21/2023		
7960 SW 60th Ave.				Fi	iscal Ye	ear End : N	/A	
Oc	cala, FL 3447664	157		Α	udit Sta	itus : N/A		
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	X Rural I	Health Clinic				86.52	89.64	10/01/2023
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	е					
	#06	656 / H56 General Inpatient Car	re					
	#06	658 Room and Board						
	Basis :	7	Rate	Ту	/pe :]		
		□ Budget		X		Prospecti	ve	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				- Prospect	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		Marion				_		
	<u>Distribution</u> :		T. K. Feehrer,					A \ / A
	Fiscal Agent	•	Senior Manage	em	ent Ana	alyst Super	visor	2/2
	Contract Mana	agement	Medicaid Prog	rar	m Finar	ice		
	Permanent Fil	е						
	Program Deve	elopment:						



003198506 - 2023/10

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

		Medicaid Reimbursement Per	Diem	Rates fo	r N	lon-l	nstitutional	<u>Providers</u>	
Pre	emier Pediatrics,	LLC			Р	rovid	ler Number :	003198506	
					D	ate:	09/21/2023		
53	38 S Us Highway	/ 41			Fi	iscal	Year End : N	I/A	
Du	nnellon , FL 344	132-2042			Αı	udit	Status : N/A		
Pro	ovider Type:					Cı	ırrent Rate	New Rate	Effective Date
	X Rural I	Health Clinic					85.66	89.64	10/01/2023
	Swing-	-Bed Provider							
	Federa	Illy Qualified Health Centers							
	Hospic	ce Provider							
	#06	51 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - S	IA					
	#06	655 / H55 Inpatient Respite Car	e						
	#06	656 / H56 General Inpatient Ca	re						
	#06	S58 Room and Board							
	Basis :			Rate	Ту	/pe :			
· '		Budget			Χ		Prospect	ive	
		Unaudited costs					Total Pro	spective	
		Desk audited costs					Prospect	ive Adjusted for	New costs
		Field audited costs							
		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cost	S
		Marion							
	Distribution:		I T. K.	Feehrer,					AV 1
	Fiscal Agent				em	ent A	Analyst Supe	rvisor	1/h
	Contract Mana	agement	Medic	caid Prog	rar	m Fir	nance		
	Permanent File	e							
	Program Deve	lopment:							



003432700 - 2023/10

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

	-	Medicaid Reimbursement Per	Diem Ra	tes for	N	lon-In	stitutional	<u>Providers</u>	
High	Springs Pediat	trics, LLC			Р	rovide	er Number :	003432700	
					D	ate : (09/21/2023		
210	NW 1st Ave.				Fi	iscal \	rear End : N	/A	
High	Springs, FL 3	26431002			Α	udit S	tatus : N/A		
Pro	vider Type:					Cui	rent Rate	New Rate	Effective Date
	X Rural F	lealth Clinic					86.48	89.60	10/01/2023
	Swing-	Bed Provider							
	Federa	Ily Qualified Health Centers							
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1	-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	52 / H52 Continuous Home Ca	re						
	#05	51 / 0561 Continuous Home Ca	are - SIA						
	#06	55 / H55 Inpatient Respite Care)						
	#06	56 / H56 General Inpatient Care	9						
	#06	58 Room and Board							
	Basis :	7		Rate	Ту	/pe :			
		Budget			X		Prospecti	ve	
		Unaudited costs	_				 Total Pro	spective	
		Desk audited costs	_				Prospect	ive Adjusted for	New costs
-		Field audited costs	_						
		Medicare - Prospective	_				Interim		
	Χ	Payment System Rate					Total Inte	rim	
		Average Nursing Home Rate					Settleme	nt based on cost	is
		Alachua							
	Distribution:		T. K. Fe		m	ent A	nalyst Supei	visor	N/1
	Fiscal Agent		Medicai				•	V1001	
	Contract Mana	_	woododi	og	·ui				
	Permanent File								
	Program Deve	iopment:							



003557700 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r N	lon-Ins	stitutional	<u>Providers</u>	
Frace Healthcare	Solutions, Inc.		Р	rovide	r Number :	003557700	
			D	ate : 0	9/21/2023		
368 State Road	15, US 441		F	iscal Y	ear End : N	I/A	
ahokee, FL 334	761736		Α	udit St	atus : N/A		
rovider Type:				Cur	rent Rate	New Rate	Effective Date
X Rural	Health Clinic				86.50	89.63	10/01/2023
Swing	g-Bed Provider						
Feder	rally Qualified Health Centers						
Hosp	ice Provider						
#0	0651 / H51 Routine Home Care ((1-60)					
#0	0651a / H5L Routine Home Care	(61 +)					
#0	0652 / H52 Continuous Home Ca	are					
#0	0551 / 0561 Continuous Home C	are - SIA					
#0	0655 / H55 Inpatient Respite Ca	re					
#0	0656 / H56 General Inpatient Ca	re					
#0	0658 Room and Board						
Basis :		Rate	Ту	ype :	7		
	 Budget		Χ		Prospecti	ve	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospect	ive Adjusted for	New costs
	Field audited costs						
	Medicare - Prospective				Interim		
X	Payment System Rate				Total Inte	erim	
	Average Nursing Home Rate				Settleme	nt based on cost	s
	Palm Beach				_		
Distribution	<u>ı:</u>	T. K. Feehrer,					ΛV.Λ
Fiscal Agent		Senior Manag				visor	2/h2
Contract Mar	nagement	Medicaid Prog	ırar	m Fina	nce		
Permanent F	ïle						
Program Dev	relopment:						



003682000 - 2023/10

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 : 003682000
Suncoast Primary Care Specialists - Homasassa	Date: 09/21/2023
7991 S. Suncoast Blvd.	Fiscal Year End : N/A
Homasassa, FL 344465005	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.48	89.60	10/01/2023
	Swing-Bed Provider		'	
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





003682002 - 2023/10

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 : 003682002
Suncoast Primary Care Specialists	Date: 09/21/2023
4363 S Suncoast Blvd	Fiscal Year End : N/A
Homosassa Springs, FL 34446-1182	Audit Status : N/A

rovider	ovider Type:		New Rate	Effective Date
X	Rural Health Clinic	86.48	89.61	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



004510300 - 2023/10

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 : 004510300		
Nature Coast Family Medical Clinic	Date: 09/21/2023		
PO Box 640573	Fiscal Year End : N/A		
Beverly Hills, FL 344533838	Audit Status : N/A		

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.75	89.88	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			'
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



004770700 - 2023/10

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: 09/21/2023
1050 US HWY 27N Suite 5	Fiscal Year End : N/A
Clermont, FL 34714	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.75	89.88	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Fiscal Agent

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



004771000 - 2023/10

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	Provider Number : 004771000
Tavares Pediatrics Inc	Date: 09/21/2023
2523 Dora Ave	Fiscal Year End : N/A
Tavares, FL 32778	Audit Status : N/A

vider	Туре:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.75	89.88	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



005919400 - 2023/10

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

	Medicaid Reimbursement Per	<u>r Diem R</u>	lates for	Non-	-Institutional I	<u>Providers</u>			
est Florida Medi	est Florida Medical Assoc. PA			Provider Number : 005919400					
				Date: 09/21/2023					
75 N. Lecanto F	5 N. Lecanto Hwy				al Year End : N	/A			
everly Hills, FL 3	verly Hills, FL 344653504			Audit	Audit Status : N/A				
ovider Type:				C	urrent Rate	New Rate	Effective Da		
X Rural	X Rural Health Clinic				86.75	89.88	10/01/20		
Swing	g-Bed Provider								
Feder	ally Qualified Health Centers								
Hosp	ice Provider								
#0	651 / H51 Routine Home Care ((1-60)							
#0	651a / H5L Routine Home Care	÷ (61 +)							
#0	652 / H52 Continuous Home Ca	are							
#0	9551 / 0561 Continuous Home C	Care - Sl	A						
#0	0655 / H55 Inpatient Respite Ca	re							
#0	656 / H56 General Inpatient Ca	re							
#0	658 Room and Board								
Basis :			Rate	Туре	:				
	Budget)	X	Prospecti	ve			
	Unaudited costs	-			Total Pro	spective			
	Desk audited costs	-			Prospect	ive Adjusted for	New costs		
	Field audited costs	-							
	Medicare - Prospective	-			Interim				
Χ	Payment System Rate	-			Total Inte	rim			
	Average Nursing Home Rate				Settleme	nt based on cost	S		
	Citrus								
Distribution	<u>ı:</u>	l T. K. F	eehrer,				AV. A		
Fiscal Agent				ment	Analyst Super	visor	THE.		
Contract Mar	nagement	Medica	aid Progr	am F	inance				
Permanent F	ile								
Program Dev	elopment:								



005951500 - 2023/10

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: 09/21/2023	
11707 N. Williams Street, Suite 2	Fiscal Year End : N/A	
Dunnellon, FL 34432	Audit Status : N/A	

ovider Type:		Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.75	89.88	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



005951502 - 2023/10

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 Pro	Provider Number : 005951502		
Dat	Date: 09/21/2023		
801 Medical Ct. E Fisc	Fiscal Year End : N/A		
Inverness, FL 34452 Aug	Audit Status : N/A		
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	85.46	88.54	10/01/2023

Provider	ovider Type:		New Rate	Effective Date
Х	Rural Health Clinic	85.46	88.54	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



005951504 - 2023/10

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 : 005951504
Suncoast Primary Care Specialists	Date: 09/21/2023
2671 W Norvell Bryant Hwy	Fiscal Year End : N/A
Lecanto, FL 34461	Audit Status : N/A

rovider	ovider Type:		New Rate	Effective Date
X	Rural Health Clinic	86.74	89.87	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



005951508 - 2023/10

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 : 005951508	
Deven Medical Center	Date: 09/21/2023	
41 N Inglis Ave Ste B	Fiscal Year End : N/A	
Inglis, FL 34449-9463	Audit Status : N/A	

ovider Type:		Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.74	89.87	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			'
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





005955000 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Calhoun Liberty Hospital Assoc.	Provider Number : 005955000
Calhoun Liberty Hospital Primary Care Clinic	Date: 09/21/2023
20370 NE Burns Ave.	Fiscal Year End : N/A
Blountstown, FL 324241045	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	92.43	95.77	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



006449300 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r N	<u>lon-</u>	Institutional F	<u>Providers</u>				
Sonnis Pediatrio	Sonnis Pediatrics PA			rovi	der Number : (
					Date: 09/21/2023					
1125 South Sixt	h Avenue		F	isca	ıl Year End : N	/A				
Wauchula, FL 3	33873		Α	ιudit	Status : N/A					
Provider Type:				С	urrent Rate	New Rate	Effective Date			
X Rur	ral Health Clinic				86.75	89.88	10/01/2023			
Swi	ing-Bed Provider									
Fed	lerally Qualified Health Centers									
Hos	spice Provider									
	#0651 / H51 Routine Home Care (1-60)								
	#0651a / H5L Routine Home Care	(61 +)								
	#0652 / H52 Continuous Home Ca	ire								
	#0551 / 0561 Continuous Home C	are - SIA								
	#0655 / H55 Inpatient Respite Car	е								
	#0656 / H56 General Inpatient Car	е								
	#0658 Room and Board									
Basis :		Rate	Ту	уре	:					
	Budget	<u> </u>	Χ	-	 Prospecti	ve				
	Unaudited costs				Total Pro	spective				
-	Desk audited costs	-			Prospecti	ve Adjusted for I	New costs			
	Field audited costs									
	Medicare - Prospective				Interim					
X	Payment System Rate				Total Inte	rim				
	Average Nursing Home Rate				Settleme	nt based on cost	s			
	Hardee									
Distributi	on:	T. K. Faabaaa					1.7.1			
Fiscal Age		T. K. Feehrer, Senior Manag	em	nent	Analyst Super	visor	N/4			
· ·	lanagement	Medicaid Prog	rar	m Fi	inance					
Permanent										
	evelopment:									
ogiaiii D	o to opinoni.									



Program Development:

_For information Only (No Change in rate)

Florida Agency for Health Care Administration

006480000 - 2023/10

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

Medicaid Reimbursement Pe	r Diem Rates for	Non-Institutiona	<u>ll Providers</u>			
Sunshine Pediatrics of Ocala, PA		Provider Number	: 006480000			
		Date: 09/21/2023				
1900 SW 20th Place		Fiscal Year End : N/A				
Ocala, FL 344717870		Audit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic		86.7	75 89.88	3 10/01/2023		
Swing-Bed Provider			'	·		
Federally Qualified Health Centers						
Hospice Provider						
#0651 / H51 Routine Home Care	(1-60)					
#0651a / H5L Routine Home Care	e (61 +)					
#0652 / H52 Continuous Home C	are					
#0551 / 0561 Continuous Home (Care - SIA					
#0655 / H55 Inpatient Respite Ca	re					
#0656 / H56 General Inpatient Ca	ire					
#0658 Room and Board						
Basis :	Rate 1	уре :				
Budget	×	Prospe	ctive			
Unaudited costs		Total P	rospective			
Desk audited costs		Prospe	ctive Adjusted for	New costs		
Field audited costs	-					
Medicare - Prospective		Interim				
X Payment System Rate		Total Ir	iterim			
Average Nursing Home Rate		Settlen	nent based on cos	its		
Marion						
<u>Distribution:</u>	T. K. Feehrer,	mant Analyst C		N/1		
Fiscal Agent		ment Analyst Sup	DELVISOR			
Contract Management	Medicaid Progra	am Finance				
Permanent File						



007197500 - 2023/10

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 Pro	Provider Number : 007197500					
Dat	Date: 09/21/2023					
390 S. Central Ave.	Fiscal Year End : N/A					
Umatilla, FL 327842325 Auc	Audit Status : N/A					
Provider Type:	Current Rate	New Rate	Effective Date			
X Rural Health Clinic	86.68	89.81	10/01/2023			

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.68	89.81	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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Contract Management

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



007210600 - 2023/10

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

	Medicaid Reimbursement Per	<u>r Diem R</u>	ates for	Non-l	nstitutional	<u>Providers</u>	
eirsdale Family	Health Center Inc.			Provid	er Number :	007210600	
	Date: 09/21/2023						
6400 South High	400 South Highway 25			Fiscal	Year End : N	I/A	
/iersdale, FL 32	1952442			Audit \$	Status : N/A		
rovider Type:				Cu	rrent Rate	New Rate	Effective Da
X Rural	Health Clinic				86.68	89.81	10/01/20
Swing	g-Bed Provider						
Feder	ally Qualified Health Centers						
Hosp	ice Provider						
#0	0651 / H51 Routine Home Care ((1-60)					
#0	0651a / H5L Routine Home Care	: (61 +)					
#0	0652 / H52 Continuous Home Ca	are					
#0	0551 / 0561 Continuous Home C	are - SI	4				
#0	0655 / H55 Inpatient Respite Ca	re					
#0	0656 / H56 General Inpatient Ca	re					
#0	0658 Room and Board						
Basis :			Rate 1	ype :			
	Budget		×		Prospect	ive	
	Unaudited costs	_			Total Pro	spective	
	Desk audited costs	_			Prospect	ive Adjusted for	New costs
	Field audited costs	_					
	Medicare - Prospective	_			Interim		
X	Payment System Rate				Total Inte	erim	
	Average Nursing Home Rate				Settleme	nt based on cost	s
	 Marion	-					
Distribution	n:	 T. K. F	eehrer,				A)/ A
Fiscal Agent	_			ment A	Analyst Supe	rvisor	JKJ-
Contract Mar	nagement	Medica	aid Progra	am Fin	ance		
Permanent F							
Program Dev	elopment.						



007864900 - 2023/10

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

		Medicaid Reimbursement Per	Diem Rates for	N	on-Ins	titutional	<u>Providers</u>	
А١	Womans Pla	ce, Inc.		Р	rovider	Number :	007864900	
			Date: 09/21/2023					
14	15 NW 23rd	Ave.		F	iscal Ye	ear End : N	l/A	
Ch	niefland, FL	326440058		Α	udit Sta	atus : N/A		
Pr	ovider Type	:			Curr	ent Rate	New Rate	Effective Date
	X Ru	ıral Health Clinic				86.68	89.81	10/01/2023
	Sw	ving-Bed Provider						
	Fe	derally Qualified Health Centers						
	Но	spice Provider						
		#0651 / H51 Routine Home Care (1-60)					
		#0651a / H5L Routine Home Care	(61 +)					
		#0652 / H52 Continuous Home Ca	are					
		#0551 / 0561 Continuous Home C	are - SIA					
		#0655 / H55 Inpatient Respite Car	е					
		#0656 / H56 General Inpatient Car	re					
		#0658 Room and Board						
	Basis	:	Rate	Ту	/pe :]		
		Budget		Χ		Prospecti	ve	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospect	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
		Levy				_		
	Distribut	ion:	T. K. Feehrer,					A \
	Fiscal Age		Senior Manage	em	ent Ana	alyst Super	visor	2/67
	_	Management	Medicaid Prog	rar	m Finar	nce		
	Permaner	•						
	Program [Development:						
	-	•						



008004300 - 2023/10

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

	-	Medicaid Reimbursement Per	Diem Rates	s for	No	<u>on-In</u>	stitutional	<u>Providers</u>		
Sacred	d Heart Medic	al Group on the Gulf			Pr	ovide	er Number :	008004300		
			Date : 0				e : 09/21/2023			
55 Ave	enue E					scal \	Year End : N	I/A		
Apalac	chicola, FL 32	23201763			Αι	udit S	Status : N/A			
Provid	ler Type:					Cui	rrent Rate	New Rate	Effective Date	
	Rural F	lealth Clinic					129.89	134.58	10/01/2023	
	Swing-	Bed Provider								
	Federa	lly Qualified Health Centers								
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1	-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	re							
	#05	51 / 0561 Continuous Home Ca	are - SIA							
	#06	55 / H55 Inpatient Respite Care	•							
	#06	56 / H56 General Inpatient Care	е							
	#06	58 Room and Board								
	Basis :	1	R	Rate	Ту	pe :				
		Budget			X		 Prospect	ive		
		Unaudited costs					 Total Pro	spective		
_		Desk audited costs					— Prospect	ive Adjusted for	New costs	
-		Field audited costs								
-		- Medicare - Prospective					Interim			
	Χ	Payment System Rate					Total Inte	erim		
		Average Nursing Home Rate					Settleme	nt based on cost	s	
		Franklin								
	eistribution:		TKEN						1. 7. A	
	iscal Agent		T. K. Feehi Senior Mar		eme	ent A	nalyst Supe	rvisor	N/4	
	ontract Mana	gement	Medicaid F	rogi	ram	n Fina	ance	`		
	ermanent File									
	rogram Devel									
1	. ogrann bovo									



008413600 - 2023/10

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	Provider Number : 008413600
Archer Family Health Care	Date: 09/21/2023
16939 SW 134th Ave	Fiscal Year End : N/A
Archer, FL 326185413	Audit Status : N/A

vider Type:		Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.68	89.81	10/01/2023
	Swing-Bed Provider		'	
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

____For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





009615800 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates 1	ior	NC	on-Institutional	<u>Providers</u>			
Nature Coast Medic	cal Group PA			Pro	ovider Number :	009615800			
				Da	Date: 09/21/2023				
130 SW 7th Street				Fis	scal Year End : N	I/A			
Williston, FL 32696	Williston, FL 326962404			Au	dit Status : N/A				
Provider Type:					Current Rate	New Rate	Effective Date		
X Rural I	Health Clinic				86.67	89.80	10/01/2023		
Swing	-Bed Provider								
Federa	Illy Qualified Health Centers								
Hospic	ce Provider								
#06	651 / H51 Routine Home Care (1-60)							
#06	651a / H5L Routine Home Care	(61 +)							
#06	652 / H52 Continuous Home Ca	re							
	551 / 0561 Continuous Home C								
	655 / H55 Inpatient Respite Care								
	656 / H56 General Inpatient Car	е							
#06	558 Room and Board								
Basis :	7	Ra	te	Тур	pe:				
	Budget			Χ	Prospect	ive			
	Unaudited costs				Total Pro	spective			
	Desk audited costs				Prospect	ive Adjusted for	New costs		
	Field audited costs								
	Medicare - Prospective				Interim				
X	Payment System Rate				Total Inte	erim			
	Average Nursing Home Rate				Settleme	nt based on cost	s		
	Levy								
<u>Distribution</u> :		T. K. Feehre					AV J		
Fiscal Agent			<u> </u>		ent Analyst Supe	rvisor	2ht		
Contract Mana	agement	Medicaid Pro	og	ram	Finance				

Permanent File Program Development:



009634300 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:		Current Rate	New Rate	Effective Date
Lake City, FL 320251329	Au	dit Status : N/A		
1140 SW Bascom Norris Drive Ste 104	Fis	scal Year End : N	I/A	
	Da	ite: 09/21/2023		
Magnolia Pediatrics LLC	Pro	ovider Number :	009634300	

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.68	89.91	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



010332700 - 2023/10

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	Provider Number : 010332700
Bushnell Medical Clinic	Date: 09/21/2023
117 W Belt Ave, Ste A	Fiscal Year End : N/A
Bushnell, FL 33513	Audit Status : N/A

vider Type:		Current Rate	New Rate	Effective Date
X	Rural Health Clinic	88.36	91.55	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





010633400 - 2023/10

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: 09/21/2023
4196 W US Highway 90 STE 105	Fiscal Year End : N/A
Lake City, FL 320558834	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.79	89.92	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

JKJ.



010801000 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r N	lon-Ir	<u>nstitutional l</u>	<u>Providers</u>		
Williston Rural He	ealth and Wellness Clinic		Р	Provider Number : 010801000				
			D	ate :	09/21/2023			
300A NW 1st Ave			F	iscal	Year End : N	/A		
Williston, FL 326	liston, FL 32696				Status : N/A			
Provider Type:				Cu	rrent Rate	New Rate	Effective Date	
X Rura	l Health Clinic				86.68	89.81	10/01/2023	
Swin	g-Bed Provider							
Fede	rally Qualified Health Centers							
Hosp	ice Provider							
#	0651 / H51 Routine Home Care ((1-60)						
#	0651a / H5L Routine Home Care	(61 +)						
#	0652 / H52 Continuous Home Ca	are						
#	0551 / 0561 Continuous Home C	are - SIA						
#	0655 / H55 Inpatient Respite Ca	re						
#	0656 / H56 General Inpatient Ca	re						
#	0658 Room and Board							
Basis :		Rate	e Ty	ype :				
	Budget		Χ		Prospecti	ve		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				Prospect	ive Adjusted for	New costs	
	Field audited costs	-						
	Medicare - Prospective				Interim			
X	Payment System Rate				Total Inte	rim		
	Average Nursing Home Rate				Settleme	nt based on cost	s	
	Levy							
Distribution	<u>n:</u>	T. K. Feehrer					A \	
Fiscal Agent	-	Senior Manaç		nent A	Analyst Super	visor	2/h2+	
Contract Ma	nagement	Medicaid Pro	grai	m Fin	ance			
Permanent F	File							
Program Dev	velopment:							



010834300 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Baker County Medical Services	Provider Number : 010834300
Baker Rural Health Clinic	Date: 09/21/2023
159 N 3rd Street	Fiscal Year End : N/A
Macclenny, FL 320632103	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	129.88	134.57	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

Basis :	7	Rate Type :	1
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		 Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Baker		-

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



010855400 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r No	on-Ins	titutional	<u>Providers</u>			
emier Medical P	ediatric Clinic		Provider Number : 010855400						
			Da	Date : 09/21/2023					
5 East Ash Stree	et		Fi	scal Y	ear End : N	I/A			
rry, FL 3234720	029		Αι	udit Sta	atus : N/A				
ovider Type:				Curr	ent Rate	New Rate	Effective Dat		
X Rural	Health Clinic				86.32	89.44	10/01/202		
Swing	_J -Bed Provider								
Feder	ally Qualified Health Centers								
Hospi	ce Provider								
#0	651 / H51 Routine Home Care ((1-60)							
#0	651a / H5L Routine Home Care	(61 +)							
#0	652 / H52 Continuous Home Ca	are							
#0	551 / 0561 Continuous Home C	are - SIA							
#0	655 / H55 Inpatient Respite Car	re							
#0	656 / H56 General Inpatient Ca	re							
#0	658 Room and Board								
Basis :	7	Rate	Ту	pe:	1				
	 Budget		Χ		⊐ Prospect	ive			
	Unaudited costs	-			_ Total Pro	spective			
	Desk audited costs				– Prospect	ive Adjusted for	New costs		
	Field audited costs				_				
	Medicare - Prospective				_ Interim				
Χ	Payment System Rate				Total Inte	erim			
	Average Nursing Home Rate				_ Settleme	nt based on cost	s		
	 Taylor				_				
Distribution	<u>.</u>	T. K. Feehrer,					AV 1		
Fiscal Agent		Senior Manag	eme	ent An	alyst Supe	rvisor	1/4 ²		
Contract Man	Medicaid Prog	gran	n Finar	nce					
Permanent Fi	le								
Program Dev	elopment:								



Program Development:

_For information Only (No Change in rate)

Florida Agency for Health Care Administration

014637300 - 2023/10

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

	Medicaid Reimbursement Pe	r Diem Rates for	N	lon-Institu	tional F	<u>Providers</u>		
First Coas	t Obstetrics & Gyncology		Provider Number: 014637300					
			Date: 09/21/2023					
PO Box 5	19		F	iscal Year	End : N	/A		
Palatka, F	I 32178-0519		Α	udit Status	: N/A			
Provider [*]	Туре:			Current	Rate	New Rate	Effective Date	
X	Rural Health Clinic				86.79	89.92	10/01/2023	
	Swing-Bed Provider							
	Federally Qualified Health Centers							
	Hospice Provider							
	#0651 / H51 Routine Home Care	(1-60)					'	
	#0651a / H5L Routine Home Care	e (61 +)						
	#0652 / H52 Continuous Home C	are						
	#0551 / 0561 Continuous Home (Care - SIA						
	#0655 / H55 Inpatient Respite Ca	re						
	#0656 / H56 General Inpatient Ca	ire						
	#0658 Room and Board							
Ва	asis :	Rate	Ty	ype :				
	Budget		X	Pr	Prospective			
	Unaudited costs			To	Total Prospective			
-	Desk audited costs			Pr	ospecti	ve Adjusted for I	New costs	
	Field audited costs							
	Medicare - Prospective			Int	terim			
	X Payment System Rate			T	otal Inte	rim		
	Average Nursing Home Rate			Se	ettlemei	nt based on cost	s	
	Putnam							
<u>Dist</u> ı	ribution:	T. K. Feehrer,					NY J.	
Fisca	Fiscal Agent			nent Analys	t Super	visor	2/1/2	
Conti	ract Management	Medicaid Prog	raı	m Finance				
Perm	anent File							



014683500 - 2023/10

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	Provider Number : 014683500
Mohammad Afzal	Date: 09/21/2023
265 Citrus Tower Blvd Ste 102	Fiscal Year End : N/A
Clermont, FI 34711	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.79	89.92	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



015048100 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r N	lon-In	stitutional	<u>Providers</u>		
orth Florida Pedi	iatrics-Columbia Co		Р	Provider Number : 015048100				
			D	Date: 09/21/2023				
359 SW Newland	d Way		F	iscal Y	ear End : N	I/A		
ake City, FI 3202	25		Α	udit S	tatus : N/A			
rovider Type:				Cur	rent Rate	New Rate	Effective Date	
X Rural	Health Clinic				86.78	89.91	10/01/2023	
Swing	g-Bed Provider							
Feder	rally Qualified Health Centers							
Hosp	ice Provider							
#0	0651 / H51 Routine Home Care ((1-60)						
#0	0651a / H5L Routine Home Care	e (61 +)						
#0	0652 / H52 Continuous Home Ca	are						
#0	0551 / 0561 Continuous Home C	Care - SIA						
#0	0655 / H55 Inpatient Respite Ca	re						
#0	0656 / H56 General Inpatient Ca	re						
#0	0658 Room and Board							
Basis :		Rate	· Ty	ype :				
	Budget		Χ		Prospecti	ive		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				Prospect	ive Adjusted for	New costs	
	Field audited costs							
	Medicare - Prospective				Interim			
Х	Payment System Rate				Total Inte	erim		
	Average Nursing Home Rate				Settleme	nt based on cost	ts	
	Suwannee							
Distribution	<u>ı:</u>	T. K. Feehrer,					AV /	
Fiscal Agent		Senior Manag	em	nent Ar	nalyst Supe	rvisor	1/4 ²	
Contract Mar	Contract Management			m Fina	ance			
Permanent F	ïle							
Program Dev	relopment:							



016554200 - 2023/10

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	Provider Number : 016554200
Citra Family Hlth	Date: 09/21/2023
17805 N US Hwy 301	Fiscal Year End : N/A
Citra, FI 32113	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.76	89.89	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



018056100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jay Hospital, Inc.	Provider Number : 018056100
Century Medical Center	Date: 09/21/2023
8401 North Century Boulevard	Fiscal Year End : N/A
Century, FL 32535	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	130.40	135.10	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



018968900 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates f	or I	<u>Non</u>	-Institutional I	<u>Providers</u>		
mily & After Hours Care			F	Prov	ovider Number : 018968900			
Da				Date	ate: 09/21/2023			
413 NW 23rd Ave	13 NW 23rd Ave				al Year End : N	l/A		
hiefland, Fl 3262	26		1	Audi	t Status : N/A			
rovider Type:				C	Current Rate	New Rate	Effective Date	
X Rural	Health Clinic				86.75	89.88	10/01/2023	
Swing	g-Bed Provider							
Feder	ally Qualified Health Centers							
Hosp	ice Provider							
#0	651 / H51 Routine Home Care (1-60)						
#0	651a / H5L Routine Home Care	(61 +)						
#0	652 / H52 Continuous Home Ca	are						
#0	551 / 0561 Continuous Home C	are - SIA						
#0	655 / H55 Inpatient Respite Car	е						
#0	656 / H56 General Inpatient Car	е						
#0	658 Room and Board							
Basis :		Rat	e T	Гуре	:			
	Budget		Х	(Prospecti	ve		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				Prospect	ive Adjusted for	New costs	
	Field audited costs							
	Medicare - Prospective				Interim			
X	Payment System Rate				Total Inte	erim		
	Average Nursing Home Rate				Settleme	nt based on cost	s	
	Levy							
Distribution		T. K. Feehre					A)/ A	
Fiscal Agent	_			men	t Analyst Super	visor	2K2	
Contract Mar	nagement	Medicaid Pro	gra	am F	inance			
Permanent F	ile							
Program Dev	elopment:							



018968904 - 2023/10

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				
Da	Date: 09/21/2023				
5915 North Oceanshore Blvd Fis	Fiscal Year End : N/A				
Palm Coast, FL 32137	Audit Status : N/A				
	I				
Provider Type:	Current Rate	New Rate	Effective Date		
X Rural Health Clinic	86.75	89.88	10/01/2023		

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.75	89.88	10/01/2023
	Swing-Bed Provider		'	
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

____For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance

pervisor JXJ



019432300 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date
Cross City, FI 32628	Audit Status : N/A
149 NE 241st St Ste A	Fiscal Year End : N/A
	Date: 09/21/2023
North Florida Pediatrics-Cross City	Provider Number: 019432300

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.75	89.88	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,





019474000 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r N	lon-Ir	<u>nstitutional l</u>	<u>Providers</u>			
ivaker Pediatric	es		Р	Provider Number : 019474000					
			D	Date: 09/21/2023					
551 N Orange E	Blossom Trl		F	iscal	Year End : N	l/A			
lount Dora, FI	32757		Α	udit S	Status : N/A				
rovider Type:				Cu	rrent Rate	New Rate	Effective Date		
X Rura	al Health Clinic				86.75	89.88	10/01/2023		
Swir	ng-Bed Provider								
Fede	erally Qualified Health Centers								
Hos	pice Provider								
#	#0651 / H51 Routine Home Care ((1-60)							
#	#0651a / H5L Routine Home Care	e (61 +)							
#	#0652 / H52 Continuous Home Ca	are							
#	#0551 / 0561 Continuous Home C	Care - SIA							
#	#0655 / H55 Inpatient Respite Car	re							
#	#0656 / H56 General Inpatient Ca	re							
#	#0658 Room and Board								
Basis :		Rate	· Ty	ype :					
	Budget		Χ		Prospecti	ve			
	Unaudited costs				Total Pro	spective			
	Desk audited costs				Prospect	ive Adjusted for	New costs		
	Field audited costs								
	Medicare - Prospective				Interim				
X	Payment System Rate				Total Inte	erim			
	Average Nursing Home Rate				Settleme	nt based on cost	S		
	Lake								
Distribution	<u>on:</u>	T. K. Feehrer,					A V . A		
Fiscal Agen	t	Senior Manag	em	nent A	nalyst Super	visor	2/1/2		
Contract Ma	anagement	Medicaid Prog	grai	m Fin	ance				
Permanent	File								
Program De	evelopment:								



020403901 - 2023/10

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

X Rural Health Clinic 86.76 89.89	Effective Date
5781 Lee Blvd Lehigh Acres, FL 33971 Provider Type: X Rural Health Clinic Fiscal Year End: N/A Audit Status: N/A Current Rate New Rate Ef	
Lehigh Acres, FL 33971 Provider Type: X Rural Health Clinic Audit Status : N/A Current Rate New Rate Ef	
Provider Type: X Rural Health Clinic Current Rate New Rate Ef	
X Rural Health Clinic 86.76 89.89	
	10/01/2023
Outro De I Descritos	10/01/2020
Swing-Bed Provider	
Federally Qualified Health Centers	
Hospice Provider	
#0651 / H51 Routine Home Care (1-60)	
#0651a / H5L Routine Home Care (61 +)	
#0652 / H52 Continuous Home Care	
#0551 / 0561 Continuous Home Care - SIA	
#0655 / H55 Inpatient Respite Care	
#0656 / H56 General Inpatient Care	
#0658 Room and Board	
Basis : Rate Type :	
Budget X Prospective	
Unaudited costs Total Prospective	
Desk audited costs Prospective Adjusted for New	ew costs
Field audited costs	
Medicare - Prospective Interim	
X Payment System Rate Total Interim	
Average Nursing Home Rate Settlement based on costs	
Lee	
Distribution: T. K. Feehrer,	A > / A
Fiscal Agent Senior Management Analyst Supervisor	JKJ -
Contract Management Medicaid Program Finance	
Permanent File	
Program Development:	



Program Development:

_For information Only (No Change in rate)

Florida Agency for Health Care Administration

023548300 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates for	r Noı	n-Institutional I	<u>Providers</u>			
Kids Health	Alliance, P.A.		Provider Number : 023548300					
			Date: 09/21/2023					
2650 NW 2r	nd Street Suite 100		Fiscal Year End : N/A					
Ocala, FL 3	34475		Auc	dit Status : N/A				
Provider Ty	/pe:			Current Rate	New Rate	Effective Date		
X	Rural Health Clinic			86.75	89.88	10/01/2023		
	Swing-Bed Provider							
	Federally Qualified Health Centers							
	Hospice Provider							
	#0651 / H51 Routine Home Care (1-60)						
	#0651a / H5L Routine Home Care	(61 +)						
	#0652 / H52 Continuous Home Ca	are						
	#0551 / 0561 Continuous Home C	are - SIA						
	#0655 / H55 Inpatient Respite Car	·e						
	#0656 / H56 General Inpatient Car	re						
	#0658 Room and Board							
Bas	is:	Rate	Тур	e :				
	Budget		Χ	Prospecti	ve			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
×	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	Marion							
<u>Distrik</u>	oution:	T. K. Feehrer,				NY 1.		
Fiscal /	Agent			nt Analyst Super	visor	2/1/2		
Contra	ct Management	Medicaid Prog	ıram	Finance				
Permai	nent File							



023710500 - 2023/10

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	Provider Number : 023710500
Chipley Medical Group	Date: 09/21/2023
1376 Brickyard Rd Ste 4	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.43	89.55	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



023710502 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r No	n-Institutional	<u>Providers</u>				
orthwest Florida	Healthcare, Inc		Pro	ovider Number :	023710502				
			Da	Date: 09/21/2023					
D Box 889			Fis	cal Year End : N	I/A				
nipley, FL 32428	3		Au	dit Status : N/A					
ovider Type:				Current Rate	New Rate	Effective Date			
X Rural	Health Clinic			86.43	89.55	10/01/202			
Swing	g-Bed Provider								
Feder	ally Qualified Health Centers								
Hospi	ce Provider								
#0	651 / H51 Routine Home Care ((1-60)							
#0	651a / H5L Routine Home Care	(61 +)							
#0	652 / H52 Continuous Home Ca	are							
#0	551 / 0561 Continuous Home C	are - SIA							
#0	655 / H55 Inpatient Respite Ca	re							
#0	656 / H56 General Inpatient Ca	re							
#0	658 Room and Board								
Basis :		Rate	Э Тур	pe:					
	Budget		Χ	Prospect	ive				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
Χ	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	s			
	Washington								
Distribution):	T. K. Feehrer,				A \			
Fiscal Agent	_			nt Analyst Supe	rvisor	JKJ			
Contract Man	agement	Medicaid Prog	gram	Finance					
Permanent Fi									
Program Deve	elopment:								



023710507 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bonifay, FL 32425-1809	Audit Status : N/A
101 E Wisconsin Ave	Fiscal Year End : N/A
	Date: 09/21/2023
Northwest Florida Healthcare, Inc	Provider Number : 023710507

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.43	89.55	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



024917965 - 2023/10

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

	-	Medicaid Reimbursement Per	Diem Rates	for	No	n-Institution	al F	<u>Providers</u>			
St Vincer	nt's Ambula	itory Care, Inc				rovider Number : 024917965					
					Da	ate: 09/21/2023					
4205 Bel	fort Rd				Fis	scal Year End	: N	/A			
Jackson	ville, FL 32	216			Au	dit Status : N/	Α				
Provider	Type:					Current Rate New Rate Ef			Effective Date		
Х	Rural F	lealth Clinic				86.	76	89.89	10/01/2023		
	Swing-	Bed Provider									
	Federa	lly Qualified Health Centers									
	Hospic	e Provider									
	#06	51 / H51 Routine Home Care (1	-60)								
	#06	51a / H5L Routine Home Care	(61 +)								
	#06	52 / H52 Continuous Home Ca	re								
	#05	51 / 0561 Continuous Home Ca	are - SIA								
	#06	55 / H55 Inpatient Respite Care)								
	#06	56 / H56 General Inpatient Care	9								
	#06	58 Room and Board									
E	Basis :]	R	ate	Тур	pe:					
		Budget			Χ	Prospe	ecti	ve			
-		Unaudited costs				Total F	Pro:	spective			
-		Desk audited costs				Prospo	ecti	ve Adjusted for I	New costs		
-		Field audited costs									
		Medicare - Prospective				Interim	1				
	Χ	Payment System Rate				Total I	nte	rim			
-		Average Nursing Home Rate				Settler	ner	nt based on cost	s		
		Nassau									
Die	tribution:		T. K. Feehr	or					A>/ A		
	cal Agent				eme	ent Analyst Su	per	visor	JKJ		
	Contract Management			rogi	ram	Finance					
	manent File										
	gram Devel										
	J. S 20101										



029506000 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r N	lon-Ir	<u>stitutional </u>	<u>Providers</u>				
enton Medical C		P	Provid	ovider Number : 029506000						
Dat				ate :	ate: 09/21/2023					
I1 S. Main St	1 S. Main St				Year End : N	I/A				
enton, FL 3269	3		A	udit S	Status : N/A					
rovider Type:				Cu	rrent Rate	New Rate	Effective Date			
X Rural	Health Clinic				92.86	96.21	10/01/2023			
Swing	g-Bed Provider									
Feder	ally Qualified Health Centers									
Hosp	ice Provider									
#0	0651 / H51 Routine Home Care ((1-60)								
#0	0651a / H5L Routine Home Care	(61 +)								
#0	0652 / H52 Continuous Home Ca	are								
#0	0551 / 0561 Continuous Home C	Care - SIA								
#0	0655 / H55 Inpatient Respite Car	re								
#0	0656 / H56 General Inpatient Ca	re								
#0	0658 Room and Board									
Basis :		Rate	· Ty	ype :						
	 Budget		Χ		Prospecti	ive				
	Unaudited costs				Total Pro	spective				
	Desk audited costs				Prospect	ive Adjusted for	New costs			
	Field audited costs									
	Medicare - Prospective				Interim					
Χ	Payment System Rate				Total Inte	erim				
	Average Nursing Home Rate				Settleme	nt based on cost	S			
	Collier									
Distribution	<u>ı:</u>	T. K. Feehrer,					AV 1			
Fiscal Agent		Senior Manag	em	nent A	nalyst Supe	rvisor	1/4 ²			
Contract Mar	nagement	Medicaid Prog	gra	m Fin	ance					
Permanent F	ile									
Program Dev	elopment:									



029511600 - 2023/10

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

		_	Medicaid Reimbursement Per	Diem	Rates fo	r N	Non	-Inst	itutional l	Providers Providers	
AC	V Comr	nunity Se	ervices			P	Prov	ider l	Number :	029511600	
				С	Date	: 09	/21/2023				
PO Box 4675						F	isca	al Ye	ar End : N	I/A	
Dowling Park, FL 32064					А	∖udi	t Sta	tus : N/A			
Pr	ovider T	уре:					C	Curre	nt Rate	New Rate	Effective Date
	X	Rural F	lealth Clinic						85.16	88.24	4 10/01/2023
		Swing-	Bed Provider								
		Federa	Ily Qualified Health Centers								
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	re							
		#05	51 / 0561 Continuous Home C	are - S	IA						
#0655 / H55 Inpatient Respite				е							
		#06	56 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
	Ва	sis :	7		Rate	T	уре	:			
			Budget			Χ			ı Prospecti	ve	
			- Unaudited costs						Total Pro	spective	
			Desk audited costs						Prospect	ive Adjusted for	· New costs
			Field audited costs						-		
			Medicare - Prospective						Interim		
		Χ	Payment System Rate						Total Inte	erim	
			Average Nursing Home Rate						Settleme	nt based on cos	sts
			Not Selected						•		
	Distr	ibution:		I T. K.	Feehrer,						1 V 1
	Fiscal	Agent		Senio	r Manag	em	nent	t Ana	lyst Super	visor	J/4
	Contra	act Mana	gement	Medio	caid Prog	ıra	ım F	inan	ce		
	Perma	anent File	e								
	Progra	am Devel	lopment:								
		For in	nformation Only (No Change in ra	ate)							



100739300 - 2023/10

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	Provider Number : 100739300					
	Date: 09/21/2023					
5429 College Dr	Fiscal Year End : N/A					
Graceville, FL 32440	Audit Status : N/A					
Provider Type:	Current Rate New Rate Effective Date					

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	87.02	90.16	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





101319900 - 2023/10

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	Provider Number: 101319900		
Rainbow River Medical	Date: 09/21/2023		
20312 Robinson Road	Fiscal Year End : N/A		
Dunnellon, FL 34431	Audit Status : N/A		

ovider	vider Type:		New Rate	Effective Date	
X	Rural Health Clinic	86.76	89.89	10/01/2023	
	Swing-Bed Provider				
	Federally Qualified Health Centers				
	Hospice Provider				
	#0651 / H51 Routine Home Care (1-60)				
	#0651a / H5L Routine Home Care (61 +)				
	#0652 / H52 Continuous Home Care				
	#0551 / 0561 Continuous Home Care - SIA				
	#0655 / H55 Inpatient Respite Care				
	#0656 / H56 General Inpatient Care				
	#0658 Room and Board				

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

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T. K. Feehrer,



101707000 - 2023/10

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

	Medicaid Reimbursement Per	Diem Ra	tes to	ſN	lon-In	stitutional	<u>Providers</u>		
North Florida Pedia	atrics-Chiefland			Р	rovide	er Number :	101707000		
			D	ate : (09/21/2023				
2220 North Young Blvd				F	iscal `	Year End : N	I/A		
Chiefland, FL 3262	26			Α	udit S	Status : N/A			
Provider Type:					Cu	rrent Rate	New Rate	Effective Date	
X Rural	Health Clinic					86.76	89.89	10/01/202	
Swing	-Bed Provider								
Federa	ally Qualified Health Centers								
Hospie	ce Provider								
#00	651 / H51 Routine Home Care ((1-60)							
#00	651a / H5L Routine Home Care	(61 +)							
#00	652 / H52 Continuous Home Ca	are							
#0	are - SIA								
#06	655 / H55 Inpatient Respite Car	re							
#06	656 / H56 General Inpatient Ca	re							
#00	658 Room and Board								
Basis :	7		Rate	Ту	ype :				
	Budget			Х		Prospective			
	Unaudited costs					Total Pro	Total Prospective		
	Desk audited costs					Prospect	ive Adjusted for	New costs	
	Field audited costs								
	Medicare - Prospective					Interim			
X	Payment System Rate					Total Inte	erim		
	Average Nursing Home Rate					Settleme	nt based on cost	is	
	Levy								
Distribution	<u> </u>	 T. K. Fe	ehrer.					A \ / A	
Fiscal Agent	-			em	nent A	nalyst Supe	rvisor	JKJ-	
		Medicai	d Prog	rai	m Fina	ance			

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101707400 - 2023/10

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

		<u>1</u>	Medicaid Reimbursement Per	Diem Rate	es for	. N	on-l	nstitutional l	<u>Providers</u>		
No	rth Florid	a Pediat	rics-Starke			Pı	rovic	der Number :	101707400		
					Da	ate: 09/21/2023					
417 E Call St Starke, FL 32091						Fi	iscal	Year End : N	/A		
						Αι	udit	Status : N/A			
Pr	ovider Ty	/pe:					Cı	urrent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					86.76	89.89	10/01/2023	
		Swing-E	Bed Provider								
		Federal	ly Qualified Health Centers								
		Hospice	e Provider								
		#065	51 / H51 Routine Home Care (1	1-60)							
		#065	51a / H5L Routine Home Care	(61 +)							
		#065	52 / H52 Continuous Home Ca	re							
		#05	51 / 0561 Continuous Home Ca	are - SIA							
#0655 / H55 Inpatient Respite				e							
		#065	56 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
	Bas	sis :			Rate	Ту	pe :				
			Budget			Χ		 Prospecti	ve		
			Unaudited costs					Total Pro	spective		
			Desk audited costs					Prospect	ive Adjusted for I	New costs	
			Field audited costs								
			Medicare - Prospective					Interim			
	>	(Payment System Rate					Total Inte	rim		
			Average Nursing Home Rate					Settleme	nt based on cost	s	
'			Bradford								
	Distril	oution:		T. K. Feel	hrer					A)/ A	
	Fiscal	_				em	ent A	Analyst Super	visor		
		ct Mana	gement	Medicaid	Prog	ran	n Fir	nance			
		nent File									
	Progra	m Devel	opment:								



102610200 - 2023/10

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	Provider Number : 102610200
Bayfront Health Medical Group	Date: 09/21/2023
1012 N Mills Ave	Fiscal Year End : N/A
Arcadia, FL 34266	Audit Status : N/A

ovider	vider Type:		New Rate	Effective Date	
X	Rural Health Clinic	85.48	88.57	10/01/2023	
	Swing-Bed Provider				
	Federally Qualified Health Centers				
	Hospice Provider				
	#0651 / H51 Routine Home Care (1-60)		'		
	#0651a / H5L Routine Home Care (61 +)				
	#0652 / H52 Continuous Home Care				
	#0551 / 0561 Continuous Home Care - SIA				
	#0655 / H55 Inpatient Respite Care				
	#0656 / H56 General Inpatient Care				
	#0658 Room and Board				

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

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



102625100 - 2023/10

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	Provider Number : 102625100		
	Date: 09/21/2023		
170 S Barfield Hwy STE 108	Fiscal Year End : N/A		
Pahokee, FL 33476	Audit Status : N/A		
Provider Type: Current Rate New Rate			
V Dunel Health Olinia	00.70 00.00 40/04/0000		

rovider	Type:	Current Rate	New Rate	Effective Date
Х	Rural Health Clinic	86.76	89.89	10/01/2023
	Swing-Bed Provider		'	
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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For information Only (No Change in rate)

T. K. Feehrer,



105763900 - 2023/10

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	Provider Number : 105763900
Community Family Health Care	Date: 09/21/2023
11392 E Highway 316 Ste 92	Fiscal Year End : N/A
Fort McCoy, FL 32134-8114	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	85.48	88.57	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





106170600 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Franklin County BoCC	Provider Number : 106170600
Weems Med Ctr West	Date: 09/21/2023
PO Box 580	Fiscal Year End : N/A
Apalachicola, FL 32329	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	91.96	95.27	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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For information Only (No Change in rate)

T. K. Feehrer,



106362400 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Franklin County BoCC	Provider Number : 106362400
Weems Med Ctr East	Date: 09/21/2023
PO Box 580	Fiscal Year End : N/A
Apalachicola, FL 32329	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	91.96	95.27	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

Basis :	7	Rate Type :	1
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Franklin		-

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For information Only (No Change in rate)

T. K. Feehrer,



107889600 - 2023/10

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

		Medicaid Reimbursement Per	Diem Rates fo	r No	on-Inst	itutional	<u>Providers</u>			
Kids Care Pediatrics				Provider Number : 107889600						
					Date: 09/21/2023					
6910 Old Wolf Bay Rd					scal Year End : N/A					
Palatk	a, FL 32177		Audit Status : N/A							
Provid	der Type:				Curre	ent Rate	New Rate	Effective Date		
Х	Rural I	Health Clinic				91.21	94.51	10/01/2023		
	Swing-	-Bed Provider								
Federally Qualified Health Centers										
Hospice Provider										
#0651 / H51 Routine Home Care (1-60)										
#0651a / H5L Routine Home Care (61 +)										
#0652 / H52 Continuous Home Care										
	#0551 / 0561 Continuous Home Care - SIA									
	#06	655 / H55 Inpatient Respite Car	'e							
	#06	656 / H56 General Inpatient Ca	re							
	#06	658 Room and Board								
	Basis :	7	Rate	Ту	pe :]				
		Budget		Χ		Prospect	ive			
		Unaudited costs				Total Prospective				
		Desk audited costs				Prospective Adjusted for New costs				
		Field audited costs				-				
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Putnam								
<u></u> _	Distribution:		T. K. Feehrer,					ΛV.Λ		
			Senior Manag	eme	ent Ana	lyst Supe	rvisor	2K2		
C	Contract Mana	agement	Medicaid Prog	ram	n Finan	ce				
Р	ermanent Fil	е								
Р	rogram Deve	elopment:								



109045401 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r No	on-Inst	<u>itutional l</u>	<u>Providers</u>	
mily Care Medical Center II LLC			Provider Number : 109045401				
Da			ate: 09/21/2023				
			Fis	scal Ye	ar End : N	/A	
			Au	ıdit Sta	tus : N/A		
ovider Type:				Curre	ent Rate	New Rate	Effective Date
X Rural	Health Clinic				87.95	91.13	10/01/202
Swing	g-Bed Provider						
Feder	ally Qualified Health Centers						
Hospi	ce Provider						
#0	651 / H51 Routine Home Care ((1-60)					
#0	651a / H5L Routine Home Care	e (61 +)					
#0	652 / H52 Continuous Home Ca	are					
#0	551 / 0561 Continuous Home C	Care - SIA					
#0	655 / H55 Inpatient Respite Car	re					
#0	656 / H56 General Inpatient Ca	re					
#0	658 Room and Board						
Basis :		Rate	э Туј	pe:]		
	Budget		Х		Prospecti	ve	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospect	ive Adjusted for	New costs
	Field audited costs				_		
	Medicare - Prospective				Interim		
Χ	Payment System Rate				Total Inte	rim	
	Average Nursing Home Rate				Settleme	nt based on cost	s
	Desoto				•		
Distribution	<u></u>	T. K. Feehrer,					A V . A
Fiscal Agent	_	Senior Manag		ent Ana	lyst Super	visor	1/4°
Contract Man	agement	Medicaid Prog	gram	Finan	ce		
Permanent Fi	ile						
Program Deve	elopment:						



109368700 - 2023/10

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	Provider Number : 109368700
Bonifay Rural Health Clinic	Date: 09/21/2023
2910 HOSPITAL DR	Fiscal Year End : N/A
BONIFAY, FL 32425	Audit Status : N/A

e Ei	ffective Date
90.04	10/01/2023

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

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



109437500 - 2023/10

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: 09/21/2023
7215 US Hwy 27 North	Fiscal Year End : N/A
Sebring, FL 33870	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.91	90.04	10/01/2023
	Swing-Bed Provider		'	
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			'
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



110545600 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date				
Melrose, FL 32666-3701	Audit Status : N/A				
1326 State Road 100	Fiscal Year End : N/A				
	Date: 09/21/2023				
Heart 2 Heart Family Practice	Provider Number : 110545600				

Provider	Type:	Current Rate	New Rate	Effective Date
Х	Rural Health Clinic	92.73	96.08	10/01/2023
	Swing-Bed Provider			'
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			'
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance

pervisor JJJ



110621800 - 2023/10

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	Pro	Provider Number : 110621800				
	Da	Date: 09/21/2023				
200 S SCENIC HWY	Fis	Fiscal Year End : N/A				
Frostproof, FL 33843		Audit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic		91.51	94.81	10/01/2023		

Provider T	уре:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	91.51	94.81	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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For information Only (No Change in rate)

T. K. Feehrer,



110740900 - 2023/10

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

	Medicaid Reimbursement Per	r Diem Rates fo	r No	n-Institutional	<u>Providers</u>	
nhandle Rural F	lealth & Primary Care, Inc		Pro	vider Number :	110740900	
			Dat	te: 09/21/2023		
274 Central Ave W ountstown, FL 32424		Fis	cal Year End : N	I/A		
			Aud	dit Status : N/A		
ovider Type:				Current Rate	New Rate	Effective Date
X Rural	Health Clinic			91.51	94.81	10/01/202
Swing	-Bed Provider					
Feder	ally Qualified Health Centers					
Hospi	ce Provider					
#0	651 / H51 Routine Home Care ((1-60)				
#0	651a / H5L Routine Home Care	e (61 +)				
#0	652 / H52 Continuous Home Ca	are				
#0	551 / 0561 Continuous Home C	Care - SIA				
#0	655 / H55 Inpatient Respite Ca	re				
#0	656 / H56 General Inpatient Ca	re				
#0	658 Room and Board					
Basis :	7	Rate	Тур	e:		
	 Budget		Χ	Prospect	ive	
	Unaudited costs			Total Pro	spective	
	Desk audited costs			Prospect	ive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
Χ	Payment System Rate	-		Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	is
	Calhoun					
Distribution	<u>.</u>	T. K. Feehrer,				AV 1
Fiscal Agent	-		eme	nt Analyst Supe	rvisor	4
Contract Man	agement	Medicaid Prog	gram	Finance		
Permanent Fi	le					
Program Deve	elopment:					



110818300 - 2023/10

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: 09/21/2023
5551 US Highway 98	Fiscal Year End : N/A
Santa Rosa Beach, FL 32459	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	91.51	94.81	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



110836000 - 2023/10

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	Provider Number: 110836000
ASCENSION SACRED HEART GULF PSJ RHC	Date: 09/21/2023
4205 Belfort Rd Ste 4015	Fiscal Year End : N/A
Jacksonville, FL 32216-3623	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	93.01	96.37	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



110836003 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ascension Sacred Heart Gulf	Provider Number : 110836003
Ascension Sacred Heart Gulf PSJ RHC	Date: 09/21/2023
3871 E Highway 98, Ste 201	Fiscal Year End : N/A
Port Saint Joe, FL 32456-5302	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	93.01	95.04	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,



110836005 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ascension Sacred Heart Gulf	Provider Number : 110836005
Ascension Medical Group Sacred Heart Gulf	Date: 09/21/2023
805 West Hwy 22	Fiscal Year End : N/A
Wewahitchka, FL 32465-3237	Audit Status : N/A

ovider Type:		Current Rate	New Rate	Effective Date
X	Rural Health Clinic	93.01	97.32	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			'
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,



111314300 - 2023/10

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 : 111314300
Premier Pediatrics LLC	Date: 09/21/2023
7960 SW 60th Ave	Fiscal Year End : N/A
Ocala, FL 34476-6408	Audit Status : N/A

vider Type:		Current Rate	New Rate	Effective Date
X	Rural Health Clinic	93.05	96.40	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,



112711800 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Leesburg Pediatrics PA	Provider Number : 112711800
Leesburg Pediatrics PA	Date: 09/21/2023
8113 Centralia Ct	Fiscal Year End : N/A
Leesburg, FL 34788-7508	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	92.90	96.25	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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113722800 - 2023/10

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: 09/21/2023
14001 NW 4th St, Ste B	Fiscal Year End : N/A
Sunrise, FL 33325-6206	Audit Status : N/A

ovider	ovider Type:		New Rate	Effective Date
X	Rural Health Clinic	92.79	96.14	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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



113804800 - 2023/10

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	Provider Number : 113804800	
Braden Clinic	Date: 09/21/2023	
5050 Ave Maria Blvd	Fiscal Year End : N/A	
Ave Maria, FL 34142-9505	Audit Status : N/A	

ovider Type:		Current Rate	New Rate	Effective Date
X	Rural Health Clinic	92.79	96.14	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

Basis :	7	Rate Type :	1
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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T. K. Feehrer,



115078900 - 2023/10

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

		_	Medicaid Reimbursement Per	Diem Rates fo	or l	Non-Ir	<u>nstitutional</u>	<u>Providers</u>	
Ch	iefland F	lealth Ce	enter LLC		F	Provid	er Number :	115078900	
					Date :	Date: 09/21/2023			
30	4 N Mair	n St			F	iscal	Year End : N	I/A	
Ch	iefland, l	FL 3262	6-0803		F	Audit S	Status : N/A		
Pr	ovider T	уре:				Cu	rrent Rate	New Rate	Effective Date
	X	Rural H	lealth Clinic				91.89	96.15	10/01/2023
		Swing-	Bed Provider						
		Federa	lly Qualified Health Centers						
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care (1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	re					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Car	е					
		#06	56 / H56 General Inpatient Car	е					
		#06	58 Room and Board						
	Ba	sis :]	Rat	e T	ype :			
			Budget		X		Prospect	ive	
			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs						
			Medicare - Prospective				Interim		
	,	X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	ts
			Levy						
	Distri	bution:		T. K. Feehrer					A \
		Agent		Senior Mana		nent A	Analyst Supe	rvisor	2/67
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116017600 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Torreya Health Care Inc	Provider Number : 116017600
Torreya Health Care Inc	Date: 09/21/2023
17316 NE State Road 65	Fiscal Year End : N/A
Hosford, FL 32334-2415	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	92.70	97.00	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective	_	 Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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116287400 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hometown Healthcare and Pediatrics	Provider Number : 116287400
Hometown Healthcare and Pediatrics	Date: 09/21/2023
315 N Main St	Fiscal Year End : N/A
Trenton, FL 32693-3462	Audit Status : N/A

ovider Type:		Current Rate	New Rate	Effective Date
X	Rural Health Clinic	92.73	97.03	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Senior Management Analyst Supervisor

Medicaid Program Finance





116394400 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dynamic Primary Healthcare Clinic Inc	Provider Number : 116394400	
	Date: 09/21/2023	
163 SW Stonegate Ter, Ste 109	Fiscal Year End : N/A	
Lake City, FL 32024-3459	Audit Status : N/A	

ovider	ovider Type:		New Rate	Effective Date
Χ	Rural Health Clinic	86.77	90.80	10/01/2023
	Swing-Bed Provider		'	
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			'
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





117637500 - 2023/10

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 MD DO	Provider Number : 117637500
Premier Pediatrics Coastal	Date: 09/21/2023
6171 W Gulf to Lake Hwy	Fiscal Year End : N/A
Crystal River, FL 34429-2679	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.75	90.78	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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



251469901 - 2023/10

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	Provider Number : 251469901
	Date: 09/21/2023
1354 State Road 60 East	Fiscal Year End : N/A
Lake Wales, FI 33853	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	80.97	83.90	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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



253535101 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lake Placid, FI 33852	Audit Status : N/A		
344 East Royal Palm St, Ste 3	Fiscal Year End : N/A		
	Date: 09/21/2023		
Heartland Pediatrics of L. P	Provider Number : 253535101		

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	80.96	83.88	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			'
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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T. K. Feehrer,



253668401 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry Family Care Ctr	Provider Number : 253668401
Forbes Family Care Ctr	Date: 09/21/2023
500 West Sagamore Ave	Fiscal Year End : N/A
Clewiston, FI 33440	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	158.44	164.16	10/01/2023
Swing-Bed Provider		'	
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)		'	
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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T. K. Feehrer,



370861601 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicaid Reimbursement Per Di								
Children's Medic	cal Clinic		Provid	ovider Number : 370861601					
			Date :	09/21/2023					
1002 SW 11th S	treet		Fiscal	Year End : N	I/A				
Live Oak, FL 32	064		Audit S	ıdit Status : N/A					
Provider Type:			Cu	rrent Rate	New Rate	Effective Date			
X Rur	al Health Clinic			80.78	83.69	10/01/2023			
Swi	ng-Bed Provider								
Fed	erally Qualified Health Centers								
Hospice Provider									
i	#0651 / H51 Routine Home Care (1-6	60)							
;	#0651a / H5L Routine Home Care (6	1 +)							
j	#0652 / H52 Continuous Home Care								
j	#0551 / 0561 Continuous Home Car	e - SIA							
;	#0655 / H55 Inpatient Respite Care								
	#0656 / H56 General Inpatient Care								
;	#0658 Room and Board								
Basis :		Rate	Type :						
	Budget]	X	Prospect	ive				
	Unaudited costs	-		Total Pro	Total Prospective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
X	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	S			
	Suwannee			_					

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





370861604 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r N	<u>Non</u>	-Institutional I	<u>Providers</u>				
Children's Medica	hildren's Medical Center			۲o۱	ovider Number : 370861604					
					Date: 09/21/2023					
789 West Duval S	Street		F	-isc	al Year End : N	/A				
Lake City, FL 320	ake City, FL 32055			٩ud	it Status : N/A					
Provider Type:				(Current Rate	New Rate	Effective Date			
X Rura	l Health Clinic				80.78	83.69	10/01/2023			
Swin	g-Bed Provider									
Fede	rally Qualified Health Centers									
Hosp	oice Provider									
#	0651 / H51 Routine Home Care (1-60)								
#	0651a / H5L Routine Home Care	(61 +)								
#	0652 / H52 Continuous Home Ca	are								
#	0551 / 0561 Continuous Home C	are - SIA								
#	0655 / H55 Inpatient Respite Car	е								
#	0656 / H56 General Inpatient Car	е								
#	0658 Room and Board									
Basis :		Rate	• T	урє	e :					
	Budget		Χ		 Prospecti	ve				
	Unaudited costs				Total Pro	spective				
	Desk audited costs				Prospecti	ve Adjusted for I	New costs			
	Field audited costs									
	Medicare - Prospective				Interim					
X	Payment System Rate				Total Inte	rim				
	Average Nursing Home Rate				Settleme	nt based on cost	s			
	Columbia									
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Distributio		T. K. Feehrer Senior Manag		nen	it Analyst Super	visor	184			
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372143401 - 2023/10

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	Provider Number : 372143401
	Date: 09/21/2023
205 Zeagler Drive, Suite #101	Fiscal Year End : N/A
Palatka, FL 32177	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	91.21	94.51	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			'
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor



377682401 - 2023/10

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

		_	Medicaid Reimbursement Per	Diem Rates for	No	n-Inst	titutional	<u>Providers</u>		
Se	bring Pe	Provider Number : 377682401								
					Da	ate: 09/21/2023				
15	50 Lakev	iew Dr.			Fis	scal Ye	ear End : N	I/A		
Se	bring, FL		Au	ıdit Sta	itus : N/A					
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	lealth Clinic				85.29	88.37	10/01/2023	
		Swing-	Bed Provider							
		Federa	lly Qualified Health Centers							
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	ıre						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	е						
		#06	58 Room and Board							
	Bas	sis :]	Rate	Тур	pe:]			
١			Budget		Χ		Prospecti	ve		
•			Unaudited costs				Total Pro	spective		
•			Desk audited costs				Prospect	ive Adjusted for	New costs	
•			Field audited costs	-			_			
•			Medicare - Prospective				Interim			
)	X	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cost	s	
•			Highlands				_			
	Distri	bution:		T. K. Feehrer,					٨٧.٨	
	Fiscal	Agent		Senior Manage	eme	ent Ana	alyst Super	visor	2/12	
	Contra	ct Mana	gement	Medicaid Prog	ram	Finan	ice			
	Perma	nent File)							
	Progra	ım Devel	opment:							



378772904 - 2023/10

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: 09/21/2023
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

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.75	89.88	10/01/2023
	Swing-Bed Provider		'	
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660018201 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r N	on-Ins	<u>stitutional </u>	<u>Providers</u>			
artland Pediatrio	artland Pediatric Associates			Provider Number : 660018201					
			D	ate: 09/21/2023					
0 Heartland Way	/		Fi	scal Y	ear End : N	I/A			
auchula, FL 338	375000		Αι	udit St	atus : N/A				
ovider Type:				Curi	ent Rate	New Rate	Effective Dat		
X Rural	Health Clinic				81.17	84.09	10/01/202		
Swing	-Bed Provider								
Feder	ally Qualified Health Centers								
Hospi	ce Provider								
#0	651 / H51 Routine Home Care ((1-60)							
#0	651a / H5L Routine Home Care	(61 +)							
#0	652 / H52 Continuous Home Ca	are							
#0	551 / 0561 Continuous Home C	Care - SIA							
#0	655 / H55 Inpatient Respite Car	re							
#0	656 / H56 General Inpatient Ca	re							
#0	658 Room and Board								
Basis :		Rate	• Ту	pe:	7				
	 Budget		Χ		Prospect	ive			
	Unaudited costs				Total Pro	spective			
	Desk audited costs				Prospect	ive Adjusted for	New costs		
	Field audited costs				_				
	Medicare - Prospective				Interim				
Χ	Payment System Rate				Total Inte	erim			
	Average Nursing Home Rate Hardee				Settleme	nt based on cost	s		
Distribution	<u> </u>	T. K. Feehrer		ent An	alvst Sune	nvisor	N/4		
Fiscal Agent		Medicaid Prog							
Contract Man		Wodiodia i To	j. u. i						
Permanent Fi									
Program Deve	elopment:								



660022100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicald Neillibursement Fer Die	iii ivales	ı OI	14011-	montulional	I I O VIGETS			
Jay Medical Center Provi			Provi	vider Number : 660022100					
				Date	ate: 09/21/2023				
14088 Alabama	a St			Fisca	I Year End : N	I/A			
Jay, FL 32565				Audit	Status : N/A				
Provider Type	:			С	urrent Rate	New Rate	Effective Date		
X Rural Health Clinic					93.14	96.50	10/01/202		
Sw	ring-Bed Provider								
Fe	derally Qualified Health Centers								
Hospice Provider									
	#0651 / H51 Routine Home Care (1-60	0)							
	#0651a / H5L Routine Home Care (61	+)							
	#0652 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care	- SIA							
	#0655 / H55 Inpatient Respite Care								
	#0656 / H56 General Inpatient Care								
	#0658 Room and Board								
Basis :	:	Ra	te	Туре	:]				
	Budget		>	X	Prospect	ive			
-	Unaudited costs				Total Pro	spective			
	Desk audited costs				Prospect	ive Adjusted for	New costs		
	Field audited costs								
	Medicare - Prospective				Interim				
X	Payment System Rate				Total Inte	erim			
	Average Nursing Home Rate				Settleme	nt based on cost	ts		
	Collier				<u></u>				

Fiscal Agent

Contract Management

Permanent File

Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





660026300 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date
Deland, FL 32720	Audit Status : N/A
1190 North Stone Street	Fiscal Year End : N/A
	Date: 09/21/2023
Community Medical CtrDeland	Provider Number : 660026300

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	92.46	95.80	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660026302 - 2023/10

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

	-	Medicaid Reimbursement Per	Diem Rates for	N	lon-Ins	titutional	<u>Providers</u>	
Comm	n. Medical Ctr	Orange Cty.		Р	rovider	Number :	660026302	
			D	Date: 09/21/2023				
810 C	ommed Boule		F	iscal Y	ear End : N	I/A		
Orange City, FL 32763				Α	udit St	atus : N/A		
Provi	der Type:				Curr	ent Rate	New Rate	Effective Date
×	(Rural I	lealth Clinic				86.77	89.90	10/01/2023
	Swing-	Bed Provider						
	Federa	Ily Qualified Health Centers						
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1	I-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	re					
	#05	551 / 0561 Continuous Home Ca	are - SIA					
	#06	555 / H55 Inpatient Respite Care	•					
	#06	556 / H56 General Inpatient Card	e					
	#06	58 Room and Board						
	Basis :]	Rate	Ту	/pe :			
		Budget		Χ		□ Prospecti	ve	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospect	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective	-			Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		Volusia				_		
	Distribution:		T. K. Feehrer,					A \ / A
_	iscal Agent		Senior Manage	em	ent An	alyst Supe	visor	
	Contract Mana	agement	Medicaid Prog	rar	m Finai	nce		-
	Permanent File							
	Program Deve							
	•	•						



660027100 - 2023/10

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

		Medicaid Reimbursement Per	Diem Rates for	Nor	n-Institutional	<u>Providers</u>	
N.	Fl. Pediatr	ics RHC		Pro	vider Number :	660027100	
				Dat	e: 09/21/2023		
43	16 Fifth Av	renue		Fisc	cal Year End : N	I/A	
Marianna, FL 32446				Aud	lit Status : N/A		
Pr	ovider Typ	De:			Current Rate	New Rate	Effective Date
	X F	Rural Health Clinic			91.21	94.51	10/01/2023
	5	Swing-Bed Provider					
	F	Federally Qualified Health Centers					
	ŀ	lospice Provider					
		#0651 / H51 Routine Home Care (1-60)				
		#0651a / H5L Routine Home Care	(61 +)				
		#0652 / H52 Continuous Home Ca	ire				
		#0551 / 0561 Continuous Home C	are - SIA				
		#0655 / H55 Inpatient Respite Car	е				
		#0656 / H56 General Inpatient Car	е				
		#0658 Room and Board					
	Basis	s :	Rate -	Тур	e :		
		Budget	,	X	Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	X	Payment System Rate	-		Total Inte	erim	
		Average Nursing Home Rate	-		Settleme	nt based on cost	ts
		Jackson					
	Distrib	ution <u>:</u>	T. K. Feehrer,				AV 1
	Fiscal A	gent	Senior Manage	mer	nt Analyst Supe	rvisor	2/62
	Contrac	t Management	Medicaid Progr	am	Finance		<u> </u>
	Perman	ent File					
	Program	n Development:					



660037900 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

<u>Medicaid Reimbursement Per Diem Rate</u>	S TOF	NO	n-institutional	<u>Providers</u>			
Blountstown Family Practice		Provider Number : 660037900					
		Dat	te: 09/21/2023				
17808 NE Charley Johns St		Fis	cal Year End : N	I/A			
Blountstown, FL 32424			Audit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date		
Rural Health Clinic			90.15	93.41	10/01/2023		
Swing-Bed Provider							
Federally Qualified Health Centers							
Hospice Provider							
#0651 / H51 Routine Home Care (1-60)					,		
#0651a / H5L Routine Home Care (61 +)							

	#0	658 Room and Board		
Γ	Basis :		Rate Type :	
-		 Budget	X	Prospective
_		Unaudited costs		Total Prospective
_		Desk audited costs		Prospective Adjusted for New costs
_		Field audited costs		-
_		Medicare - Prospective		Interim
	X	Payment System Rate		Total Interim

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____For information Only (No Change in rate)

#0652 / H52 Continuous Home Care

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

Average Nursing Home Rate

Calhoun

#0551 / 0561 Continuous Home Care - SIA

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



Settlement based on costs



660037901 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date
Monticello, FL 32344	Audit Status : N/A
1549. S. Jefferson St	Fiscal Year End : N/A
	Date: 09/21/2023
Monticello Family Medicine	Provider Number : 660037901

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	90.15	93.41	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660037902 - 2023/10

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

		Medicaid Reimbursement Per	Diem I	Rates fo	r N	on-In	stitutional	<u>Providers</u>	
Quir	ncy Medical Gro	oup			P	rovide	r Number :	660037902	
					D	ate : 0	9/21/2023		
178 LaSalle Dr					Fi	iscal Y	ear End : N	I/A	
Quincy, FI 32351					Αı	udit S	tatus : N/A		
Prov	vider Type:					Cur	rent Rate	New Rate	Effective Date
	Rural I	Health Clinic					90.15	93.41	10/01/2023
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - S	IA					
	#06	655 / H55 Inpatient Respite Car	e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
	Basis :]		Rate	Ту	/pe :			
		Budget			Χ		Prospect	ive	
		Unaudited costs					Total Pro	spective	
		Desk audited costs					Prospect	ive Adjusted for	New costs
		Field audited costs							
		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cost	ts
		Gadsden							
	<u>Distribution</u> :	:	L T. K.	Feehrer,					A \ / A
	Fiscal Agent	•			em	ent Ar	nalyst Supe	rvisor	2/42
	Contract Mana	agement	Medic	caid Prog	rar	n Fina	ince		
	Permanent Fil	е							
	Program Deve	elopment:							



660037903 - 2023/10

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

	Medicaid Reimbursement Per	Diem Ra	ates for N	on-In	stitutional	<u>Providers</u>		
akulla Family Me	edicine		Р	rovide	er Number :	660037903		
		D	Date: 09/21/2023					
Council Moore	Rd		F	iscal \	Year End : N	I/A		
awfordville, FI 3	32327		A	udit S	tatus : N/A			
ovider Type:				Cui	rrent Rate	New Rate	Effective D	
Rural	Health Clinic				90.15	93.41	10/01/2	
Swing	g-Bed Provider							
Feder	ally Qualified Health Centers							
Hospi	ice Provider							
#0	651 / H51 Routine Home Care ((1-60)						
#0	651a / H5L Routine Home Care	(61 +)						
#0	652 / H52 Continuous Home Ca	are						
#0	9551 / 0561 Continuous Home C	are - SIA						
#0	0655 / H55 Inpatient Respite Car	re						
#0	656 / H56 General Inpatient Ca	re						
#0	658 Room and Board							
Basis :			Rate Ty	/pe :				
	Budget	-	Х		Prospect	ive		
	Unaudited costs				 Total Pro	spective		
	Desk audited costs				Prospect	ive Adjusted for	New costs	
	Field audited costs							
	Medicare - Prospective				Interim			
Χ	Payment System Rate				Total Inte	erim		
	Average Nursing Home Rate				Settleme	nt based on cost	S	
	— Wakulla				_			
Distribution	<u>1:</u>	 T. K. Fe	eehrer.				۸ <i>پ</i> ۸	
Fiscal Agent	_			ent A	nalyst Supe	rvisor	4	
Contract Mar	nagement	Medica	id Prograr	n Fina	ance			
Permanent F								
Program Dev	elopment:							



660039500 - 2023/10

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	Provider Number : 660039500
Mohammad Yunus, MD	Date: 09/21/2023
404 East Hwy 90	Fiscal Year End : N/A
Bonifay, FL 32425	Audit Status : N/A

ovider	rider Type:		New Rate	Effective Date
X	Rural Health Clinic	91.21	94.51	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

____For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





660046800 - 2023/10

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

•	Medicaid Reimbursement Per	Diem Ra	ites foi	r N	on-Inst	itutional	<u>Providers</u>	
Richard A. Campbe	II RHC			P	rovider	Number :	660046800	
		Date: 09/21/2023						
105 Tomoka Boule	vard South			Fi	iscal Ye	ar End : N	I/A	
Lake Placid, FL 33	852			Αı	udit Sta	tus : N/A		
Provider Type:					Curre	ent Rate	New Rate	Effective Dat
X Rural I	lealth Clinic					90.81	94.09	10/01/202
Swing	Bed Provider							,
Federa	lly Qualified Health Centers							
Hospic	e Provider							
#06	51 / H51 Routine Home Care (1-60)						
#06	51a / H5L Routine Home Care	(61 +)						
#06	552 / H52 Continuous Home Ca	are						
#05	are - SIA							
#06	555 / H55 Inpatient Respite Car	e						
#06	556 / H56 General Inpatient Car	re						
#06	58 Room and Board							
Basis :	7		Rate	Ту	/pe :]		
	Budget			Χ		Prospecti	ve	
	Unaudited costs					Total Pro	spective	
	Desk audited costs					Prospect	ive Adjusted for	New costs
	Field audited costs					_		
	Medicare - Prospective					Interim		
X	Payment System Rate					Total Inte	erim	
	Average Nursing Home Rate					Settleme	nt based on cost	S
	Highlands							
Distribution:		T. K. Fe	ehrer.					A \
Fiscal Agent				em	ent Ana	alyst Super	visor	1/4/2
		Medicai	d Prog	ran	n Finan	CE		

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



Program Development:

_For information Only (No Change in rate)

Florida Agency for Health Care Administration

660049201 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates for	r No	n-Institutional	<u>Providers</u>		
Gateway Medical		Pro	ovider Number : 660049201				
			Date: 09/21/2023				
127-C Redstone A	ve		Fis	cal Year End : N	I/A		
Crestview, FL 325	539		Aud	dit Status : N/A			
Provider Type:				Current Rate	New Rate	Effective Date	
Rural	Health Clinic			91.27	94.56	10/01/2023	
Swing	g-Bed Provider						
Feder	ally Qualified Health Centers						
Hospi	ice Provider						
#0	651 / H51 Routine Home Care (1-60)					
#0	651a / H5L Routine Home Care	(61 +)					
#0	652 / H52 Continuous Home Ca	are					
#0	551 / 0561 Continuous Home C	are - SIA					
#0	655 / H55 Inpatient Respite Car	·e					
#0	656 / H56 General Inpatient Car	re					
#0	658 Room and Board						
Basis :		Rate	Тур	e :			
	Budget		Х	Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
X	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	rs	
	Okaloosa						
Distribution	<u>ı:</u>	T. K. Feehrer,				L.VA	
Fiscal Agent				nt Analyst Supe	rvisor	1/h	
Contract Man	agement	Medicaid Prog	gram	Finance			
Permanent F	ile						



660053100 - 2023/10

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

		Medicaid Reimbursement Per	Diem	Rates fo	r N	on-In	stitutional	<u>Providers</u>		
Ch	ildren's Clinic				Р	rovide	r Number :	660053100		
					Date: 09/21/2023					
110	00 N. Main St				Fi	iscal Y	ear End : N	J/A		
Ве	lle Glade, FL 33	3430			Α	udit S	tatus : N/A			
Pro	ovider Type:					Cur	rent Rate	New Rate	Effective Date	
	X Rural	Health Clinic					91.21	94.51	10/01/2023	
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospi	ce Provider								
	#0	651 / H51 Routine Home Care (1-60)							
	#0	651a / H5L Routine Home Care	(61 +)							
	#0	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - S	IA						
	#0	655 / H55 Inpatient Respite Car	е							
	#0	656 / H56 General Inpatient Car	re							
	#0	658 Room and Board								
	Basis :	7		Rate	Ту	pe :				
· '		 Budget			Χ		Prospect	ive		
		Unaudited costs					Total Pro	spective		
		Desk audited costs					Prospect	ive Adjusted for	New costs	
		Field audited costs					_			
		Medicare - Prospective					Interim			
	Χ	Payment System Rate					Total Inte	erim		
		Average Nursing Home Rate					Settleme	nt based on cost	ts	
		Palm Beach								
	Distribution	:	 T. K	Feehrer,					A \ / A	
	Fiscal Agent	-			em	ent Ar	nalyst Supe	rvisor	2K2	
	Contract Man	agement	Medic	caid Prog	rar	n Fina	ince			
	Permanent Fi	le								
	Program Deve	elopment:								



660054900 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicaid Reimbursement Per	Diem Rates to	r n	ion-ins	titutionai i	<u>Providers</u>			
Marion RHC dba F	Marion RHC dba Forest Family Health			rovider	ovider Number : 660054900				
					9/21/2023				
15932 E. 40			F	iscal Ye	ear End : N	I/A			
Silver Springs, FL	34488		Δ	udit Sta	atus : N/A				
Provider Type:				Curr	ent Rate	New Rate	Effective Date		
X Rural	Health Clinic				89.94	93.19	10/01/2023		
Swing	-Bed Provider					,	1		
Federa	ally Qualified Health Centers								
Hospi	ce Provider								
#0	651 / H51 Routine Home Care (1-60)					'		
#0	651a / H5L Routine Home Care	(61 +)							
#0	652 / H52 Continuous Home Ca	are							
#0	are - SIA								
#0	655 / H55 Inpatient Respite Car	е							
#0	656 / H56 General Inpatient Ca	re							
#0	658 Room and Board								
Basis :	7	Rate	T	уре :	7				
	Budget		Χ		Prospecti	ve			
	Unaudited costs				Total Pro	spective			
	Desk audited costs				Prospect	ive Adjusted for I	New costs		
	Field audited costs				_				
	Medicare - Prospective				Interim				
X	Payment System Rate				Total Inte	erim			
	Average Nursing Home Rate				Settleme	nt based on cost	S		
	Marion								
Distribution	<u>:</u>	T. K. Feehrer,					٨٧.٨		
Fiscal Agent		Senior Manag	en	nent Ana	alyst Super	visor	1/h/2		
Contract Man	agement	Medicaid Prog	ıra	m Finar	nce				

Contract Management

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Program Development:

_____For information Only (No Change in rate)



660058100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

N. Okaloosa Medical Center	Provider Number : 660058100	
	Date: 09/21/2023	
1045 US Hwy 331, Ste D	Fiscal Year End : N/A	
DeFuniak, FL 32435	Audit Status : N/A	

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	91.27	94.56	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





660069700 - 2023/10

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	Provider Number : 660069700
	Date: 09/21/2023
2398 N. Beach Dr., Suite 100	Fiscal Year End : N/A
Avon Park, FI 33825	Audit Status : N/A

ovider	vider Type:		New Rate	Effective Date
X	Rural Health Clinic	89.79	93.04	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660070100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicald Relinibul Sement Fer Die	III Nates IOI	NOII-II	istitutionai	FIUVIUEIS				
Express Care	Express Care of Belleview, Inc			Provider Number : 660070100					
			Date: 09/21/2023						
10762 S US H	Hwy 441		Fiscal	Year End : N	I/A				
Belleview, FI	Belleview, FI 34420			Status : N/A					
Provider Typ	e:		Cu	irrent Rate	New Rate	Effective Date			
X R	tural Health Clinic			90.11	93.36	10/01/2023			
S	Swing-Bed Provider								
F	ederally Qualified Health Centers								
Н	lospice Provider								
	#0651 / H51 Routine Home Care (1-60))							
	#0651a / H5L Routine Home Care (61	+)							
	#0652 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care	- SIA							
	#0655 / H55 Inpatient Respite Care								
	#0656 / H56 General Inpatient Care								
	#0658 Room and Board								
Basis	s:	Rate 1	ype:						
	Budget		΄.	 Prospect	ive				
-	Unaudited costs	<u> </u>		Total Pro	spective				
-	Desk audited costs	-		Prospect	ive Adjusted for	New costs			
-	Field audited costs	-		<u> </u>					
	Medicare - Prospective			Interim					
X	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	s			
	Marion								

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T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance





660071900 - 2023/10

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	Provider Number : 660071900
Nature Coast Family	Date: 09/21/2023
3400 N. Lecanto Hwy Suite A	Fiscal Year End : N/A
Beverly Hills, FI 34464	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.32	89.44	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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For information Only (No Change in rate)

T. K. Feehrer,



660072700 - 2023/10

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				
D	Date: 09/21/2023				
11707 N. Williams St Suite 3	Fiscal Year End : N/A				
Dunnellon, FI 34432	Audit Status : N/A				
Provider Type:	Current Rate	New Rate	Effective Date		

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	88.15	91.33	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Fiscal Agent

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





Program Development:

_For information Only (No Change in rate)

Florida Agency for Health Care Administration

660072702 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates for	r No	n-Institutional I	<u>Providers</u>		
Rajendra P.	Rajendra P. Bellam, MD			Provider Number : 660072702			
			Date: 09/21/2023				
41 N INGLIS	SAVE		Fis	cal Year End : N	I/A		
INGLIS, FL	34449-9463		Aud	dit Status : N/A			
Provider Ty	уре:			Current Rate	New Rate	Effective Date	
X	Rural Health Clinic			88.15	91.33	10/01/2023	
	Swing-Bed Provider						
	Federally Qualified Health Centers						
	Hospice Provider						
	#0651 / H51 Routine Home Care (1-60)					
	#0651a / H5L Routine Home Care	(61 +)					
	#0652 / H52 Continuous Home Ca	are					
	#0551 / 0561 Continuous Home C	are - SIA					
	#0655 / H55 Inpatient Respite Car	е					
	#0656 / H56 General Inpatient Car	re					
	#0658 Room and Board						
Bas	is:	Rate	Тур	e :			
	Budget		Х	Prospecti	ve		
-	Unaudited costs	-		Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
X	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	s	
	Levy						
<u>Distrik</u>	oution:	T. K. Feehrer,				NV./I	
Fiscal /	Agent			nt Analyst Super	visor	1/h	
Contra	ct Management	Medicaid Prog	ram	Finance			
Permai	nent File						



660075100 - 2023/10

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

		Medicaid Reimbursement Per	Diem Rates for	N	on-Ins	titutional	<u>Providers</u>		
Ch	arles S. Li MD	Provider Number : 660075100							
				Date: 09/21/2023					
764	47 W. Gulf Lake	Hwy		F	iscal Y	ear End : N	I/A		
Cry	stal River, Fl 34		Α	udit Sta	atus : N/A				
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
	X Rural I	Health Clinic				85.01	88.08	10/01/2023	
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1	l-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	re						
	#05	551 / 0561 Continuous Home Ca	are - SIA						
	#06	655 / H55 Inpatient Respite Care	•						
	#06	656 / H56 General Inpatient Care	e						
	#06	658 Room and Board							
	Basis :	7	Rate	Ту	/pe :				
'		⊐ Budget		X		⊐ Prospect	ve		
-		Unaudited costs				– Total Pro	spective		
-		Desk audited costs				– Prospect	ive Adjusted for I	New costs	
-		Field audited costs				_			
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
-		Average Nursing Home Rate				Settleme	nt based on cost	s	
_		Citrus				_			
	<u>Distribution:</u>		T. K. Feehrer,					A>/ A	
	Fiscal Agent	•	Senior Manage	em	ent An	alyst Supe	visor		
	Contract Mana	agement	Medicaid Prog	rar	m Finar	nce		•	
	Permanent Fil								
	Program Deve								
	-								



660075101 - 2023/10

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

		Medicaid Reimbursement Per	Diem	Rates for	N	on-l	nstitutional	<u>Providers</u>	
Citrus Springs RHC			Pı	rovid	ler Number :	660075101			
					Da	ate :	09/21/2023		
104	189 N. Fl Ave				Fi	scal	Year End : N	√A	
Cit	rus Springs, I	FI 34434			Αι	udit \$	Status : N/A		
Pro	ovider Type:					Cu	irrent Rate	New Rate	Effective Date
	X Rur	ral Health Clinic					85.01	88.08	10/01/2023
	Swi	ing-Bed Provider							
	Fed	derally Qualified Health Centers							
	Hos	spice Provider							
		#0651 / H51 Routine Home Care ((1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	are						
		#0551 / 0561 Continuous Home C	are - S	IA					
		#0655 / H55 Inpatient Respite Car	re						
		#0656 / H56 General Inpatient Ca	re						
		#0658 Room and Board							
	Basis :			Rate	Ту	pe :			
ו		Budget			X		— Prospect	ive	
-		Unaudited costs					Total Pro	spective	
-		Desk audited costs					Prospec	tive Adjusted for	New costs
		Field audited costs							
•		Medicare - Prospective					Interim		
	Х	Payment System Rate					Total Inte	erim	
-		Average Nursing Home Rate					Settleme	ent based on cos	ts
•		Citrus							
	Dietrik								
	<u>Distributi</u>			Feehrer, or Manage	eme	ent A	Analyst Supe	rvisor	1111
	Fiscal Age			caid Prog					
	Permanent	lanagement		3					
	FiografiiD	evelopment:							



660076000 - 2023/10

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	Provider Number : 660076000
Alugubelli & Patel MD	Date: 09/21/2023
3745 N Lecanto Hwy	Fiscal Year End : N/A
Beverly Hills, FI 34465	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	89.25	92.47	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660083200 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	or I	Non-	-Institutional I	<u>Providers</u>					
ake Butler Hospit	al RHC		F	Prov	rovider Number : 660083200						
					Date: 09/21/2023						
50 E Main St			F	Fisca	al Year End : N	/A					
ake Butler, FL 32	ke Butler, FL 32054				t Status : N/A						
rovider Type:				C	Current Rate	New Rate	Effective Date				
Rural	Health Clinic				179.14	185.61	10/01/2023				
Swing	-Bed Provider										
Feder	ally Qualified Health Centers										
Hospi	ce Provider										
#0	651 / H51 Routine Home Care (1-60)									
#0	651a / H5L Routine Home Care	(61 +)									
#0	652 / H52 Continuous Home Ca	are									
#0	551 / 0561 Continuous Home C	are - SIA									
#0	655 / H55 Inpatient Respite Car	е									
#0	656 / H56 General Inpatient Car	re									
#0	658 Room and Board										
Basis :		Rat	e T	уре	:						
	 Budget		Χ	(Prospecti	ve					
	Unaudited costs				Total Pro	spective					
	Desk audited costs				Prospect	ive Adjusted for	New costs				
	Field audited costs										
	Medicare - Prospective				Interim						
X	Payment System Rate				Total Inte	rim					
	Average Nursing Home Rate				Settleme	nt based on cost	is				
	Union										
Distribution	<u>:</u>	T. K. Feehrer					AV 1				
Fiscal Agent				ment	t Analyst Super	visor	2K2				
Contract Man	agement	Medicaid Pro	gra	am F	inance						
Permanent Fi	le										
Program Deve	elopment:										



660087500 - 2023/10

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

		Medicaid Reimbursement Per	Diem Rates for	r No	n-Institutio	onal I	<u>Providers</u>		
Paln	n Glades F	Rural Hith Assoc	Provider Number : 660087500						
			Date: 09/21/2023						
217	W Ave			Fis	scal Year En	nd : N	/A		
Belle	e Glade, F	I 33430		Au	dit Status :	N/A			
Prov	vider Type	e:			Current Ra	ate	New Rate	Effective Date	
	X Ru	ural Health Clinic			8	88.70	91.91	10/01/2023	
	Sv	wing-Bed Provider							
	Fe	ederally Qualified Health Centers							
	Н	ospice Provider							
		#0651 / H51 Routine Home Care (1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	are						
		#0551 / 0561 Continuous Home C	are - SIA						
		#0655 / H55 Inpatient Respite Car	е						
		#0656 / H56 General Inpatient Car	re						
		#0658 Room and Board							
	Basis	:	Rate	Тур	oe :				
		Budget		Χ	Pros	specti	ve		
		Unaudited costs			Tota	al Pro	spective		
		Desk audited costs			Pros	spect	ive Adjusted for	New costs	
		Field audited costs							
		Medicare - Prospective			Inter	rim			
	Χ	Payment System Rate			Tota	al Inte	rim		
		Average Nursing Home Rate			Sett	leme	nt based on cos	ts	
		Palm Beach							
	Distribu	tion:	T. K. Feehrer,					۸٧.٨	
	Fiscal Ag	ent	Senior Manage	eme	ent Analyst S	Super	visor	2/12	
	Contract	Management	Medicaid Prog	ram	Finance				
	Permane	nt File							
	Program	Development:							



Program Development:

_For information Only (No Change in rate)

Florida Agency for Health Care Administration

660089100 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates for	r Noi	n-Institutional I	<u>Providers</u>			
Hernando Me	edical Center		Pro	ovider Number : 660089100				
			Date: 09/21/2023					
10489 N Flori	ida Ave		Fisc	cal Year End : N	/A			
Citrus Springs		Auc	dit Status : N/A					
Provider Typ	De:			Current Rate	New Rate	Effective Date		
X F	Rural Health Clinic			87.55	90.71	10/01/2023		
S	Swing-Bed Provider							
F	Federally Qualified Health Centers							
H	lospice Provider							
	#0651 / H51 Routine Home Care (1-60)						
	#0651a / H5L Routine Home Care	(61 +)						
	#0652 / H52 Continuous Home Ca	are						
	#0551 / 0561 Continuous Home C	are - SIA						
	#0655 / H55 Inpatient Respite Car	е						
	#0656 / H56 General Inpatient Car	re						
	#0658 Room and Board							
Basis	s :	Rate	Тур	e :				
	Budget		Χ	Prospecti	ve			
	Unaudited costs			Total Prospective				
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
X	Payment System Rate			Total Inte	rim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	Hernando							
Distrib	ution:	T. K. Feehrer,				NV J		
Fiscal A	gent			nt Analyst Super	visor	2/h2		
Contract	t Management	Medicaid Prog	ram	Finance				
Permane	ent File							



660089102 - 2023/10

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: 09/21/2023
213 S. Pine Ave.	Fiscal Year End : N/A
Inverness , FL 34452-4830	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	87.54	90.71	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660092100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Hospital	Provider Number : 660092100
Steinhatchee Family Center	Date: 09/21/2023
1209 First Ave S.	Fiscal Year End : N/A
Steinhatchee, FI 32359	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	314.05	325.39	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660103100 - 2023/10

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

		Medicaid Reimbursement Per	Diem	Rates for	r No	n-Ins	titutional l	<u>Providers</u>			
Lal	ce Pediatrics		Provider Number : 660103100								
				Date: 09/21/2023							
488	30 N Hwy 19A				Fis	scal Ye	ear End : N	/A			
Mt.	Dora, FI 327	57			Au	ıdit Sta	itus : N/A				
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date		
	X Rura	al Health Clinic					87.98	91.15	10/01/2023		
	Swir	ng-Bed Provider						1			
	Fede	erally Qualified Health Centers									
	Hos	pice Provider									
	#	#0651 / H51 Routine Home Care ((1-60)								
	#	#0651a / H5L Routine Home Care	(61 +)								
	#	#0652 / H52 Continuous Home Ca	are								
	#	#0551 / 0561 Continuous Home C	are - S	IA							
	#	#0655 / H55 Inpatient Respite Car	re								
	#	#0656 / H56 General Inpatient Ca	re								
	#	#0658 Room and Board									
	Basis :			Rate	Ту	pe:]				
١ '		Budget			Χ		Prospecti	ve			
•		Unaudited costs					Total Pro	spective			
•		Desk audited costs					Prospect	ive Adjusted for	New costs		
-		Field audited costs					_				
-		Medicare - Prospective					Interim				
	X	Payment System Rate					Total Inte	rim			
		Average Nursing Home Rate					Settleme	nt based on cost	s		
		Lake									
	Distribution	on:	 T. K	Feehrer,					A \		
	Fiscal Agen				eme	ent Ana	alyst Super	visor	2/12		
	Contract Ma	anagement	Medi	caid Prog	ram	Finan	ice				
	Permanent	File									
	Program De	evelopment:									



660123500 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Medicine	Provider Number : 660123500
DMH Mayo Family Medicine	Date: 09/21/2023
P.O. Box 228	Fiscal Year End : N/A
Mayo, FI 32066	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	174.13	180.42	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660124300 - 2023/10

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

	Medicaid Reimbursement Per	<u>Diem R</u>	ates for	Non-I	nstitutional	<u>Providers</u>		
octor's Memorial	Family Practice			Provid	er Number :	660124300		
			Date: 09/21/2023					
702 S. Jefferson	St		1	iscal	Year End : N	I/A		
erry, Fl 32348			1	Audit \$	Status : N/A			
rovider Type:				Cu	rrent Rate	New Rate	Effective Da	
Rural	Health Clinic				117.86	122.11	10/01/20	
Swing	g-Bed Provider						'	
Feder	ally Qualified Health Centers							
Hospi	ice Provider							
#0	651 / H51 Routine Home Care ((1-60)						
#0	651a / H5L Routine Home Care	(61 +)						
#0	652 / H52 Continuous Home Ca	are						
#0	551 / 0561 Continuous Home C	are - Sl	A					
#0	655 / H55 Inpatient Respite Ca	re						
#0	656 / H56 General Inpatient Ca	re						
#0	658 Room and Board							
Basis :			Rate T	ype :				
	 Budget		Х		Prospect	ive		
	Unaudited costs	-			Total Pro	spective		
	Desk audited costs	-			Prospect	ive Adjusted for	New costs	
	Field audited costs	-						
	Medicare - Prospective	-			Interim			
X	Payment System Rate	-			Total Inte	erim		
	Average Nursing Home Rate	-			Settleme	nt based on cost	ts	
	 Taylor	-			<u> </u>			
Distribution	<u>1:</u>	 T. K. F	eehrer,				1.V.A	
Fiscal Agent	_			nent /	Analyst Supe	rvisor	4	
Contract Man	nagement	Medica	aid Progra	m Fin	ance			
Permanent F	ile							
Program Dev	elopment:							



Program Development:

_For information Only (No Change in rate)

Florida Agency for Health Care Administration

660129400 - 2023/10

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

	Medicaid Reimbursement I	Per Diem Rates for	r I	Non-I	nstitutional l	<u>Providers</u>			
Family Me	eidcal Group (Sebring)		Provider Number : 660129400						
			[Date: 09/21/2023					
3420 US	27 North		F	Fiscal	scal Year End : N/A				
Sebring, F	FI 33870		1	Audit S	Status : N/A				
Provider	Туре:			Cu	irrent Rate	New Rate	Effective Date		
Х	Rural Health Clinic				88.83	92.04	10/01/2023		
	Swing-Bed Provider								
	Federally Qualified Health Centers	S							
	Hospice Provider								
	#0651 / H51 Routine Home Car	re (1-60)							
	#0651a / H5L Routine Home C	are (61 +)							
	#0652 / H52 Continuous Home	Care							
	#0551 / 0561 Continuous Hom	e Care - SIA							
	#0655 / H55 Inpatient Respite	Care							
	#0656 / H56 General Inpatient	Care							
	#0658 Room and Board								
В	asis:	Rate	T	ype:					
	Budget		X		 Prospecti	ve			
	Unaudited costs				Total Pro	spective			
	Desk audited costs				Prospect	ive Adjusted for I	New costs		
	Field audited costs								
	Medicare - Prospective				Interim				
	X Payment System Rate				Total Inte	erim			
	Average Nursing Home Ra	te			Settleme	nt based on cost	s		
	Highlands								
	ribution: al Agent	T. K. Feehrer, Senior Manage	er	ment <i>F</i>	Analyst Super	visor	JKJ		
	ract Management	Medicaid Prog	ra	ım Fin	ance				
	nanent File								



660140500 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rate	s for N	lon-In	stitutional	<u>Providers</u>			
dres R. Villar, M	I.D.		Р	rovide	er Number :	660140500			
			Date: 09/21/2023						
O. Box 606			F	Fiscal Year End : N/A					
en St. Mary, FL	32040		А	udit S	status : N/A				
ovider Type:				Cui	rrent Rate	New Rate	Effective Da		
X Rural	Health Clinic				87.18	90.32	10/01/20		
Swing	_J -Bed Provider								
Feder	ally Qualified Health Centers								
Hospi	ce Provider								
#0	651 / H51 Routine Home Care ((1-60)							
#0	651a / H5L Routine Home Care	e (61 +)							
#0	652 / H52 Continuous Home Ca	are							
#0	551 / 0561 Continuous Home C	Care - SIA							
#0	655 / H55 Inpatient Respite Car	re							
#0	656 / H56 General Inpatient Ca	re							
#0	658 Room and Board								
Basis :		F	Rate Ty	/pe :					
	Budget		Х		Prospect	ive			
	Unaudited costs				Total Pro	spective			
	Desk audited costs				Prospect	ive Adjusted for	New costs		
	Field audited costs								
	Medicare - Prospective				Interim				
Х	Payment System Rate				Total Inte	erim			
	Average Nursing Home Rate				Settleme	nt based on cost	s		
	Collier								
Distribution	<u>.</u>	T. K. Feeh	nrer,				۸٧.٨		
Fiscal Agent					nalyst Supe	rvisor	4		
Contract Man	agement	Medicaid I	Progra	m Fina	ance				
Permanent Fi	le								
Program Dev	elopment:								



660141300 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r N	Non-	Institutional I	<u>Providers</u>					
illiston Pediatrics	s, PA		F	Provi	ovider Number : 660141300						
						Date: 09/21/2023					
23 N. Main Stree	t		F	isca	l Year End : N	/A					
illiston, FL 3269	6		P	Audit	Status : N/A						
rovider Type:				С	urrent Rate	New Rate	Effective Date				
X Rural	Health Clinic				86.34	89.46	10/01/2023				
Swing	g-Bed Provider										
Feder	ally Qualified Health Centers										
Hospi	ice Provider										
#0	651 / H51 Routine Home Care (1-60)									
#0	651a / H5L Routine Home Care	(61 +)									
#0	652 / H52 Continuous Home Ca	are									
#0	551 / 0561 Continuous Home C	are - SIA									
#0	655 / H55 Inpatient Respite Car	е									
#0	656 / H56 General Inpatient Car	е									
#0	658 Room and Board										
Basis :		Rate	• T	уре	:						
	Budget		Χ		Prospecti	ve					
	Unaudited costs				Total Pro	spective					
	Desk audited costs				Prospect	ive Adjusted for I	New costs				
	Field audited costs										
	Medicare - Prospective				Interim						
X	Payment System Rate				Total Inte	rim					
	Average Nursing Home Rate				Settleme	nt based on cost	s				
	Collier										
Distribution	 1:	T. K. Feehrer					A)/ A				
Fiscal Agent	_			nent	Analyst Super	visor	2K2				
Contract Man	nagement	Medicaid Pro	gra	ım F	inance						
Permanent F	ile										
Program Dev	elopment:										



660151100 - 2023/10

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	Provider Number : 660151100
Children's Medical Ctr-Mt. Vernon	Date: 09/21/2023
P.O. Box 606	Fiscal Year End : N/A
Glen St. Mary, FI 32040	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	87.18	90.34	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)		'	
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660162600 - 2023/10

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.	Provider Number : 660162600
Putnam Obstetrics & Gynecology	Date: 09/21/2023
6061 St. Johns Ave, Ste A	Fiscal Year End : N/A
Palatka, FL 321776858	Audit Status : N/A

rovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	90.14	93.40	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,





660167700 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates for	Non-	<u>Institutional l</u>	<u>Providers</u>			
Southern I	Family Healthcare, PA		Provider Number : 660167700					
			Date: 09/21/2023					
P.O. Box 6	692		Fisca	l Year End : N	/A			
Chipley, F	L 32428		Audit	Status : N/A				
Provider ⁻	Туре:		C	urrent Rate	New Rate	Effective Date		
Х	Rural Health Clinic			85.12	88.19	10/01/2023		
	Swing-Bed Provider							
	Federally Qualified Health Centers							
	Hospice Provider							
	#0651 / H51 Routine Home Care (1	1-60)						
	#0651a / H5L Routine Home Care	(61 +)						
	#0652 / H52 Continuous Home Ca	re						
	#0551 / 0561 Continuous Home Ca	are - SIA						
	#0655 / H55 Inpatient Respite Care	e						
	#0656 / H56 General Inpatient Card	е						
	#0658 Room and Board							
Ва	asis:	Rate -	Туре	:				
	Budget)	X	Prospecti	ve			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospecti	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective	-		Interim				
	X Payment System Rate			Total Inte	rim			
-	Average Nursing Home Rate			Settleme	nt based on cost	s		
	Collier							
Distr	ribution:	T. K. Feehrer,				A > / A		
	al Agent	Senior Manage	ement	Analyst Super	visor			
	ract Management	Medicaid Progr	am Fi	nance		•		
	nanent File							
	ram Development:							
J	•							



660174000 - 2023/10

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	Provider Number : 660174000
Children's Medical Center - Alachua	Date: 09/21/2023
14681 N.W. Hwy 441	Fiscal Year End : N/A
Alachua, FL 32615	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	83.91	86.94	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660187100 - 2023/10

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	Provider Number : 660187100
Sun 'N Lake Medical Group	Date: 09/21/2023
4958 Sun ' N Lake Blvd	Fiscal Year End : N/A
Sebring, FL 33872	Audit Status : N/A

rovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.56	89.69	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)		'	
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660200200 - 2023/10

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

		Medicaid Reimbursement Per	Diem Rates for	r No	on-Inst	itutional	<u>Providers</u>		
Garci	a Medical Clin	ic		Provider Number : 660200200					
				Date: 09/21/2023					
411 E	. Nelson Aver	nue		Fis	Fiscal Year End : N/A				
Defur	niak Springs, F	FL 32433		Au	ıdit Sta	tus : N/A			
Provi	ider Type:				Curre	nt Rate	New Rate	Effective Date	
2	X Rural I	Health Clinic				86.42	89.55	10/01/2023	
	Swing-	Bed Provider							
	Federa	Illy Qualified Health Centers							
	Hospic	e Provider							
	#06	551 / H51 Routine Home Care (1-60)						
	#06	551a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	655 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	re						
	#06	558 Room and Board							
	Basis :]	Rate	Тур	pe :				
		Budget		Χ		Prospecti	ve		
		Unaudited costs				Total Pro	spective		
		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs	-			•			
		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
-		Average Nursing Home Rate				Settleme	nt based on cost	s	
		Walton							
<u> </u>	Distribution:		T. K. Feehrer,					ΛV. Λ	
Ī	Fiscal Agent		Senior Manage	eme	ent Ana	lyst Super	visor	2/1/21	
(Contract Mana	agement	Medicaid Prog	ram	Finan	ce			
ı	Permanent File	е							
ı	Program Deve	lopment:							



660204500 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r١	Non-Institutio	nai	<u>Providers</u>			
Chiefland Medica	al Center		F	Provider Number : 660204500					
			Date: 09/21/2023						
1113 N. W. 23rd	Ave	F	F	iscal Year End	1 : b	I/A			
Chiefland, FL 32	2626		Α	Audit Status : N	I/A				
Provider Type:				Current Ra	te	New Rate	Effective Date		
X Rura	al Health Clinic			84	4.61	87.66	10/01/2023		
Swir	ng-Bed Provider								
Fede	erally Qualified Health Centers								
Hos	pice Provider								
#	#0651 / H51 Routine Home Care (1-60)							
#	#0651a / H5L Routine Home Care	(61 +)							
#	#0652 / H52 Continuous Home Ca	are							
#	#0551 / 0561 Continuous Home C	are - SIA							
	40655 / H55 Inpatient Respite Car								
	40656 / H56 General Inpatient Car	re							
#	f0658 Room and Board								
Basis :		Rate	• T	ype :					
	Budget		Χ	Prosp	pect	ive			
	Unaudited costs			Total	Pro	spective			
	Desk audited costs			Pros	pect	ive Adjusted for I	New costs		
	Field audited costs								
	Medicare - Prospective			Interi	m				
X	Payment System Rate			Total	Inte	erim			
	Average Nursing Home Rate			Settle	eme	nt based on cost	s		
	Levy								
Distribution	on:	T. K. Feehrer,					NVJ		
Fiscal Agen	t			nent Analyst S	upe	rvisor	2/1/2		
Contract Ma	anagement	Medicaid Prog	gra	m Finance					

Permanent File Program Development: _For information Only (No Change in rate)



660205300 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	modical Rolling at Collicit 1 of D			oationar					
The Med	ical Center LLC		Prov	rovider Number : 660205300					
			Date	ate: 09/21/2023					
20454 N.	E. Finley Ave		Fisca	Fiscal Year End : N/A					
Blountsto	wn, FL 32424		Audi	udit Status : N/A					
Provider	Туре:		C	Current Rate	New Rate	Effective Date			
X	Rural Health Clinic			86.23	89.35	10/01/2023			
	Swing-Bed Provider								
	Federally Qualified Health Centers								
	Hospice Provider								
	#0651 / H51 Routine Home Care (1-60								
	#0651a / H5L Routine Home Care (6	1 +)							
	#0652 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Car	e - SIA							
	#0655 / H55 Inpatient Respite Care								
	#0656 / H56 General Inpatient Care								
	#0658 Room and Board								
В	Basis :	Rate	Туре	:					
	Budget		Χ	Prospect	ive				
	Unaudited costs			Total Pro	spective				
-	Desk audited costs	-		Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
	X Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	s			
	 Calhoun								

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





660209600 - 2023/10

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

	-	Medicaid Reimbursement Per	Diem Rates fo	r No	on-Inst	itutional	<u>Providers</u>	
Clark Clinic			Provider Number : 660209600					
				Da	ate : 09/	/21/2023		
212 S. Florida St			Fis	scal Ye	ar End : N	l/A		
Bushn	ell, FL 33513	3		Au	ıdit Sta	tus : N/A		
Provid	der Type:				Curre	nt Rate	New Rate	Effective Date
X	Rural I	lealth Clinic				86.18	89.30	10/01/2023
	Swing-	Bed Provider						
	Federa	Illy Qualified Health Centers						
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	552 / H52 Continuous Home Ca	are					
#0551 / 0561 Continuous Home Care - SIA								
	#06	555 / H55 Inpatient Respite Car	·e					
	#06	556 / H56 General Inpatient Car	re					
	#06	58 Room and Board						
	Basis :]	Rate	Тур	pe :			
		Budget		Χ		Prospect	ve	
		Unaudited costs				Total Pro	spective	
		Desk audited costs	-			Prospect	ive Adjusted for	New costs
		Field audited costs				-		
		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
		Sumter						
<u>D</u>	oistribution:		T. K. Feehrer,					ΛV.Λ
F	iscal Agent		Senior Manag	eme	ent Ana	lyst Supe	visor	2/1/21
С	ontract Mana	agement	Medicaid Prog	ıram	n Finan	ce		
Р	ermanent File	е						
Р	rogram Deve	lopment:						



660209605 - 2023/10

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

		Medicaid Reimbursement Per	Diem	Rates for	. <u>No</u>	n-Inst	titutional	<u>Providers</u>	
Cla	rk Clinic				Pro	vider	Number :	660209605	
					Dat	te : 09	/21/2023		
212	2 S Florida	a St			Fis	cal Ye	ar End : N	l/A	
Bu	shnell, FL	33513			Aud	dit Sta	tus : N/A		
Pre	ovider Ty	pe:				Curre	ent Rate	New Rate	Effective Date
	X	Rural Health Clinic					86.76	89.89	10/01/2023
	,	Swing-Bed Provider						,	
		Federally Qualified Health Centers							
	I	Hospice Provider							
		#0651 / H51 Routine Home Care (1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	re						
		#0551 / 0561 Continuous Home C	are - S	SIA					
		#0655 / H55 Inpatient Respite Car	е						
		#0656 / H56 General Inpatient Car	е						
		#0658 Room and Board							
	Basi	s:		Rate	Тур	e :]		
		Budget			Χ		Prospecti	ve	
		Unaudited costs		-			- Total Pro	spective	
		Desk audited costs					- Prospect	ive Adjusted for	New costs
•		Field audited costs					_		
•		Medicare - Prospective					Interim		
	X	Payment System Rate					Total Inte	erim	
-		Average Nursing Home Rate					Settleme	nt based on cost	s
-		Lake					_		
	Distrib	ution:	T. K.	Feehrer,					1 / J
	Fiscal A	gent	Senio	or Manage	eme	nt Ana	alyst Super	visor	2/1/2
	Contrac	et Management	Medi	caid Progi	ram	Finan	ce		
	Permar	ent File							
	Progran	n Development:							
		For information Only (No Change in r	ate)						



660209606 - 2023/10

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.	Provider Number : 660209606
Lowell F. Clark, MD. PA.	Date: 09/21/2023
212 S. Floirda St.	Fiscal Year End : N/A
Bushnell, FL 33513	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.76	89.89	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660212600 - 2023/10

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	Pro	Provider Number : 660212600					
	Da	te: 09/21/2023					
265 Citrus Tower Blvd Fisc		scal Year End : N/A					
Clermont, FL 347111908		Audit Status : N/A					
Provider Type:		Current Rate	New Rate	Effective Date			
X Rural Health Clinic		91.47	94.78	10/01/2023			

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	91.47	94.78	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



Program Development:

_For information Only (No Change in rate)

Florida Agency for Health Care Administration

660218500 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r No	n-Institutional	<u>Providers</u>	
Dwight Peter Tiu/	Acute Care Pediatrics		Provider Number : 660218500			
			Da	ite: 09/21/2023		
1301 Reid St			Fis	scal Year End : N	I/A	
Palatka, FL 3217	8		Au	dit Status : N/A		
Provider Type:				Current Rate	New Rate	Effective Date
X Rura	l Health Clinic			86.18	89.30	10/01/2023
Swin	g-Bed Provider					
Fede	rally Qualified Health Centers					
Hosp	pice Provider					
#	0651 / H51 Routine Home Care (1-60)				
#	0651a / H5L Routine Home Care	(61 +)				
#	0652 / H52 Continuous Home Ca	are				
#	0551 / 0561 Continuous Home C	are - SIA				
#	0655 / H55 Inpatient Respite Car	е				
#	0656 / H56 General Inpatient Car	re				
#	0658 Room and Board					
Basis :		Rate	Тур	pe:		
	Budget		Х	Prospect	ive	
	Unaudited costs			Total Pro	spective	
-	Desk audited costs			Prospect	ive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective	-		Interim		
Х	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	s
	Putnam					
<u>Distributio</u>		T. K. Feehrer,	000-	ant Analyst Cor-	ndoor	N/1
Fiscal Agent				ent Analyst Super	IVISUI	אוכ
Contract Ma	_	Medicaid Prog	jiain	глансе		
Permanent F	File					



660219300 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r N	lon-Ir	stitutional	<u>Providers</u>				
amily Medical G	roup, P.A.		Р	Provide	er Number :	660219300				
					Date: 09/21/2023					
05 Tomoka Blvd	South		F	iscal	Year End : N	I/A				
ake Placid, FL 3	3852		Α	udit S	Status : N/A					
rovider Type:				Cu	rrent Rate	New Rate	Effective Date			
X Rural	Health Clinic				86.18	89.30	10/01/2023			
Swin	g-Bed Provider									
Fede	rally Qualified Health Centers									
Hosp	ice Provider									
#(0651 / H51 Routine Home Care ((1-60)								
#(0651a / H5L Routine Home Care	e (61 +)								
#(0652 / H52 Continuous Home Ca	are								
#(0551 / 0561 Continuous Home C	are - SIA								
#(0655 / H55 Inpatient Respite Ca	re								
#(0656 / H56 General Inpatient Ca	re								
#(0658 Room and Board									
Basis :		Rate	Т	ype :						
	 Budget		Χ		Prospecti	ive				
	Unaudited costs				Total Pro	spective				
	Desk audited costs				Prospect	ive Adjusted for	New costs			
	Field audited costs									
	Medicare - Prospective				Interim					
X	Payment System Rate				Total Inte	erim				
	Average Nursing Home Rate				Settleme	nt based on cost	S			
	— Highlands									
Distribution	<u>n:</u>	T. K. Feehrer,					٨.٧٨			
Fiscal Agent		Senior Manag				rvisor	1/h			
Contract Mar	nagement	Medicaid Prog	ıraı	m Fin	ance					
Permanent F	ile									
Program Dev	velopment:									



660230400 - 2023/10

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

	_	Medicaid Reimbursement Per	Diem Ra	tes for	N	on-In	stitutional	<u>Providers</u>	
Express (Care of Le	esburg			Р	rovide	r Number :	660230400	
					D	ate : C	9/21/2023		
2500 Citr	us Blvd				Fi	iscal Y	ear End : N	l/A	
Leesburg	, FL 3474	8			Α	udit S	tatus : N/A		
Provider	Туре:					Cur	rent Rate	New Rate	Effective Date
Х	Rural F	lealth Clinic					86.18	89.30	10/01/2023
	Swing-	Bed Provider							
	Federa	Ily Qualified Health Centers							
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1	l -60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	52 / H52 Continuous Home Ca	re						
	#05	51 / 0561 Continuous Home Ca	are - SIA						
	#06	55 / H55 Inpatient Respite Care)						
	#06	56 / H56 General Inpatient Card	е						
	#06	58 Room and Board							
В	Basis :]		Rate	Ту	/pe :			
		Budget			X		Prospecti	ve	
		Unaudited costs	_				— Total Pro	spective	
		Desk audited costs					Prospect	ive Adjusted for	New costs
		Field audited costs							
		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cos	ts
		Lake					_		
Diet	tribution:								
	tribution: al Agent		T. K. Fe Senior N		em	ent Ar	nalyst Supei	visor	184
	ar Agerii tract Mana	gement	Medicai						
	nanent File	_							
	gram Deve								
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660232100 - 2023/10

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	Provider Number : 660232100
Vernon Family Health Center	Date: 09/21/2023
3027 Main St	Fiscal Year End : N/A
Vernon, FL 32462	Audit Status : N/A

ovider Type:		Current Rate	New Rate	Effective Date
X	Rural Health Clinic	79.74	82.62	10/01/2023
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,



660233900 - 2023/10

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

	Medicaid Reimbursement Per	r Diem Rates	for	Nor	n-Institutional	<u>Providers</u>		
ckson County H	Provider Number : 660233900							
		Date: 09/21/2023						
18 5th Avenue			Fiscal Year End : N/A					
rianna, FL 324			Aud	Audit Status : N/A				
ovider Type:				Current Rate	New Rate	Effective Date		
X Rural	Health Clinic				86.13	89.24	10/01/202	
Swing	g-Bed Provider							
Feder	rally Qualified Health Centers							
Hosp	ice Provider							
#0	0651 / H51 Routine Home Care ((1-60)						
#0	0651a / H5L Routine Home Care	e (61 +)						
#0	0652 / H52 Continuous Home Ca	are						
#0	0551 / 0561 Continuous Home C	Care - SIA						
#0	re							
#0	0656 / H56 General Inpatient Ca	re						
#0	0658 Room and Board							
Basis :		R	ate	Тур	e :			
	Budget			X	Prospecti	ive		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				Prospect	ive Adjusted for	New costs	
	Field audited costs							
	Medicare - Prospective				Interim			
Χ	Payment System Rate				Total Inte	erim		
	Average Nursing Home Rate				Settleme	nt based on cost	s	
	Jackson							
Distribution	n:	T. K. Feehr	er.				A \	
Fiscal Agent				emer	nt Analyst Super	rvisor	1/4 ²	
Contract Mar	Medicaid P	rogi	ram	Finance				
Permanent F	ïle							
Program Dev	relopment:							