

001182600 - 2024/10

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

		-	Medicaid Reimbursement Pe	r Diem	Rates for	r N	on-Ins	titutional	<u>Providers</u>	
Fo	undCare	, Inc.				Pı	rovideı	Number :	001182600	
						D	ate : 1	0/16/2024		
23	30 S. Co	ngress A	\ve.			Fi	iscal Y	ear End : N	I/A	
Pa	m Sprin	gs, FL 3	34067608			Αı	udit St	atus : N/A		
Pro	ovider T	уре:					Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					153.36	160.42	10/01/2024
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care	(1-60)						
		#06	51a / H5L Routine Home Care	e (61 +)						
		#06	52 / H52 Continuous Home C	are						
		#05	51 / 0561 Continuous Home (Care - S	IA					
		#06	55 / H55 Inpatient Respite Ca	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate	Ту	pe :			
'			Budget			Χ		⊐ Prospect	ive	
•			Unaudited costs					– Total Pro	spective	
•			Desk audited costs					Prospect	ive Adjusted for	New costs
•			Field audited costs					_		
•			Medicare - Prospective					 Interim		
)	X	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cost	ts
-			Palm Beach					_		
	Distri	bution:		L T. K.	Feehrer,					AV 1
	Fiscal	Agent				em	ent An	alyst Supe	rvisor	2/42
	Contra	act Mana	gement	Medic	caid Prog	rar	n Fina	nce		
	Perma	nent File	e							
	Progra	am Deve	lopment:							



001182602 - 2024/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for	r No	on-Inst	titutional	<u>Providers</u>	
oundCa	are, Inc- N	. Palm Beach			Pro	ovider	Number :	001182602	
					Da	ite : 10	/16/2024		
330 S C	Congress A	√ve			Fis	scal Ye	ear End : N	I/A	
Palm Spr	rings, FI 3	33406			Au	ıdit Sta	itus : N/A		
Provider	Type:					Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic						ı	ı
	Swing	-Bed Provider							
X	Federa	ally Qualified Health Centers					153.36	160.42	10/01/2024
	Hospi	ce Provider							
	#0	651 / H51 Routine Home Care (1-60)						
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	ire						
	#0	551 / 0561 Continuous Home C	are - SIA	\					
	#0	655 / H55 Inpatient Respite Car	е						
	#0	656 / H56 General Inpatient Car	'e						
	#0	658 Room and Board							
В	Basis :	7	Г	Rate	Тур	oe:			
		Budget			Χ		Prospect	ive	
		Unaudited costs					Total Pro	spective	
		Desk audited costs					Prospect	ive Adjusted for	New costs
		Field audited costs					_		
		Medicare - Prospective	<u> </u>				Interim		
	Х	Payment System Rate	<u> </u>				Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cost	is
		Dade							
Dis	tribution	<u>.</u>	 T. K. Fe	eehrer					AV 1
	al Agent				eme	ent Ana	alyst Supe	rvisor	1/4×
Con	tract Man	agement	Medica	id Prog	ram	Finan	ice		

Contract Management

Permanent File

Program Development:



001182606 - 2024/10

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

	_	<u>Medicaid Reimbursement Per</u>	r Diem Rates fo	r	Non	<u>ı-Institutional l</u>	<u>Providers</u>				
Foundca	re, Inc Wes	t Palm Beach Greenwood		I	Pro۱	vider Number :	001182606				
				I	Date	ate : 10/16/2024					
5205 Gre	enwood Av	/enue	F		Fisc	al Year End : N	/A				
West Pal	m Beach ,	FL 33407		/	Aud	it Status : N/A					
Provider	Туре:				(Current Rate	New Rate	Effective Date			
	Rural H	ealth Clinic									
	Swing-l	Bed Provider									
X	Federal	ly Qualified Health Centers				153.36	160.42	10/01/2024			
	Hospic	e Provider									
	#06	51 / H51 Routine Home Care ((1-60)								
	#06	51a / H5L Routine Home Care	(61 +)								
	#06	52 / H52 Continuous Home Ca	are								
	#05	51 / 0561 Continuous Home C	are - SIA								
	#06	55 / H55 Inpatient Respite Car	re								
	#06	56 / H56 General Inpatient Car	re								
	#06	58 Room and Board									
В	Basis :]	Rate) T	Гуре	:					
		Budget		Х	(Prospecti	ve				
		Unaudited costs				Total Pro	spective				
		Desk audited costs				Prospect	ve Adjusted for	New costs			
		Field audited costs									
		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	rim				
		Average Nursing Home Rate				Settleme	nt based on cost	s			
		Palm Beach									
Dis	tribution:		T. K. Feehrer					AV 1			
	al Agent				men	t Analyst Supe	visor	1/4×			
Con	tract Mana	gement	Medicaid Pro	gra	am F	inance					

Permanent File **Program Development:**



001182608 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	<u>r Nor</u>	<u>n-Institut</u>	ional I	<u>Providers</u>	
Fo	undcare Inc				Pro	vider Nun	nber : (001182608	
					Date	e : 10/16/	2024		
23	30 S. Congress A	Avenue			Fisc	al Year E	End : N	/A	
Pa	lm Springs, FL 3	33406-7608			Aud	lit Status	: N/A		
Pro	ovider Type:					Current I	Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing-	-Bed Provider							
	X Federa	Illy Qualified Health Centers				1	153.36	160.42	10/01/2024
	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	A					
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Ca	re						
	#06	658 Room and Board							
	Basis :			Rate	Тур	e :			
•		Budget			Χ	Pro	ospecti	ve	
•		Unaudited costs				To	tal Pro	spective	
•		Desk audited costs				Pro	ospecti	ve Adjusted for	New costs
		Field audited costs							
		Medicare - Prospective				Inte	erim		
	Χ	Payment System Rate				To	tal Inte	rim	
		Average Nursing Home Rate				Se	ttleme	nt based on cost	is
•		Palm Beach							
	Distribution	<u> </u>	l T. K. I	Feehrer,					A \
	Fiscal Agent				emer	nt Analyst	Super	visor	1/4°
	Contract Mana	agement	Medic	aid Prog	ram	Finance			<u> </u>
	Permanent Fil	e							
	Program Deve	elopment:							



001182610 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for No	on-Institutional	<u>Providers</u>	
Fo	undcare, Inc			Pro	ovider Number :	001182610	
				Da	ate: 10/16/2024		
586	67 Okeechobee	Blvd		Fis	scal Year End : N	I/A	
We	est Palm Beach,	FL 33417-4344		Au	ıdit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	Rural I	Health Clinic					
	Swing	-Bed Provider					
	X Federa	Illy Qualified Health Centers			153.36	160.42	10/01/2024
	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	e				
	#06	656 / H56 General Inpatient Car	re				
	#06	658 Room and Board					
	Basis :	7	Ra	te Typ	pe:		
٠		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
		Palm Beach					
	Distribution	<u>:</u>	T. K. Feehre	er.			AV 1
	Fiscal Agent				ent Analyst Supe	rvisor	2K2
	Contract Mana	agement	Medicaid Pro	ogram	r Finance		
	Permanent Fil	е					
	Program Deve	elopment:					



001182613 - 2024/10

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

		_N	ledicaid Reimbursement Per	Diem	Rates for	r No	<u>n-Insti</u>	tutional l	<u>Providers</u>	
Fo	undcare,	Inc.				Pro	ovider N	lumber :	001182613	
5205 Greenwood Ave, Mobile Unit					Dat	te : 10/	16/2024			
			e, Mobile Unit			Fis	cal Yea	/A		
We	st Palm	Beach, Fl	_ 33407-2400	Audit Status : N/A						
Pro	ovider Ty	/pe:					Curre	nt Rate	New Rate	Effective Date
		Rural He	ealth Clinic							
		Swing-B	ed Provider							
	X	Federall	y Qualified Health Centers					153.36	160.42	10/01/2024
		Hospice	Provider							
		#065	1 / H51 Routine Home Care ((1-60)						
		#065	1a / H5L Routine Home Care	(61 +)						
		#065	2 / H52 Continuous Home Ca	are						
		#055	1 / 0561 Continuous Home C	are - S	IA					
		#065	5 / H55 Inpatient Respite Ca	re						
		#065	6 / H56 General Inpatient Ca	re						
		#065	8 Room and Board							
	Bas	is:			Rate	Тур	e:			
'			Budget			X		Prospect	ve	
•			Unaudited costs	İ				Total Pro	spective	
•			Desk audited costs					Prospect	ve Adjusted for	New costs
•			Field audited costs							
•			Medicare - Prospective					Interim		
	>	(Payment System Rate					Total Inte	rim	
•			Average Nursing Home Rate					Settleme	nt based on cost	ts
•			Palm Beach							
	<u>Distr</u> il	<u>bution:</u>			Feehrer,					AV 1
	Fiscal	Agent			or Manage	eme	nt Anal	yst Supe	rvisor	2K#_
	Contra	ct Manag	ement	Medio	caid Prog	ram	Financ	e		
	Perma	nent File								
	Progra	m Develo	ppment:							



001276200 - 2024/10

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

		Medicaid Reimbursement Per	<u>r Diem R</u>	ates for	r Non	-Institutional	<u>Providers</u>	
Гатра Fa	amily Hea	olth Centers, Inc. #20			Prov	vider Number :	001276200	
					Date	e : 10/16/2024		
1422 E. C	Columbus	Drive			Fisc	al Year End : N	I/A	
Гатра, F	L 33604	3233			Aud	it Status : N/A		
Provider	Type:				(Current Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
X	Federa	ally Qualified Health Centers				143.52	157.27	10/01/2024
	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	4				
	#0	655 / H55 Inpatient Respite Ca	re					
	#0	656 / H56 General Inpatient Ca	re					
	#0	658 Room and Board						
В	asis :	7	Г	Rate	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 cos	ts
		Hillsborough						
Dist	tribution	<u>.</u>	_ T. K. F	eehrer.				1 / J
Fisca	al Agent				emen	t Analyst Supe	rvisor	1/4 ²
Cont	tract Man	agement	Medica	aid Prog	ram F	inance		
Pern	nanent Fi	le						
Prog	gram Deve	elopment:						



001718300 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for No	on-Institutional	<u>Providers</u>	
Не	art of Florida He	ealth Center, Inc.		Pr	ovider Number :	001718300	
				Da	ate: 10/16/2024		
10	25 SW 1st Ave.			Fi	scal Year End : N	I/A	
Oc	ala, FL 344710	900	Au		udit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	Rural	Health Clinic					
	Swing	-Bed Provider					
	X Feder	ally Qualified Health Centers			139.75	157.27	10/01/2024
	Hospi	ce Provider					
	#0	651 / H51 Routine Home Care (1-60)				
	#0	651a / H5L Routine Home Care	(61 +)				
	#0	652 / H52 Continuous Home Ca	are				
	#0	551 / 0561 Continuous Home C	are - SIA				
	#0	655 / H55 Inpatient Respite Car	e				
	#0	656 / H56 General Inpatient Car	re				
	#0	658 Room and Board					
	Basis :	7	R	ate Ty	pe:		
١		 Budget		Х	Prospect	ive	
•		Unaudited costs			Total Pro	spective	
•		Desk audited costs			Prospect	ive Adjusted for	New costs
•		Field audited costs					
•		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
•		Average Nursing Home Rate			Settleme	nt based on cost	is
•		 Marion					
	Distribution	<u></u>	T. K. Feehi	rer.			A \
	Fiscal Agent				ent Analyst Supe	rvisor	1/4°
	Contract Man	agement	Medicaid P	rogran	n Finance		
	Permanent Fi	le					
	Program Dev	elopment:					



001718304 - 2024/10

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

Medicaid Reimbursement Pe	r Diem Rates for N	lon-Institutional	<u>Providers</u>	
Heart of Florida Health Center - Reddick	F	Provider Number :	001718304	
		Date: 10/16/2024		
1025 SW 1st Ave.	F	iscal Year End : N	I/A	
Ocala, FL 344710900	Д	udit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		139.75	157.27	10/01/2024
Hospice Provider				
#0651 / H51 Routine Home Care	(1-60)			
#0651a / H5L Routine Home Care	e (61 +)			
#0652 / H52 Continuous Home C	are			
#0551 / 0561 Continuous Home C	Care - SIA			
#0655 / H55 Inpatient Respite Ca	re			
#0656 / H56 General Inpatient Ca	re			
#0658 Room and Board				
Basis :	Rate Ty	ype:		
Budget	X	Prospect	ive	
Unaudited costs		Total Pro	spective	
Desk audited costs		Prospect	ive Adjusted for	New costs
Field audited costs				
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte	erim	
Average Nursing Home Rate		Settleme	nt based on cost	ts
Marion				
<u>Distribution:</u>	T. K. Feehrer,			ΛV.Λ
Fiscal Agent		nent Analyst Supe	rvisor	1/4 ²
Contract Management	Medicaid Progra	m Finance		
Permanent File				
Program Development:				



001718313 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center	Provider Number : 001718313		
Ocala West Family Medicine	Date: 10/16/2024		
1025 SW 1st Ave	Fiscal Year End : N/A		
Ocala, FL 344710900	Audit Status : N/A		

Provide	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	139.75	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

visor JA



001718315 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	s for No	on-Institutional	<u>Providers</u>		
Не	art of Florida He	alth Center-17th St		Pr	ovider Number :	001718315		
				Da	ate: 10/16/2024			
10	25 SW 1st Ave		Fiscal Year End : N/A					
Oc	ala, Fl 34471			Αι	udit Status : N/A			
Pre	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	X Federa	Illy Qualified Health Centers			139.75	157.27	10/01/2024	
	Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#0	551 / 0561 Continuous Home C	are - SIA					
#0655 / H55 Inpatient Respite Ca			'e					
#0656 / H56 General Inpatient Ca		re						
	#06	658 Room and Board						
	Basis :]	F	Rate Ty	pe:			
١		⊐ Budget		Х	Prospect	ive		
•		Unaudited costs			Total Pro	spective		
•		Desk audited costs			Prospect	ive Adjusted for	New costs	
•		Field audited costs						
•		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate			Settleme	nt based on cost	ts	
•		 Marion						
	Distribution	<u>.</u>	T. K. Feeh	rer.			A \	
	Fiscal Agent				ent Analyst Supe	rvisor	14X	
	Contract Mana	agement	Medicaid F	rogran	n Finance			
	Permanent Fil	e						
	Program Deve	elopment:						



001718325 - 2024/10

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

			er Diem Rates for Non-Institutional Providers							
Hea	art of Flo	orida Hea	alth Center	Provider Number : 001718325						
					Da	ate: 10/16/2024				
102	25 SW 1	ST Ave			Fis	scal Year End :	N/A			
Oca	ala, FL	34471			Au	ıdit Status : N/A				
Pro	vider T	ype:				Current Rate	New Rate	Effective Date		
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers			139.7	5 157.27	10/01/2024		
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	555 / H55 Inpatient Respite Car	e						
#0656 / H56 General Inpatient Ca			re							
		#06	58 Room and Board							
	Ва	sis :	7		Rate Typ	pe:				
			Budget		Х	Prospec	ctive			
-			Unaudited costs			Total Pı	ospective			
_			Desk audited costs			Prospe	ctive Adjusted for	New costs		
_			Field audited costs							
_			Medicare - Prospective			Interim				
		X	Payment System Rate			Total In	terim			
-			Average Nursing Home Rate Marion			Settlem	ent based on cos	ts		
			Marion							
	Distr	ibution:		T. K. Fee				NYL		
	Fiscal	Agent				ent Analyst Sup	ervisor	JW.		
	Contra	act Mana	gement	Medicaid	Program	ı Fınance				
	Perma	anent File	е							
	Progra	am Deve	lopment:							



001718330 - 2024/10

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

Heart Of Florida Health Center, Inc Provider Number: 001718330 Date: 10/16/2024 Fiscal Year End: N/A Provider Type:		_	Medicaid Reimbursement Per	Diem Rates fo	r No	on-Ins	<u>titutional l</u>	<u>Providers</u>	
Provider Type: Current Rate New Rate Effective Date	Heart	Of Florida Hea	alth Center, Inc		Pr	ovider	Number :	001718330	
Dunnellon, FL 34432 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 10561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Marion Medicaid Program Finance Medicaid Program Finance Medicaid Program Finance					Da	ate : 10)/16/2024		
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Marion Pistribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective X Prospective Average Nursing Home Rate Marion Fiscal Agent Contract Management Permanent File	19204	E Pennsylvar	nia Ave		Fis	scal Ye	ear End : N	/A	
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 139.75 157.27 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:	Dunne	ellon, FL 3443	32		Αι	udit Sta	itus : N/A		
Swing-Bed Provider X Federally Qualified Health Centers 139.75 157.27 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:	Provid	der Type:				Curr	ent Rate	New Rate	Effective Date
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective Yospic Vival Prospective		Rural H	lealth Clinic						
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:		Swing-	Bed Provider						
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	Х	Federa	lly Qualified Health Centers				139.75	157.27	10/01/2024
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		Hospic	e Provider						
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		#06	51 / H51 Routine Home Care (1-60)					
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		#06	51a / H5L Routine Home Care	(61 +)					
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	52 / H52 Continuous Home Ca	re	Production				
#0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#05	51 / 0561 Continuous Home Ca	are - SIA					
#0658 Room and Board Basis :		#06	55 / H55 Inpatient Respite Car	е					
Basis: Unaudited costs Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Marion Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Settlement based on costs Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#0656 / H56 General Inpatient Ca		е					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Marion Distribution: Fiscal Agent Contract Management Permanent File Rundited costs Fried audited costs Interim Total Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#06	58 Room and Board						
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Marion Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Settlement Total Interim Settlement based on costs Medicaid Program Finance Medicaid Program Finance		Basis :]	Rate	э Ту	pe:]		
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Marion Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Budget		Χ		Prospecti	ve	
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Marion Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Unaudited costs				Total Pro	spective	
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Marion Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Desk audited costs				- Prospecti	ve Adjusted for	New costs
X Payment System Rate Average Nursing Home Rate Marion Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Field audited costs				_		
Average Nursing Home Rate Marion Distribution: Fiscal Agent Contract Management Permanent File Settlement based on costs Marion T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Medicare - Prospective				Interim		
Marion Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Χ	Payment System Rate				Total Inte	rim	
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Average Nursing Home Rate				Settleme	nt based on cost	ts
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance			Marion				_		
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance	<u></u>	Distribution:		T. K. Feehrer					٨٧.٨
Permanent File	F	iscal Agent		Senior Manag	jeme	ent Ana	alyst Supe	visor	2/1/2
	C	Contract Mana	gement	Medicaid Pro	gran	n Finar	nce		
	F	Permanent File	•						
Program Development:	F	Program Deve	lopment:						



001718331 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for No	on-Institutional	<u>Providers</u>			
Не	art of Florida He	alth Center, Inc		Pr	ovider Number :	001718331			
				Da	ate: 10/16/2024				
45	00 NW 152ND L	N		Fis	scal Year End : N	I/A			
Re	ddick, FL 32686)		Αι	ıdit Status : N/A	dit Status : N/A			
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	Illy Qualified Health Centers			139.75	157.27	10/01/2024		
	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						
#0655 / H55 Inpatient Respite Car #0656 / H56 General Inpatient Ca		е							
		re							
	#06	658 Room and Board							
	Basis :		R	ate Ty _l	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		
		Marion							
	Distribution	<u>.</u>	T. K. Feehr	er.			AV 1		
	Fiscal Agent				ent Analyst Supe	rvisor	2h2		
	Contract Mana	agement	Medicaid P	rogram	n Finance				
	Permanent Fil	е							
	Program Deve	elopment:							



001718332 - 2024/10

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

Medicaid Reimbursement Per Diem Rates	for No	n-Institutional	<u>Providers</u>	
eart of Florida Health Center, Inc.	Pro	vider Number :	001718332	
	Dat	te: 10/16/2024		
00 Marion Oaks Blvd	Fise	cal Year End : N	I/A	
cala, fl 34471-0900	Aud	dit Status : N/A		
ovider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		139.75	157.27	10/01/2024
Hospice Provider				
#0651 / H51 Routine Home Care (1-60)				
#0651a / H5L Routine Home Care (61 +)				
#0652 / H52 Continuous Home Care				
#0551 / 0561 Continuous Home Care - SIA				
#0655 / H55 Inpatient Respite Care				
#0656 / H56 General Inpatient Care				
#0658 Room and Board				
Basis : Ra	ite Typ	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 cos	ts
Marion				
Distribution: T. K. Feehre	er,			۸٧.٨
Fiscal Agent Senior Mana	agemei	nt Analyst Supe	rvisor	2/12
Contract Management Medicaid Pr	rogram	Finance		
Permanent File				
1 official and				



001718334 - 2024/10

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

	Medicaid Reimbursement Per	<u>r Diem Rates fo</u>	<u>r Nor</u>	<u>n-Institutional l</u>	<u>Providers</u>		
leart of Florid	da Health Center	Provider Number: 001718334					
			Date	e : 10/16/2024			
553 E Silver	Springs Blvd		Fisc	al Year End : N	I/A		
Ocala, FL 34	470		Aud	it Status : N/A			
rovider Typ	e:			Current Rate	New Rate	Effective Date	
R	tural Health Clinic						
S	wing-Bed Provider						
X F	ederally Qualified Health Centers			139.75	157.27	10/01/2024	
Н	lospice Provider						
	#0651 / H51 Routine Home Care ((1-60)			,		
	#0651a / H5L Routine Home Care	e (61 +)					
	#0652 / H52 Continuous Home Ca	are					
	#0551 / 0561 Continuous Home C	are - SIA					
	#0655 / H55 Inpatient Respite Ca	re					
	#0656 / H56 General Inpatient Ca	re					
	#0658 Room and Board						
Basis):	Rate	туре	e :			
•	Budget		Х	Prospecti	ive		
	Unaudited costs			 Total Pro	spective		
	Desk audited costs			Prospecti	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
Χ	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cos	ts	
	Marion						
Distribu	<u>ution:</u>	T. K. Feehrer,				1V.1	
Fiscal Aç	gent			ıt Analyst Supe	rvisor	1/4 ²	
Contract	Management	Medicaid Prog	gram l	Finance			
Permane	ent File						
Program	Development:						



001718343 - 2024/10

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

		_	Medicaid Reimbursement Per	Diem Ra	ates for	· Nor	n-Institutional	<u>Providers</u>	
Не	art of Flo	rida Hea	alth Center, Inc.			Prov	vider Number :	001718343	
						Date	e: 10/16/2024		
13	30 SW 3	3rd Ave				Fisc	al Year End : N	I/A	
Oc	ala , FL	34474		Au		Aud	it Status : N/A		
Pro	ovider T	ype:					Current Rate	New Rate	Effective Date
		Rural F	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				139.75	157.27	10/01/2024
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care (1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA	\				
		#06	55 / H55 Inpatient Respite Car	е					
#0656 / H56 General Inpatient Ca			re						
		#06	58 Room and Board						
	Bas	sis :]		Rate	Туре	e :		
١			Budget	-)	X	 Prospect	ive	
•			Unaudited costs	_			 Total Pro	spective	
•			Desk audited costs				Prospect	ive Adjusted for	New costs
•			Field audited costs						
•			Medicare - Prospective				Interim		
	>	<	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	ts
			Marion						
	Distri	bution:		T. K. F	eehrer,				1 V 1
	Fiscal	Agent				emer	nt Analyst Supe	rvisor	1/4 ²
	Contra	ict Mana	gement	Medica	id Progr	ram I	Finance		
	Perma	nent File	е						
	Progra	ım Deve	lopment:						



001718345 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicald Neilliburgement Fer Dien	i Nates IOI IN	on-manulional	FIOVIGEIS			
Heart of	Florida Health Center Inc	Pi	rovider Number :	001718345			
		Date : 10/16/2024					
3365 We	edgewood Ln	Fi	Fiscal Year End : N/A				
The Villa	ages, FL 32162-7181	A	udit Status : N/A				
Provide	r Type:		Current Rate	New Rate	Effective Date		
	Rural Health Clinic				1		
	Swing-Bed Provider						
X	Federally Qualified Health Centers		139.75	157.27	10/01/2024		
	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						
T I	Basis :	Rate Ty	pe:				
	Budget	X	Prospect	ive			
	Unaudited costs		Total Pro	spective			
-	Desk audited costs		Prospect	ive Adjusted for	New costs		
	Field audited costs						

Distribution:

Χ

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Sumter

T. K.	. Feehre	r.			
		•	Analyst	Superviso	١.

Interim

Total Interim

Settlement based on costs

Medicaid Program Finance





001718347 - 2024/10

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>			
HEA	RT OF	FLORIDA HEALTH CENTER, INC		Pro	vider Number :	001718347			
			Date : 10/16/2024						
4595	5 W HI	GHWAY 316		Fiscal Year End : N/A					
RED	DICK,	FL 32686-3231		Auc	lit Status : N/A				
Prov	vider T	уре:			Current Rate	New Rate	Effective Date		
		Rural Health Clinic							
		Swing-Bed Provider							
	X	Federally Qualified Health Centers			139.75	157.27	10/01/2024		
		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							
Γ	Bas	sis:	Rate	Тур	e:				
-		Budget		X	Prospect	tive			
_		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospect	tive Adjusted for	New costs		
_		Field audited costs							
		Medicare - Prospective			Interim				
)	X Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	ent based on cost	ts		
		Marion							
	<u>Di</u> stri	<u>bution:</u>	T. K. Feehrer,				A)/ /		
	Fiscal			emer	nt Analyst Supe	rvisor	2/1/2		
	Contra	act Management	Medicaid Prog	ram	Finance				
	Perma	inent File							
	Progra	am Develonment:							



003407902 - 2024/10

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

dicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicald Reimbursement Per Diem Rates	IOI NO	on-montulional	Providers	
Communit	y AIDS Resource, Inc.	Pr	ovider Number :	003407902	
Care Reso	ource	Da	ate: 10/16/2024		
3510 Bisc	ayne Blvd, Ste 300	Fis	scal Year End : N	I/A	
Miami, FL	33137	Αι	ıdit Status : N/A		
Provider [*]	Туре:		Current Rate	New Rate	Effective Date
	Rural Health Clinic				
	Swing-Bed Provider				
X	Federally Qualified Health Centers		168.80	176.57	10/01/2024
	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				

Basis :		[Rate Type :]
	 Budget	'	Х	Prospective
	Unaudited costs	•		Total Prospective
	Desk audited costs	ļ .		Prospective Adjusted for New costs
	Field audited costs	'		_
	Medicare - Prospective	'		_ Interim
Χ	Payment System Rate	'		_ Total Interim
	Average Nursing Home Rate	'		Settlement based on costs
	 Dade	'		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

#0658 Room and Board

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





003407905 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community AIDS Resource	Provider Number : 003407905
Comm Health Ctr @ Little Havana	Date : 10/16/2024
3510 Biscayne Blvd., Suite 300	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	168.80	176.57	10/01/2024
	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	F	Rate Type :	
	 Budget	'	Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Dade			_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



003407907 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community AIDS Resource	Provider Number : 003407907
Care Resource at Oakland Park	Date: 10/16/2024
3510 Biscayne Blvd Ste 300	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.80	176.57	10/01/2024
	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
	 Broward	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

ervisor J



003407909 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community AIDS Resource	Provider Number : 003407909
Care Resource at Meridian Ave	Date: 10/16/2024
3510 Biscayne Blvd	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.80	176.57	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



003407911 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for No	on-Institutional	<u>Providers</u>		
Са	re Resource Co	mmunity Health Centers		Pr	ovider Number :	003407911		
				Da	Date : 10/16/2024			
168	30 Michigan Ave	nue		Fis	scal Year End : N	I/A		
Mia	ami Beach, FL 3	3139		Aι	ıdit Status : N/A			
Pro	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers			168.80	176.57	10/01/2024	
	Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#0	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	·e					
	#06	656 / H56 General Inpatient Car	re					
	#06	658 Room and Board						
[Basis :	7	Ra	ate Ty _l	pe:			
٠		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 Broward			Settleme	nt based on cos	is .	
	<u>Distribution</u>	<u>:</u>	T. K. Feehr Senior Man		ent Analyst Supe	rvisor	184	
	Fiscal Agent	agement	Medicaid P				J/187	
	Contract Mana Permanent Fil			Ü				
	Permanent Fil							
	Frogram Deve	лоритент.						



003407921 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		Medicaid Kellibursellient Fer Die	ili Nates IOI IN	on-montunonai	FIOVIGEIS	
Care Resource Community Health Centers Inc Prov		ovider Number : 003407921				
			Da	ate : 10/16/2024		
3510 Bis	cayne Blv	d UNIT 1	Fi	scal Year End : N	I/A	
Miami, F	L 33137-3	3840	Aı	udit Status : N/A		
Provide	r Type:			Current Rate	New Rate	Effective Date
	Rural l	Health Clinic				
	Swing	-Bed Provider				
X	Federa	ally Qualified Health Centers		168.80	176.57	10/01/2024
	Hospid	ce Provider				
	#00	651 / H51 Routine Home Care (1-60	0)			
	#00	651a / H5L Routine Home Care (61	+)			
	#06	652 / H52 Continuous Home Care				
	#0	551 / 0561 Continuous Home Care	- SIA			
	#06	655 / H55 Inpatient Respite Care				
	#00	656 / H56 General Inpatient Care				
	#00	658 Room and Board				
E	Basis :		Rate Ty	pe:		
		∟ Budget	X	——— Prospect	ive	
-		Unaudited costs		Total Pro	spective	
		Desk audited costs		Prospect	ive Adjusted for	New costs
		Field audited costs				
		— Medicare - Prospective		Interim		
	X	Payment System Rate		Total Inte	erim	
		Average Nursing Home Rate		Settleme	nt based on cost	ts
		 Dade				

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance





006608600 - 2024/10

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
Boynton Beach, FL 334356033	Audit Status : N/A
564 E. Woolbright Road	Fiscal Year End : N/A
	Date : 10/16/2024
Genesis Community Health	Provider Number : 006608600

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



006608601 - 2024/10

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

		-	Medicaid Reimbursement Per	r Diem	Rates fo	r N	on-Ins	<u>titutional l</u>	<u>Providers</u>	
Ge	nesis Cor	nmunit	y Health - Boca			Provider Number : 006608601				
						Da	ate : 10)/16/2024		
564	4 E. Wool	bright F	Road			Fi	scal Ye	ear End : N	/A	
Во	Boynton, FL 334356033					Αι	udit Sta	itus : N/A		
Pro	ovider Ty	pe:					Curr	ent Rate	New Rate	Effective Date
		Rural F	lealth Clinic							
	;	Swing-	Bed Provider							
	X	Federa	Ily Qualified Health Centers					153.36	160.42	10/01/2024
		Hospic	e Provider							
		#06	551 / H51 Routine Home Care ((1-60)						
		#06	551a / H5L Routine Home Care	(61 +)						
		#06	552 / H52 Continuous Home Ca	are						
		#05	551 / 0561 Continuous Home C	are - S	IA					
		#06	555 / H55 Inpatient Respite Ca	re						
		#06	556 / H56 General Inpatient Ca	re						
		#06	558 Room and Board							
	Basi	is:]		Rate	Ту	pe:]		
•			Budget			Χ		Prospecti	ve	
•			Unaudited costs	Ī				Total Pro	spective	
•			Desk audited costs					Prospect	ve Adjusted for	New costs
			Field audited costs					_		
•			Medicare - Prospective					Interim		
	X		Payment System Rate					Total Inte	rim	
			Average Nursing Home Rate					Settleme	nt based on cost	s
			Palm Beach							
	Distrib	oution:	<u>.</u>	I T. K.	Feehrer,					1V.1
	Fiscal A	Agent				em	ent Ana	alyst Super	visor	1/2t
	Contrac	ct Mana	agement	Medio	caid Prog	ran	n Finar	ice		
	Permar	nent File	е							
	Prograr	n Deve	elopment:							



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

006608603 - 2024/10

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

Medicaid Reimbursement Pe	er Diem Rates for I	Non-Institutional	<u>Providers</u>		
Genesis Community Health Inc Delray	F	Provider Number: 006608603			
		eate: 10/16/2024			
564 E Woolbright Road	F	iscal Year End : N	I/A		
Boynton Beach, FL 334356033	A	Audit Status : N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		153.36	160.42	10/01/2024	
Hospice Provider					
#0651 / H51 Routine Home Care	e (1-60)		,		
#0651a / H5L Routine Home Car	re (61 +)				
#0652 / H52 Continuous Home (Care				
#0551 / 0561 Continuous Home	Care - SIA				
#0655 / H55 Inpatient Respite C	are				
#0656 / H56 General Inpatient C	are				
#0658 Room and Board					
Basis :	Rate T	ype :			
Budget	X	 Prospect	ive		
Unaudited costs		 Total Pro	spective		
Desk audited costs		Prospect	ive Adjusted for	New costs	
Field audited costs					
Medicare - Prospective		Interim			
X Payment System Rate		Total Inte	erim		
Average Nursing Home Rate	•	Settleme	nt based on cost	S	
Palm Beach					
<u>Distribution:</u>	T. K. Feehrer,			NY L	
Fiscal Agent		nent Analyst Supe	rvisor	21M	
Contract Management	Medicaid Progra	m Finance			
Permanent File					



006608607 - 2024/10

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
Boynton Beach , FL 33435	Audit Status : N/A
2623 S Seacrest Blvd Suite 112	Fiscal Year End : N/A
	Date : 10/16/2024
Genesis Community Health-Boynton Beach	Provider Number : 006608607

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

006608610 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	Nor	<u>n-Institutional l</u>	<u>Providers</u>		
Genesis	Community Health Delray		Prov	ovider Number : 006608610			
			Date	e : 10/16/2024			
16158 S	outh Military Trail		Fisc	al Year End : N	I/A		
Delray B	each, FL 33484		Aud	it Status : N/A			
Provide	т Туре:			Current Rate	New Rate	Effective Date	
	Rural Health Clinic					1	
	Swing-Bed Provider						
Х	Federally Qualified Health Centers			153.36	160.42	10/01/2024	
	Hospice Provider						
	#0651 / H51 Routine Home Care (1-60)					
	#0651a / H5L Routine Home Care	(61 +)					
	#0652 / H52 Continuous Home Ca	are					
	#0551 / 0561 Continuous Home C	are - SIA					
	#0655 / H55 Inpatient Respite Car	re ·					
	#0656 / H56 General Inpatient Car	re					
	#0658 Room and Board						
E	Basis:	Rate -	Туре	e :			
	Budget	,	X	Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
	X Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	ts	
	Palm Beach						
 Dis	<u>tribution:</u>	T. K. Feehrer,				A V . A	
	cal Agent	Senior Manage	emen	nt Analyst Supe	rvisor	4	
Cor	ntract Management	Medicaid Progr	ram I	Finance			
Per	manent File						



008037100 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County	Provider Number : 008037100	
HCD Lantana Primary Care Clinic	Date: 10/16/2024	
1250 Southwinds Drive	Fiscal Year End : N/A	
Lantana, FL 334621459	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





008037102 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County	Provider Number : 008037102
HCD West Palm Beach Primary Care Clinic	Date: 10/16/2024
2601 10th Avenue North, Suite 100	Fiscal Year End : N/A
Palm Springs, FL 334613133	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	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
	— Palm Beach		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



008037104 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County	Provider Number : 008037104
HCD Belle Glade Primary Care Clinic	Date: 10/16/2024
2601 10th Avenue North, Suite 100	Fiscal Year End : N/A
Palm Springs, FL 334613133	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





008037106 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County	Provider Number : 008037106
HCD Delray Primary Care Clinic	Date: 10/16/2024
2601 10th Avenue North, Suite 100	Fiscal Year End : N/A
Palm Springs, FL 334613133	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



008037108 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings, Inc	Provider Number : 008037108
C L Brumback Primary Care Clinic	Date: 10/16/2024
2601 10th Ave N Ste 100	Fiscal Year End : N/A
Palm Springs, FL 33461	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





008037112 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings Inc	Provider Number : 008037112	
C.L. Brumback Primary Care Clinics	Date: 10/16/2024	
2601 10th Ave N Ste 100	Fiscal Year End : N/A	
West Palm Beach, FI 33461	Audit Status : N/A	

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





008037114 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates f	or l	<u>Non</u>	-Institutional I	<u>Providers</u>			
Dis	trict Clinic Holdi	ngs-State Rd 80		F	Prov	Provider Number : 008037114				
				[Date	ate : 10/16/2024				
260	01 10th Ave Nor	th		F	Fisc	al Year End : N	/A			
Pa	m Springs, FI 3	3461		/	Audi	t Status : N/A				
Pro	ovider Type:				(Current Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				153.36	160.42	10/01/2024		
	Hospi	ce Provider								
	#0	651 / H51 Routine Home Care (1-60)							
	#0	651a / H5L Routine Home Care	(61 +)							
	#0	652 / H52 Continuous Home Ca	re							
	#0	551 / 0561 Continuous Home C	are - SIA							
	#0	655 / H55 Inpatient Respite Car	е							
	#0	656 / H56 General Inpatient Car	e							
	#0	658 Room and Board								
ſ	Basis :	7	Rat	e T	Гуре	·:				
١.		 Budget		X	(Prospecti	ve			
-		Unaudited costs				 Total Pro	spective			
-		Desk audited costs				Prospecti	ve Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
•		Average Nursing Home Rate				Settleme	nt based on cost	s		
		Palm Beach								
	Distribution	<u>:</u>	T. K. Feehre					A \		
Fiscal Agent					men	t Analyst Supei	visor	JKJ -		
	Contract Man	agement	Medicaid Pro	gra	am F	inance				
	Permanent Fi	le								
	Program Deve	elopment:								



008037118 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings-10th ave	Provider Number : 008037118
CL Brumback Primary Care Clinics	Date: 10/16/2024
2601 10th Ave North	Fiscal Year End : N/A
Palm Springs, FI 33461	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

pervisor J



008037123 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Modicala Rollingarcometri of Biom Rates	101 140	on montanona.	110114010			
District C	District Clinic Holdings		rovider Number : 008037123				
		Da	ate: 10/16/2024				
23123 St	tate Road 7, Suite 108-11	Fis	scal Year End : N	I/A			
Boca Ra	ton, FL 33428	Αι	ıdit Status : N/A				
Provide	т Туре:		Current Rate	New Rate	Effective Date		
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers		153.36	160.42	10/01/2024		
	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						

Γ	Basis :	7	ſ	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
_		Palm Beach	-		-

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

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

#0658 Room and Board

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor



008037124 - 2024/10

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

		Medicaid Reimbursement Per	r Diem Rates	for No	on-Institutional	<u>Providers</u>			
Dis	trict Clinic I	Holdings Inc		Pr	ovider Number : 008037124				
				Da	ate: 10/16/2024				
41	1 West India	antown Rd		Fis	iscal Year End : N/A				
Jup	oiter, FL 33	458		Au	udit Status : N/A				
Pro	ovider Type	e:			Current Rate	New Rate	Effective Date		
	R	ural Health Clinic							
	Sı	wing-Bed Provider							
	X Fe	ederally Qualified Health Centers			153.36	160.42	10/01/2024		
	Н	ospice Provider							
		#0651 / H51 Routine Home Care ((1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	are						
		#0551 / 0561 Continuous Home C	are - SIA						
		#0655 / H55 Inpatient Respite Car	re						
		#0656 / H56 General Inpatient Ca	re						
		#0658 Room and Board							
[Basis	:	Ra	ate Ty _l	pe:				
		Budget		Х	Prospect	ive			
•		Unaudited costs			Total Pro	spective			
•		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
		Palm Beach							
	Distribu	ution:	T. K. Feehr	er.			A \		
Fiscal Agent					ent Analyst Supe	rvisor	2K2		
	Contract	Management	Medicaid P	rogram	n Finance				
	Permane	nt File							
	Program	Development:							



008037141 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings, Inc	Provider Number : 008037141
C L Brumback Primary Care Clinics	Date: 10/16/2024
2151 45th St Ste 204	Fiscal Year End : N/A
West Palm Beach , FL 33407-2009	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	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
	— Palm Beach		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



008037144 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

District Clinic Holdings, Inc	Provider Number : 008037144
C.L. Brumback Primary Care Clinics	Date: 10/16/2024
2107 N Dixie Hwy	Fiscal Year End : N/A
West Palm Beach , FL 33407-6011	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



010762301 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number : 010762301			
Tavernier	Date: 10/16/2024			
10300 SW 2016th Street	Fiscal Year End : N/A			
Miami, FL 331901003	Audit Status : N/A			

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	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
_	 Monroe		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



010762358 - 2024/10

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

		=	Medicaid Reimbursement Per	<u>r Diem Rat</u>	es for	Non	<u>-Institutional</u>	<u>Providers</u>			
Community Health of South Florida, Inc.				Provider Number : 010762358							
					Date : 10/16/2024						
72	727 Fort Street					Fisc	al Year End : I	N/A			
Ke	Key West, FL 33040-7307					Audi	it Status : N/A				
Pro	ovider T	уре:				(Current Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				173.63	181.62	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Ca	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate	Туре):				
'			Budget		>	X	Prospec	tive			
•			Unaudited costs				Total Pro	ospective			
•			Desk audited costs				Prospec	tive Adjusted for	New costs		
•			Field audited costs								
•			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Int	erim			
•			Average Nursing Home Rate				Settleme	ent based on cos	ts		
-			Monroe								
	Distr	ibution:		T. K. Fee	ehrer.				AV 1		
Fiscal Agent					emen	t Analyst Supe	ervisor	2K2			
	Contra	act Mana	gement	Medicaid	Progr	ram F	inance				
	Perma	anent File	e								
	Progra	am Deve	lopment:								



010762360 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		Medicald Reillibursement Fer Die	ili Nates IOI N	<u>On-mstitutionar</u>	FIOVILLEIS	
Commun	ity Health	Of South Dade, Inc	P	rovider Number :	010762360	
			D	ate : 10/16/2024		
14591 S	W 120th S	t	F	iscal Year End : I	N/A	
Miami, F	L 33186-8	3638	A	udit Status : N/A		
Provider	r Type:			Current Rate	New Rate	Effective Date
	Rural	Health Clinic			·	
	Swing	-Bed Provider				
X	Federa	ally Qualified Health Centers		173.63	181.62	10/01/2024
	Hospid	ce Provider				
	#00	651 / H51 Routine Home Care (1-60	0)			
	#00	651a / H5L Routine Home Care (61	+)			
	#0652 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA			
	#06	655 / H55 Inpatient Respite Care				
	#00	656 / H56 General Inpatient Care				
	#00	558 Room and Board				
E	Basis :		Rate Ty	pe:		
<u> </u>		∟ Budget	X	Prospec	tive	
-		Unaudited costs		 Total Pro	ospective	
		Desk audited costs		Prospec	tive Adjusted for	New costs
		Field audited costs				
		– Medicare - Prospective		Interim		
	X	Payment System Rate		Total Int	erim	
		– Average Nursing Home Rate		Settleme	ent based on cost	ts
		_ Dade				

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer, Senior Management Analyst Supervisor



010762366 - 2024/10

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

Community Health of South Florida, Inc Provider Number : 010762366 Date : 10/16/2024 Fiscal Year End : N/A Audit Status : N/A Provider Type:	Medicaid Reimbursement Pe	er Diem Rates for	r Non	-Institutional I	<u>Providers</u>				
228 Atlantic Blvd Key Largo, FL 33037-4331 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Desk audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Monroe Pistribution: Fiscal Agent Fiscal Agent Fiscal Agent Current Rate New Rate Fifective Date Effective Date Effective Date Fifective Date Fiscal Year End: N/A Audit Status: N/A Effective Date Effective Date Fiscal Year End: N/A Audit Status: N/A Audit Status: N/A Effective Date Fiscal Year End: N/A Audit Status: N/A Audit Status: N/A Effective Date Fiscal Year End: N/A Audit Status: N/A Audit Status: N/A Effective Date Fiscal Year End: N/A Audit Status: N/A Effective Date Fiscal Year End: Ni/A Audit Status: N/A Effective Date Fiscal Year End: Ni/A Audit Status: N/A Effective Date Fiscal Year End: Ni/A Interior Total Interior Total Interior Total Interior Settlement based on costs	Community Health of South Florida, Inc		Provider Number: 010762366						
Rey Largo, FL 33037-4331 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: New Rate Effective Date			Date : 10/16/2024						
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Monroe	228 Atlantic Blvd		Fisc	al Year End : N	I/A				
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 173.63 181.62 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	Key Largo, FL 33037-4331		Audi	it Status : N/A					
Swing-Bed Provider X Federally Qualified Health Centers 173.63 181.62 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :	Provider Type:		C	Current Rate	New Rate	Effective Date			
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective Total Prospective Adjusted for New costs	Rural Health Clinic								
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :	Swing-Bed Provider								
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :	X Federally Qualified Health Centers			173.63	181.62	10/01/2024			
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis:	Hospice Provider								
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	#0651 / H51 Routine Home Care	(1-60)							
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	#0651a / H5L Routine Home Car	re (61 +)							
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	#0652 / H52 Continuous Home C	Care							
#0656 / H56 General Inpatient Care #0658 Room and Board Basis :	#0551 / 0561 Continuous Home	Care - SIA							
#0658 Room and Board Basis :	#0655 / H55 Inpatient Respite Ca	are							
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Monroe Distribution: Fiscal Agent Rate Type: X Prospective Total Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor	#0656 / H56 General Inpatient Ca	are							
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Monroe Distribution: Fiscal Agent Rundited costs Fried audited costs Field audited costs Field audited costs Field audited costs Field audited costs Fried audited costs Fr	#0658 Room and Board								
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Monroe Distribution: Fiscal Agent Total Prospective Prospective Interim Settlement based on costs Total Prospective Prospective Seton New costs Prospective Prospective Seton New costs Total Prospective Prospective Seton New costs Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor	Basis :	Rate	Туре	·:					
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Monroe T. K. Feehrer, Senior Management Analyst Supervisor	Budget		Χ	Prospecti	ive				
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Monroe Distribution: Fiscal Agent Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor	Unaudited costs			Total Pro	spective				
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Monroe Distribution: Fiscal Agent Medicare - Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor	Desk audited costs			Prospect	ive Adjusted for	New costs			
X Payment System Rate Average Nursing Home Rate Monroe Distribution: Fiscal Agent Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor	Field audited costs								
Average Nursing Home Rate Monroe Distribution: Fiscal Agent Average Nursing Home Rate Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor	Medicare - Prospective			Interim					
Monroe Distribution: Fiscal Agent T. K. Feehrer, Senior Management Analyst Supervisor	X Payment System Rate			Total Inte	erim				
Fiscal Agent Senior Management Analyst Supervisor		•		Settleme	nt based on cost	is .			
			emen	t Analyst Supe	rvisor	111			
Contract Management Medicaid Program Finance	•	Medicaid Progr	ram F	inance					
Permanent File	•								
	Program Development:								



010930500 - 2024/10

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

		Medicaid Reimbursement Per	Diem	Rates for	r No	<u>n-Inst</u>	<u>itutional l</u>	<u>Providers</u>	
Center for Family & Child Enrichment, Inc.			Provider Number : 010930500						
					Da	te : 10	/16/2024		
18	25 NW 167th Str	reet, Suite 102			Fis	cal Ye	ar End : N	I/A	
Mia	ami Gardens, FL	330564838			Au	dit Sta	tus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic						,	
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers					163.41	170.93	10/01/2024
	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - S	IA					
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Ca	re						
	#06	658 Room and Board							
	Basis :	7		Rate	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		
	Х	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cost	ts
		Dade							
	Distribution	<u>.</u>	I T. K.	Feehrer,					1 / N
Fiscal Agent			Senic	r Manage			alyst Super	rvisor	1/h
	Contract Mana	agement	Medio	caid Prog	ram	Finan	ce		
	Permanent Fil	е							
	Program Deve	elopment:							



010946400 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL DOH Union County	Provider Number : 010946400
New River Community Health Care	Date: 10/16/2024
495 East Main Street	Fiscal Year End : N/A
Lake Butler, FL 320541731	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	123.92	157.27	10/01/2024
	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
	 Union	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



010946402 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem R	ates for	Nor	n-Institutional	<u>Providers</u>	
FI DOH Union County- Temple			Provider Number : 010946402						
			Date : 10/16/2024						
180	1801 N Temple Ave					Fisc	al Year End : N	I/A	
Sta	Starke, FL 320911960					Aud	it Status : N/A		
Pro	ovider T	ype:					Current Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				123.92	157.27	10/01/2024
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care (1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	552 / H52 Continuous Home Ca	are					
		#05	551 / 0561 Continuous Home C	are - SIA	4				
		#06	555 / H55 Inpatient Respite Car	re					
		#06	556 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Ba	sis :	7		Rate	Туре	e :		
١			Budget)	X	 Prospect	ive	
•			Unaudited costs	-			 Total Pro	spective	
•			Desk audited costs	-			Prospect	ive Adjusted for	New costs
•			Field audited costs	-					
•			Medicare - Prospective	-			Interim		
	•	X	Payment System Rate	-			Total Inte	erim	
			Average Nursing Home Rate Bradford	_			Settleme	nt based on cos	ds
		ibution:	<u> </u>		eehrer, Manage	emen	it Analyst Supe	rvisor	11/4
		act Mana	agement	Medica	aid Progr	ram F	Finance		
		anent File	-						
			elopment:						
		2010							



013881900 - 2024/10

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

-	<u>Medicaid Reimbursement Pei</u>	r Diem Rates foi	r No	on-Institutional	<u>Providers</u>		
Banyan Community	Health Center Inc-Coral Gables	S	Pro	ovider Number : 013881900			
			Da	ate: 10/16/2024			
6100 Blue Lagoon D	Or Ste 400		Fis	scal Year End : N	I/A		
Miami, FL 3312620	80		Au	ıdit Status : N/A			
Provider Type:				Current Rate	New Rate	Effective Date	
Rural H	lealth Clinic						
Swing-	Bed Provider						
X Federa	lly Qualified Health Centers			161.06	168.47	10/01/2024	
Hospic	e Provider						
#06	51 / H51 Routine Home Care ((1-60)					
#06	51a / H5L Routine Home Care	e (61 +)					
#06	52 / H52 Continuous Home Ca	are					
#05	51 / 0561 Continuous Home C	Care - SIA					
#06	55 / H55 Inpatient Respite Car	re					
#06	56 / H56 General Inpatient Ca	re					
#06	58 Room and Board						
Basis :]	Rate	Тур	pe:			
	Budget		X	Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
X	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	ts	
	Dade						
<u>Distribution:</u>		T. K. Feehrer,				A>/ A	
Fiscal Agent			eme	ent Analyst Supe	rvisor	水	

Medicaid Program Finance

Contract Management

Permanent File

Program Development:



013881902 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Banyan Community Health Center #2	Provider Number : 013881902
Banyan Health Systems, Inc	Date: 10/16/2024
6100 Blue Lagoon Dr Suite 400	Fiscal Year End : N/A
Miami, FL 331262080	Audit Status : N/A

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic		,	
	Swing-Bed Provider			
X	Federally Qualified Health Centers	161.06	168.47	10/01/2024
	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	F	Rate Type :	
	 Budget	'	Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Dade			_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor



013881906 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	es for N	on-Institutional	<u>Providers</u>	
Ва	nyan Community	/ Health Center-Miami		Pı	rovider Number :	013881906	
				D	ate : 10/16/2024		
10	NW 42nd Avenu	ıe		Fi	scal Year End : I	N/A	
Mia	ami, FL 33126			Aı	udit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	Rural I	Health Clinic				'	
	Swing	-Bed Provider					
	X Federa	ally Qualified Health Centers			161.06	168.47	10/01/2024
	Hospic	ce Provider					
	#06	651 / H51 Routine Home Care (1-60)				
	#06	651a / H5L Routine Home Care	(61 +)				
	#06	652 / H52 Continuous Home Ca	are				
	#0	551 / 0561 Continuous Home C	are - SIA				
	#06	655 / H55 Inpatient Respite Car	е				
	#06	656 / H56 General Inpatient Car	re				
	#06	658 Room and Board					
ſ	Basis :]		Rate Ty	pe:		
٠		⊐ Budget		Х	Prospec	tive	
•		Unaudited costs			Total Pro	ospective	
-		Desk audited costs			Prospec	tive Adjusted for	New costs
-		Field audited costs					
-		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Int	erim	
		Average Nursing Home Rate Dade			Settleme	ent based on cos	ts
	<u>Distribution</u>	<u>:</u>	T. K. Fee Senior Ma		ent Analyst Supe	ervisor	184
	Fiscal Agent	agement			n Finance		<i></i>
	Contract Mana Permanent Fil			Ü			
	Permanent Fil						
	r rogram Deve	лоритент.					



013881908 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem	Rates for	r No	n-Inst	itutional I	<u>Providers</u>	
Ва	nyan Community	Health Center Cutler Bay			Pro	ovider Number : 013881908			
					Dat	e : 10	/16/2024		
10	720 Carribbean E	Blvd			Fisc	cal Ye	ar End : N	/A	
Cu	tler Bay, FL 331	86			Aud	dit Sta	tus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural F	lealth Clinic							
	Swing-	Bed Provider							
	X Federa	lly Qualified Health Centers					161.06	168.47	10/01/2024
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	52 / H52 Continuous Home Ca	are						
	#05	51 / 0561 Continuous Home C	are - S	IA					
	#06	55 / H55 Inpatient Respite Car	re						
	#06	56 / H56 General Inpatient Ca	re						
	#06	58 Room and Board							
	Basis :]		Rate	Тур	e :]		
'		Budget			X		Prospecti	ve	
•		Unaudited costs					Total Pro	spective	
•		Desk audited costs					Prospecti	ve Adjusted for	New costs
		Field audited costs					-		
		Medicare - Prospective					Interim		
	X	Payment System Rate					Total Inte	rim	
		Average Nursing Home Rate					Settleme	nt based on cost	ts
		Dade					_		
	<u>Distribution:</u>			Feehrer,					AV 1
	Fiscal Agent				emei	nt Ana	alyst Super	rvisor	2h2
	Contract Mana	gement	Medic	caid Prog	ram	Finan	ce		
	Permanent File	e							
	Program Deve	lopment:							



013881915 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

modical Rollinguicomont For B	710111 1 (dt 000 101 1 1 t	<u> </u>	110110010	
Banyan Community Health Center Inc	Pro	Provider Number : 013881915		
	Da	Date : 10/16/2024		
1900 W Oakland Park Blvd, Ste 101 Fiscal Year End : N/A				
Lauderdale Lakes, FL 33313-1555	FL 33313-1555 Audit Status : N/A			
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				'
Swing-Bed Provider				

Гуре:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers	161.06	168.47	10/01/2024
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			
	Rural Health Clinic 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	Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers 161.06 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	Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers 161.06 168.47 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

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
	- Broward			•

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

JK4



014789100 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	0 101 N 01 F# # 0
Ft. Myers, FI 33908	Audit Status : N/A
16451 Healthpark Commons Dr Ste 200	Fiscal Year End : N/A
	Date : 10/16/2024
Lee Memorial Health System	Provider Number : 014789100

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



014789102 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r No	n-Inst	<u>titutional l</u>	<u>Providers</u>			
ee Memorial Hlth	System- Cape Coral		Provider Number : 014789102						
			Date: 10/16/2024						
O. Box 2147			Fise	cal Ye	ear End : N	/A			
ort Myers, FI 339	rt Myers, Fl 33902			dit Sta	itus : N/A				
rovider Type:				Curre	ent Rate	New Rate	Effective Date		
Rural	Health Clinic								
Swing	g-Bed Provider								
X Feder	ally Qualified Health Centers				127.02	157.27	10/01/2024		
Hosp	ice Provider								
#0	0651 / H51 Routine Home Care (1-60)							
#0	0651a / H5L Routine Home Care	(61 +)							
#0	0652 / H52 Continuous Home Ca	are							
#0	0551 / 0561 Continuous Home C	are - SIA							
#0	0655 / H55 Inpatient Respite Car	re							
#0	0656 / H56 General Inpatient Ca	re							
#0	0658 Room and Board								
Basis :		Rate	Тур	e :]				
	 Budget		Χ		Prospecti	ve			
	Unaudited costs				Total Pro	spective			
	Desk audited costs			Prospective Adjusted for New costs			New costs		
	Field audited costs				_				
	Medicare - Prospective				Interim				
Χ	Payment System Rate				Total Inte	rim			
	Average Nursing Home Rate				Settleme	nt based on cost	ts		
	Lee				_				
Distribution	<u>n:</u>	T. K. Feehrer,					A V / A		
Fiscal Agent		Senior Manag	emei	nt Ana	alyst Supe	visor	1/4×		
Contract Mar	nagement	Medicaid Prog	ram	Finan	ice				
Permanent F	ïle								
Program Dev	velopment:								



Permanent File

Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

014789104 - 2024/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for	r N	on-Institutio	nal l	<u>Providers</u>				
Lee Mem	norial Hlth	n System- #4			Р	rovider Numb	er:	014789104				
					D	ate : 10/16/2024						
P.O. Box	¢ 2147				Fi	iscal Year End	cal Year End : N/A					
Fort Mye	ers, FI 33	902			Α	udit Status : N	I/A					
Provide	r Type:					Current Ra	nt Rate	New Rate	Effective Date			
	Rural	Health Clinic										
	Swing	ing-Bed Provider										
X	Federally Qualified Health Centers					127	7.02	157.27	10/01/2024			
	Hosp	ice Provider										
	#0	651 / H51 Routine Home Care (1-60)										
	#0651a / H5L Routine Home Care #0652 / H52 Continuous Home C											
	are											
	are - SIA											
	#0655 / H55 Inpatient Respite Car											
	#0656 / H56 General Inpatient Car											
	#0	0658 Room and Board										
E	Basis :			Rate	Ту	rpe:						
		 Budget			Χ	Pros	Prospective					
		Unaudited costs				Total	Total Prospective					
		Desk audited costs				Pros	pect	ive Adjusted for	New costs			
		Field audited costs										
		Medicare - Prospective				Interi	m					
	Χ	Payment System Rate				Total	Inte	erim				
		Average Nursing Home Rate				Settle	eme	nt based on cost	is			
		Lee										
<u>Dis</u>	tributio	<u>n:</u>	l T. K. F∈	eehrer,					٨.٧٨			
Fisc	Fiscal Agent		Senior I	Manage		ent Analyst S	upe	rvisor	1/4°			
Cor	Contract Management			id Prog	rar	n Finance						



014789106 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	s for	r No	n-Institutional	<u>Providers</u>		
Lee	e Memorial Hea	Ith System	Provider Number: 014789106						
			Date : 10/16/2024						
404	40 Palm Beach	Blvd			Fisc	cal Year End : N	I/A		
Fo	rt Myers, FL 33	916			Auc	lit Status : N/A			
Pro	ovider Type:			С		Current Rate New Rate		Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Feder	ally Qualified Health Centers				127.02	157.27	10/01/2024	
	Hospi	ce Provider							
	#0	651 / H51 Routine Home Care (1-60)						
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	ire						
	#0	551 / 0561 Continuous Home C	are - SIA						
	#0	е							
	#0	е							
	#0	658 Room and Board							
ſ	Basis :	7	F	Rate	Тур	e :			
ן		 Budget			X	 Prospect	ive		
-		Unaudited costs				Total Prospective			
-		Desk audited costs				Prospect	Prospective Adjusted for New costs		
•		Field audited costs							
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				 Total Inte	erim		
-		Average Nursing Home Rate				Settleme	nt based on cost	s	
-		Lee							
	Distribution		T. K. Feel	nrer				A\/ A	
	Fiscal Agent	_			emer	nt Analyst Supe	rvisor	JK.2	
	Contract Man	agement	Medicaid I	Prog	ram	Finance		-	
	Permanent Fi	le							
	Program Dev	elopment:							



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

014789107 - 2024/10

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

Medicaid Reimbursement Per	Diem Rates for	· Noı	<u>n-Institutional I</u>	<u>Providers</u>				
Lee Memorial Health System-Bass Rd		Pro	rovider Number : 014789107					
		Dat	Pate: 10/16/2024					
PO Box 2147		Fisc	cal Year End : N	/A				
Fort Myers, FL 33902-2147		Auc	lit Status : N/A					
Provider Type:			Current Rate	New Rate	Effective Date			
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Centers			127.02	157.27	10/01/2024			
Hospice Provider								
#0651 / H51 Routine Home Care (1-60)							
#0651a / H5L Routine Home Care	(61 +)							
#0652 / H52 Continuous Home Ca	re							
#0551 / 0561 Continuous Home Ca	are - SIA							
#0655 / H55 Inpatient Respite Car	e							
#0656 / H56 General Inpatient Car	е							
#0658 Room and Board								
Basis :	Rate	Тур	e :					
Budget]	X	——— Prospecti	ve				
Unaudited costs			Total Prospective					
Desk audited costs			Prospecti	ve Adjusted for	New costs			
Field audited costs								
Medicare - Prospective			Interim					
X Payment System Rate			Total Inte	rim				
Average Nursing Home Rate			Settleme	nt based on cost	s			
Lee								
<u>Distribution:</u>	T. K. Feehrer,				NY J.			
Fiscal Agent			nt Analyst Super	visor	2/1/2			
Contract Management	Medicaid Progr	ram	Finance					
Permanent File								



014789110 - 2024/10

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

Rural Health Clinic Swing-Bed Provider							
Fiscal Year End : N/A Audit Status : N/A Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Fiscal Year End : N/A Audit Status : N/A Current Rate New Rate Effective II 127.02 157.27 10/01/2 157.27 10/01/2 157.27 10/01/2 Rate Type :	Provider Number : 014789110						
Fort Myers, FL 33972-7954 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	Date : 10/16/2024						
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:							
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 127.02 157.27 10/01/2 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:							
Swing-Bed Provider X Federally Qualified Health Centers 127.02 157.27 10/01/2 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	Effective Date						
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:							
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :							
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	7 10/01/2024						
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :							
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :							
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis: Rate Type:							
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis: Rate Type:							
#0656 / H56 General Inpatient Care #0658 Room and Board Basis: Rate Type:							
#0658 Room and Board Basis : Rate Type :							
Basis : Rate Type :							
Budget X Prospective							
Unaudited costs Total Prospective							
Desk audited costs Prospective Adjusted for New costs	r New costs						
Field audited costs							
Medicare - Prospective Interim							
X Payment System Rate Total Interim							
Average Nursing Home Rate Settlement based on costs	sts						
Lee							
Distribution: T. K. Feehrer,	A \						
Fiscal Agent Senior Management Analyst Supervisor	2K#_						
Contract Management Medicaid Program Finance							
Permanent File							
Program Development:							



014789112 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates f	or	Non	ı-Institutional I	<u>Providers</u>		
Le	e Memorial Heal	th System	Provider Number: 014789112						
			Date : 10/16/2024						
Р.(D. Box 2147			I	Fisc	al Year End : N	/A		
Fo	rt Myers, FL 339	902		,	Audi	it Status : N/A			
Pro	ovider Type:				(Current Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				127.02	157.27	10/01/2024	
	Hospid	ce Provider							
	#00	651 / H51 Routine Home Care (1-60)						
	#00	651a / H5L Routine Home Care	(61 +)						
	#00	652 / H52 Continuous Home Ca	re						
	#0	551 / 0561 Continuous Home Co	are - SIA						
	#00	е							
	#00	е							
	#00	658 Room and Board							
	Basis :	7	Rat	e T	Гуре	:			
'		⊐ Budget		Х	<	Prospecti	ve		
•		Unaudited costs				Total Pro	spective		
•		Desk audited costs				Prospect	Prospective Adjusted for New costs		
•		Field audited costs							
•		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	rim		
•		Average Nursing Home Rate				Settleme	nt based on cost	s	
•		Lee							
	Distribution	<u>.</u>	T. K. Feehre	r.				AV 1	
	Fiscal Agent				men	t Analyst Supe	rvisor	2K2	
	Contract Mana	agement	Medicaid Pro	gra	am F	inance			
	Permanent Fil	е							
	Program Deve	elopment:							



014789114 - 2024/10

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>			
ee Memorial Hea	alth System		Provider Number : 014789114						
			Date : 10/16/2024						
. O. Box 2147			Fis	scal Y	ear End : N	I/A			
ort Myers, FL 3	3902		Αι	ıdit Sta	atus : N/A				
rovider Type:				Curr	ent Rate	New Rate	Effective Date		
Rura	l Health Clinic								
Swin	g-Bed Provider								
X Fede	rally Qualified Health Centers				127.02	157.27	10/01/2024		
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							
#	re								
#	0656 / H56 General Inpatient Ca	re							
#	0658 Room and Board								
Basis :	7	Rate	Ту	pe:	7				
	 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 cost	ts		
	Lee				_				
Distributio	<u>n:</u>	T. K. Feehrer,					A \		
Fiscal Agent		Senior Manag	eme	ent An	alyst Supe	rvisor	1/4 ²		
Contract Ma	nagement	Medicaid Program Finance							
Permanent F	File								
Program De	velopment:								



014789116 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System -	Provider Number : 014789116
LCH- Peds Cape Coral	Date: 10/16/2024
PO Box 2147	Fiscal Year End : N/A
Fort Myers, FI 33902-2147	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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	lΓ	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
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



014789119 - 2024/10

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

Lee Memorial Health System Provider Number: 014789119 Date: 10/16/2024 Fiscal Year End: N/A Audit Status: N/A Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0654 / H55 Inpatient Respite Care #0655 / H56 General Inpatient Care #0655 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective X Prospective Total Prospective Adjusted for New costs			Medicaid Reimbursement Per	Diem Rate	es for	r No	n-Ins	<u>titutional l</u>	<u>Providers</u>			
Fiscal Year End : N/A Audit Status : N/A Provider Type: Current Rate Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Pistribution: Fiscal Agent Contract Management Permanent File Current Rate New Rate Effective Date Effective Date Rate Type: Rate Type: X Prospective Total Prospective Interim Settlement based on costs Total Interim Settlement based on costs	Le	e Memorial Heal	th System		Provider Number: 014789119							
Fort Myers, FL 33902 Audit Status: N/A Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Lee Pistribution: Fiscal Agent Contract Management Permanent File Provider Rural Health Clinic Current Rate New Rate Effective Date Effective Date Effective Date Effective Date Effective Date Effective Date Field audited Costs Total Prospective Interim Total Interim Settlement based on costs Total Prospective Average Nursing Home Rate Lee Total Interim Settlement based on costs Medicaid Program Finance						Date : 10/16/2024						
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Pistribution: Fiscal Agent Contract Management Permanent File Rural Health Clinic Stripe : Current Rate New Rate Effective Date Fiscal New Rate 127.02 157.27 10/01/2024 10/01/2	Р.0	D. Box 2147				Fis	cal Ye	ear End : N	/A			
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 127.02 157.27 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective X Prospecti	Fo	rt Myers, FL 339	902			Au	dit Sta	itus : N/A				
Swing-Bed Provider X Federally Qualified Health Centers 127.02 157.27 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective X Pr	Pro	ovider Type:					Current Rate		New Rate	Effective Date		
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :		Rural	Health Clinic									
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :		Swing	-Bed Provider									
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		X Federa	ally Qualified Health Centers					127.02	157.27	10/01/2024		
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Hospi	ce Provider									
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#00	651 / H51 Routine Home Care (1-60)								
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#00	651a / H5L Routine Home Care	(61 +)								
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#00	652 / H52 Continuous Home Ca	are								
#0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#0	are - SIA									
#0658 Room and Board Basis :		#00	re									
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#00	656 / H56 General Inpatient Ca	re								
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Rock audited costs Frospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#00	658 Room and Board									
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Prospective Adjusted for New costs Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Basis :	7		Rate	Тур	oe:]				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	,		Budget	-		Χ		Prospecti	ve			
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Unaudited costs	<u> </u>				Total Pro	spective			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Desk audited costs	_				Prospective Adjusted for New costs				
X Payment System Rate Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Field audited costs					_				
Average Nursing Home Rate Lee Distribution: Fiscal Agent Contract Management Permanent File Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Medicare - Prospective					Interim				
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Χ	Payment System Rate					Total Inte	rim			
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance			_					Settleme	nt based on cost	is .		
Contract Management Medicaid Program Finance Permanent File		'	<u>:</u>			eme	nt Ana	alyst Supe	visor	111		
Permanent File		<u>-</u>	agement	Medicaid	Prog	ram	Finar	ice				
r rogram Development.												



014789121 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates for	Non-	Institutional I	<u>Providers</u>				
Le	e Memorial Healt	th	Provider Number: 014789121							
			Date : 10/16/2024							
Ρ.(O. Box 2147			Fisca	l Year End : N	I/A				
Fo	rt Myers, FL 339	002	Audit Status : N/A							
Pr	ovider Type:				urrent Rate	New Rate	Effective Date			
	Rural I	lealth Clinic								
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers			127.02	157.27	10/01/2024			
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1-60)							
	#06	551a / H5L Routine Home Care	(61 +)							
	#06	552 / H52 Continuous Home Ca	ire							
	#05	551 / 0561 Continuous Home C	are - SIA							
	#06	655 / H55 Inpatient Respite Car	e							
	#06	556 / H56 General Inpatient Car	'e							
	#06	558 Room and Board								
	Basis :]	Rate 1	Гуре	:					
		Budget	×	<	Prospecti	ive				
•		Unaudited costs			Total Pro	spective				
		Desk audited costs			Prospective 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			
		Charlotte								
	Distribution	<u>.</u>	T. K. Feehrer,				1V.1			
	Fiscal Agent		Senior Manage			rvisor	2/12			
	Contract Mana	agement	Medicaid Progra	am Fi	inance					
	Permanent File	е								
	Program Deve	elopment:								



014789124 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health	Provider Number : 014789124
LCH-PEDS PC#1	Date: 10/16/2024
PO Box 2147	Fiscal Year End : N/A
Fort Myers, FL 33902	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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
	 Charlotte		-

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



014789126 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Ra	tes for No	on-Institutional	<u>Providers</u>	
Le	e Memorial Healt	h System		Pro	ovider Number :	014789126	
				Da	ite: 10/16/2024		
Р.(D. Box 2147			Fis	scal Year End : N	I/A	
Fo	rt Myers, FL 339	02		Au	udit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	Rural H	lealth Clinic				1	
	Swing-	Bed Provider					
	X Federa	lly Qualified Health Centers			127.02	157.27	10/01/2024
	Hospic	e Provider					
	#06	51 / H51 Routine Home Care (1-60)				
	#06	51a / H5L Routine Home Care	(61 +)				
	#06	52 / H52 Continuous Home Ca	ire				
	#05	51 / 0561 Continuous Home C	are - SIA				
	#06	55 / H55 Inpatient Respite Car	е				
	#06	56 / H56 General Inpatient Car	е				
	#06	58 Room and Board					
	Basis :	1		Rate Typ	pe:		
,		Budget	-	Х	Prospect	ive	
•		Unaudited costs	_		Total Pro	spective	
•		Desk audited costs	-		Prospect	ive Adjusted for	New costs
•		Field audited costs	-				
•		Medicare - Prospective			Interim		
	X	Payment System Rate			Total Inte	erim	
•		Average Nursing Home Rate			Settleme	nt based on cost	is
•		Lee					
	<u>Distribution:</u>		I T. K. Fe	ehrer,			AV 1
	Fiscal Agent		Senior I	Manageme	ent Analyst Supe	rvisor	2/1/2
	Contract Mana	gement	Medicai	id Program	Finance		
	Permanent File	е					
	Program Deve	lopment:					



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

014789128 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	r	Non	ı-Institutional I	<u>Providers</u>		
Lee Memo	orial Health System			Prov	vider Number :	014789128		
			Ī	Date	ate : 10/16/2024			
P.O. Box 2	2147		Ī	Fisc	al Year End : N	/A		
Fort Myers	s, FL 33902		4	Aud	it Status : N/A			
Provider ⁻	Туре:			(Current Rate	New Rate	Effective Date	
	Rural Health Clinic						ı	
	Swing-Bed Provider							
Х	Federally Qualified Health Centers				127.02	157.27	10/01/2024	
	Hospice Provider							
	#0651 / H51 Routine Home Care (1-60)						
	#0651a / H5L Routine Home Care	(61 +)						
	#0652 / H52 Continuous Home Ca	ire						
	#0551 / 0561 Continuous Home C	are - SIA						
	#0655 / H55 Inpatient Respite Car	е						
	#0656 / H56 General Inpatient Car	е						
	#0658 Room and Board							
Ва	asis :	Rate	7	Гуре) :			
	Budget		Х	(Prospecti	ve		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				Prospecti	ve Adjusted for	New costs	
	Field audited costs							
	Medicare - Prospective	-			Interim			
	X Payment System Rate				Total Inte	rim		
	Average Nursing Home Rate				Settleme	nt based on cost	s	
	Lee							
<u>Dist</u> ı	ribution:	T. K. Feehrer,					ΛV.Λ	
Fisca	al Agent	Senior Manage	_		t Analyst Supe	visor	1/4 ²	
Conti	ract Management	Medicaid Prog	ra	am F	inance			
Perm	nanent File							



Permanent File

Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

014789130 - 2024/10

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

	Medicaid Reimbursement Pe	er Diem Rates for N	lon-Institutional	<u>Providers</u>		
Lee Mem	orial Health System	F	Provider Number :	014789130		
			Date : 10/16/2024			
P. O. Box	2147	F	Fiscal Year End : N/A			
Fort Myer	rs, FL 33902	_	Audit Status : N/A			
Provider	Type:		Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers		127.02	157.27	10/01/2024	
	Hospice Provider					
	#0651 / H51 Routine Home Care	(1-60)				
	#0651a / H5L Routine Home Car	re (61 +)				
	#0652 / H52 Continuous Home C	Care				
	#0551 / 0561 Continuous Home	Care - SIA				
	#0655 / H55 Inpatient Respite Ca	are				
	#0656 / H56 General Inpatient Ca	are				
	#0658 Room and Board					
В	asis:	Rate T	ype:			
	Budget	x	Prospect	ive		
	Unaudited costs		Total Pro	spective		
	Desk audited costs		Prospect	ive Adjusted for	New costs	
	Field audited costs					
	Medicare - Prospective		Interim			
	X Payment System Rate		Total Inte	erim		
	Average Nursing Home Rate		Settleme	nt based on cos	ts	
	Lee					
Dist	ribution:	T. K. Feehrer,			٨٧.٨	
Fisca	al Agent		nent Analyst Supe	rvisor	1/ht	
Cont	tract Management	Medicaid Progra	m Finance			



014789131 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789131
LCH Pediatric Neurological Health	Date : 10/16/2024
P.O. Box 2147	Fiscal Year End : N/A
Fort Myers, FL 33902	Audit Status : N/A

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic		,	
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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 1	Гуре :]
	 Budget	X	<	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	Average Nursing Home Rate			Settlement based on costs
	Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





014789135 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789135
Lee Community Healthcare	Date: 10/16/2024
16230 Summerlin Rd Ste 215	Fiscal Year End : N/A
Fort Myers, FL 33908	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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	lΓ	Rate Type :	
	 Budget	-	X	Prospective
	Unaudited costs	-		Total Prospective
	Desk audited costs	-		Prospective Adjusted for New costs
	Field audited costs	-		_
	Medicare - Prospective	-		 Interim
X	Payment System Rate	_		Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	 Lee	-		_

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

pervisor JA



014789136 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789136		
Lee Community Healthcare	Date : 10/16/2024		
15901 Bass Rd Ste 102	Fiscal Year End : N/A		
Fort Myers, FL 33908	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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	lΓ	Rate Type :	
	 Budget	-	X	Prospective
	Unaudited costs	-		Total Prospective
	Desk audited costs	-		Prospective Adjusted for New costs
	Field audited costs	-		_
	Medicare - Prospective	-		 Interim
X	Payment System Rate	_		Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

AXA.



014789137 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789137
Lee Community Healthcare	Date : 10/16/2024
15901 Bass Rd Ste 102	Fiscal Year End : N/A
Fort Myers, FL 33908	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

SKA



014789138 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789138
Lee Community Healthcare	Date: 10/16/2024
16230 Summerlin Rd Ste 215	Fiscal Year End : N/A
Fort Myers, FL 33908	Audit Status : N/A

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic		,	
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,



014789139 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789139
Lee Community Healthcare	Date: 10/16/2024
16230 Summerlin Rd Ste 215	Fiscal Year End : N/A
Fort Myers, FL 33908	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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	lΓ	Rate Type :	
	 Budget	-	X	Prospective
	Unaudited costs	-		Total Prospective
	Desk audited costs	-		Prospective Adjusted for New costs
	Field audited costs	-		_
	Medicare - Prospective	-		 Interim
X	Payment System Rate	_		Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	 Lee	-		_

 $\underline{\textbf{Distribution:}}$

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

SXA



014789140 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789140
Lee Community Healthcare	Date: 10/16/2024
16281 Bass Rd Ste 304	Fiscal Year End : N/A
Fort Myers, FL 33908-9687	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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 1	Гуре :]
	 Budget	X	<	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

JK4



014789147 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789147		
Lee Community Healthcare	Date: 10/16/2024		
8960 Colonial Center Dr, Ste 202	Fiscal Year End : N/A		
Fort Myers, FL 33905-7810	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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	lΓ	Rate Type :	
	 Budget	-	X	Prospective
	Unaudited costs	-		Total Prospective
	Desk audited costs	-		Prospective Adjusted for New costs
	Field audited costs	-		_
	Medicare - Prospective	-		 Interim
X	Payment System Rate	_		Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



014789148 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789148
Lee Community Healthcare	Date: 10/16/2024
8960 Colonial Center Dr, Ste 302	Fiscal Year End : N/A
Fort Myers, FL 33905-7810	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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 1	Гуре :]
	 Budget	X	<	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,



014789151 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789151
Lee Community Healthcare	Date : 10/16/2024
3415 Lee blvd	Fiscal Year End : N/A
Lehigh Acres , FI 33971-1576	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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 1	Гуре :]
	 Budget	X	<	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

t Supervisor



014789152 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789152
Lee Community Healthcare	Date : 10/16/2024
8925 Colonial Center Dr.	Fiscal Year End : N/A
Fort Myers , FL 33905-7813	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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 1	Гуре :]
	 Budget	X	<	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,



014789155 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789155
Lee Community Healthcare	Date : 10/16/2024
3501 Health Center Blvd Ste 2190	Fiscal Year End : N/A
Estero, FL 34135-8133	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,



014789157 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789157
Lee Community Healthcare	Date: 10/16/2024
5216 Clayton Ct	Fiscal Year End : N/A
Fort Myers, FL 33907-2116	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



014789158 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789158
Lee Community Healthcare	Date: 10/16/2024
9800 S Healthpark Dr, Ste 108	Fiscal Year End : N/A
Fort Myers, FL 33908-3630	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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	lΓ	Rate Type :	
	 Budget	-	X	Prospective
	Unaudited costs	-		Total Prospective
	Desk audited costs	-		Prospective Adjusted for New costs
	Field audited costs	-		_
	Medicare - Prospective	-		 Interim
X	Payment System Rate	_		Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



014789160 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789160
Lee Community Healthcare	Date: 10/16/2024
12600 Creekside Ln Ste 2	Fiscal Year End : N/A
Fort Myers, FL 33919-3353	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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 1	Гуре :]
	 Budget	X	<	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



014789161 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789161
Lee Community Healthcare	Date : 10/16/2024
2780 Cleveland Ave Ste 809	Fiscal Year End : N/A
Fort Myers, FL 33901-5817	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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 1	Гуре :]
	 Budget	X	<	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Lee	-		_

 $\underline{\textbf{Distribution:}}$

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

1X4



014789165 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789165
Lee Community Healthcare	Date: 10/16/2024
15901 Bass Rd Ste 100	Fiscal Year End : N/A
Fort Myers, FL 33908-3838	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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	lΓ	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
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

SKA



014789168 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789168
Lee Community Healthcare	Date: 10/16/2024
708 Del Prado Blvd S, Ste 7	Fiscal Year End : N/A
Cape Coral, FL 33990-2676	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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	lΓ	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
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



014789169 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health Center	Provider Number : 014789169
Lee Memorial Health System	Date: 10/16/2024
8960 Colonial Center Dr, Ste 302	Fiscal Year End : N/A
Fort Myers, FL 33905-7810	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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 1	Гуре :]
	 Budget	X	<	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



014789172 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789172
Lee Community Healthcare	Date: 10/16/2024
12651 Whitehall Dr	Fiscal Year End : N/A
Fort Myers, FL 33907-3626	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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	lΓ	Rate Type :	
	 Budget	-	X	Prospective
	Unaudited costs	-		Total Prospective
	Desk audited costs	-		Prospective Adjusted for New costs
	Field audited costs	-		_
	Medicare - Prospective	-		 Interim
X	Payment System Rate	_		Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

- AXA



014789175 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789175
Lee Community Healthcare	Date : 10/16/2024
5225 Clayton Ct	Fiscal Year End : N/A
Fort Myers, FL 33907-2117	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	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 1	Гуре :]
	 Budget	X	<	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	Average Nursing Home Rate			Settlement based on costs
	Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,



014789177 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789177
Lee Community Healthcare	Date : 10/16/2024
8960 Colonial Center Dr, Ste 300	Fiscal Year End : N/A
Fort Myers, FL 33905-7810	Audit Status : N/A

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic		,	
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



014789180 - 2024/10

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

		Medicaid Reimbursement Per	Diem	Rates for	· No	n-Inst	itutional I	<u>Providers</u>	
Le	e Memorial Hea	alth System			Pro	ovider	Number :	014789180	
					Da	te : 10	/16/2024		
930 S Main St			Fis	cal Ye	ar End : N	/A			
Lal	pelle, FL 3393	5-4448			Au	dit Sta	tus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rura	l Health Clinic							
	Swin	g-Bed Provider							
	X Fede	rally Qualified Health Centers					127.02	157.27	10/01/2024
	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 - S	IA					
#0655 / H55 Inpatient Respite Ca			re						
	#	0656 / H56 General Inpatient Ca	re						
	#	0658 Room and Board							
	Basis :			Rate	Тур	oe :]		
,		 Budget			X		Prospecti	ve	
•		Unaudited costs					Total Pro	spective	
•		Desk audited costs					Prospecti	ve Adjusted for	New costs
•		Field audited costs					_		
		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	rim	
		Average Nursing Home Rate					Settleme	nt based on cost	s
		Hendry					_		
	Distributio	n:	_ тк	Feehrer,					A \
	Fiscal Agent				eme	nt Ana	alyst Super	visor	4
	Contract Ma	nagement	Medio	caid Prog	ram	Finan	ce		
	Permanent F	File							
	Program De	velopment:							



014789182 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lee Memorial Health System	Provider Number : 014789182
Lee Community Healthcare	Date: 10/16/2024
1569 Matthew Dr	Fiscal Year End : N/A
Fort Myers , FL 33907-1734	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	127.02	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



017234400 - 2024/10

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

Medicaid Reimbursement Per	r Diem Rates for No	on-Institutional	<u>Providers</u>	
Agape Comm Hlth Ctr-King St	Pr	ovider Number :	017234400	
	Da	ate: 10/16/2024		
120 King St	Fis	scal Year End : N	I/A	
Jacksonville, FI 32204	Αι	ıdit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		138.47	157.27	10/01/2024
Hospice Provider				
#0651 / H51 Routine Home Care	(1-60)			
#0651a / H5L Routine Home Care	e (61 +)			
#0652 / H52 Continuous Home C	are			
#0551 / 0561 Continuous Home C	Care - SIA			
#0655 / H55 Inpatient Respite Ca	re			
#0656 / H56 General Inpatient Ca	re			
#0658 Room and Board				
Basis :	Rate Ty	pe:		
Budget	X	Prospect	ive	
Unaudited costs		Total Pro	spective	
Desk audited costs		Prospect	ive Adjusted for	New costs
Field audited costs				
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte	erim	
Average Nursing Home Rate		Settleme	nt based on cost	is
Duval				
<u>Distribution:</u>	T. K. Feehrer,			AV 1
Fiscal Agent	Senior Manageme	ent Analyst Supe	rvisor	2/42
Contract Management	Medicaid Program	r Finance		
Permanent File				
Program Development:				



017234402 - 2024/10

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

		-	Medicaid Reimbursement Pe	<u>r Diem Rat</u>	es for N	lon-Ins	titutional	<u>Providers</u>	
Ag	ape Cor	nmunity	Health-Jacksonville		P	rovider	Number :	017234402	
					D	ate : 10	0/16/2024		
51	50 Timu	quana R	d		F	iscal Y	ear End : N	I/A	
Jac	ksonvill	e, Fl 322	210		Α	udit St	atus : N/A		
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				138.47	157.27	10/01/2024
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care	(1-60)					
		#06	51a / H5L Routine Home Care	e (61 +)					
		#06	52 / H52 Continuous Home C	are					
		#05	51 / 0561 Continuous Home C	Care - SIA					
		#06	55 / H55 Inpatient Respite Ca	re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Ва	sis :]		Rate Ty	ype:			
,			Budget		Х		Prospect	ive	
•			Unaudited costs				Total Pro	spective	
•			Desk audited costs				Prospect	ive Adjusted for	New costs
•			Field audited costs				_		
•			Medicare - Prospective				 Interim		
		Χ	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	ts
			Duval						
	<u>Dist</u> r	ibution:		T. K. Fee	hrer.				A \
		Agent				nent An	alyst Supe	rvisor	2K2
	Contra	act Mana	gement	Medicaid	Progra	m Fina	nce		
	Perma	anent File	Э						
	Progra	am Deve	lopment:						



017234409 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Agape Community Health Center Inc	Provider Number : 017234409		
Agape Community Health Center South Jax	Date : 10/16/2024		
120 King Street	Fiscal Year End : N/A		
Jacksonville, FL 32204	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	138.47	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

SKA



017234417 - 2024/10

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

		Medicaid Reimbursement Pe	r Diem Ra	ates for	r No	n-Insti	itutional	<u>Providers</u>	
Ag	ape Comm	nunity Health Center Inc.			Pro	vider l	Number :	017234417	
					Dat	te : 10/	16/2024		
188	30 W. Edg	ewood Ave.			Fisc	cal Ye	ar End : N	I/A	
Jac	ksonville,	FL 32208			Aud	dit Stat	us : N/A		
Pro	ovider Typ	pe:				Curre	nt Rate	New Rate	Effective Date
	F	Rural Health Clinic						,	
	S	Swing-Bed Provider							
	X F	ederally Qualified Health Centers					138.47	157.27	10/01/2024
	F	lospice Provider							
		#0651 / H51 Routine Home Care	(1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home C	are						
		#0551 / 0561 Continuous Home C	Care - SIA						
		#0655 / H55 Inpatient Respite Ca	re						
		#0656 / H56 General Inpatient Ca	re						
		#0658 Room and Board							
	Basis	3 :		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 cos	ts
		Duval							
	Distrib	ution:	I T. K. Fe	eehrer.					A)/ /
	Fiscal A	gent			emei	nt Ana	lyst Supe	rvisor	2/1/24
	Contrac	t Management	Medica	id Progi	ram	Finan	ce		
	Perman	ent File							
	Program	Development:							



017234419 - 2024/10

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

		_	Medicaid Reimbursement Per	r Diem F	Rates for	r No	<u>on-Ins</u>	titutional	<u>Providers</u>			
Ag	ape Com	nmunity l	Health Center			Pr	ovider	Number :	017234419			
						Da	pate : 10/16/2024					
P.C). Box 17	7249				Fi	scal Ye	ear End : N	I/A			
Belfast, ME 04915					Αι	udit Sta	atus : N/A					
Pro	ovider T	уре:					Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					138.47	157.27	10/01/2024		
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care	(1-60)								
		#06	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home C	are								
		#05	51 / 0561 Continuous Home C	Care - SI	A							
		#06	55 / H55 Inpatient Respite Ca	re								
		#06	56 / H56 General Inpatient Ca	re								
		#06	58 Room and Board									
	Bas	sis :]		Rate	Ту	pe:	7				
'			Budget	'		X		Prospect	ive			
•			Unaudited costs	•				Total Pro	spective			
•			Desk audited costs	'				- Prospect	ive Adjusted for	New costs		
•			Field audited costs					_				
•			Medicare - Prospective					Interim				
)	X	Payment System Rate					Total Inte	erim			
•			Average Nursing Home Rate					Settleme	nt based on cos	ts		
-			Duval					_				
	Distri	bution:		L T. K. F	eehrer,					A)/ /		
	Fiscal	Agent				eme	ent An	alyst Supe	rvisor	2K2		
	Contra	act Mana	gement	Medic	aid Prog	ran	n Finar	nce				
	Perma	anent File	e									
	Progra	am Deve	lopment:									



017234422 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem Rate	es for No	on-Institutio	onal I	<u>Providers</u>	
Ag	ape Cor	nmunity l	Health Center		Pr	ovider Num	ber :	017234422	
					Da	ate: 10/16/2	2024		
РС	Box 17	249			Fis	scal Year Er	nd : N	/A	
Ве	fast, ME	04915			Au	ıdit Status :	N/A		
Pro	vider T	ype:				Current R	ate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers			13	38.47	157.27	10/01/2024
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care (1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Car	re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
[Ва	sis :]		Rate Ty _l	pe:			
٠			Budget		Х	Pros	specti	ve	
-			Unaudited costs	<u>-</u>		 Tota	al Pro	spective	
•			Desk audited costs			Pros	specti	ve Adjusted for	New costs
•			Field audited costs						
•			Medicare - Prospective			Inte	rim		
		X	Payment System Rate			Tota	al Inte	rim	
			Average Nursing Home Rate			Sett	leme	nt based on cost	s
			Duval						
	Distr	ibution:		T. K. Fee					۸٧.٨
	Fiscal	Agent				ent Analyst S	Supe	visor	2/1/2
	Contr	act Mana	gement	Medicaid	Program	r Finance			
	Perma	anent File	Э						
	Progr	am Deve	lopment:						



017234424 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Agape Community Health Center, Inc	Provider Number : 017234424		
Agape Community Health Center, Inc	Date : 10/16/2024		
5300 N Pearl St	Fiscal Year End : N/A		
Jacksonville, FL 32208-5119	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	138.47	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



020530900 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Primary Care Medical Services of Poinciana	Provider Number : 020530900
Osceola Community Health Services	Date: 10/16/2024
1875 Fortune Rd	Fiscal Year End : N/A
Kissimmee, FL 34744	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	140.00	157.27	10/01/2024
	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	F	Rate Type :	7
	 Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	Osceola			_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,



020530902 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Primary Care Medical Services Of Poinciana	Provider Number : 020530902
Osceola Community Health Services	Date: 10/16/2024
1050 Grape Ave	Fiscal Year End : N/A
Saint Cloud , FL 34769-3965	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	140.00	157.27	10/01/2024
	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	F	Rate Type :	7
	 Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	Osceola			_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



020530904 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Primary Care Medical Services of Poinciana	Provider Number : 020530904
Osceola Community Health Services	Date : 10/16/2024
109 N Doverplum Ave	Fiscal Year End : N/A
Kissimmee, FL 34758-3309	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	140.00	157.27	10/01/2024
	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
	— Osceola		

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,



020530906 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	cald Relilibursement Fer Die						
Primary Care Medical Services of Poinciana Prov		ovider Number : 020530906					
Osceola Community Health Services			Da	ate : 10/16/2024			
1703 Business Center Lr	ı		Fis	cal Year End : N	I/A		
Kissimmee, FL 34758-1	801		Au	dit Status : N/A			
Provider Type:				Current Rate	New Rate	Effective Dat	
Rural Healtl	n Clinic				ı		
Swing-Bed	Provider						
X Federally Q	ualified Health Centers			140.00	157.27	10/01/202	
Hospice Pro	ovider						
#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 R	oom and Board						
Basis :		Rate	Тур	pe:			
Buc	lget		X	Prospect	ive		
Una	audited costs			Total Pro	spective		
Des	sk audited costs	-		Prospect	ive Adjusted for	New costs	
Fiel	d audited costs						
Med	dicare - Prospective			Interim			
X Pay	ment System Rate			Total Inte	erim		
Ave	rage Nursing Home Rate			Settleme	nt based on cost	s	
	Osceola			<u></u>			
Diotribtio	_						
<u>Distribution:</u>		. K. Feehrer, enior Manage				$\Lambda V J$	

Contract Management Permanent File **Program Development:**

Medicaid Program Finance



020530908 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Primary Care Medical Services Of Poinciana	Provider Number : 020530908
Osceola Community Health Services	Date: 10/16/2024
1501 Bill Beck Blvd # 1507	Fiscal Year End : N/A
Kissimmee , FL 34744-9516	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	140.00	157.27	10/01/2024
	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
	— Osceola		

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



020530909 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Primary Care Medical Services Of Poinciana	Provider Number : 020530909	
Osceola Community Health Services	Date : 10/16/2024	
8600 W Irlo Bronson Memorial Hwy	Fiscal Year End : N/A	
Kissimmee, FL 34747-1001	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	140.00	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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





020530912 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Primary Care Medical Services Of Poinciana	Provider Number : 020530912	
Osceola Community Health Services	Date : 10/16/2024	
1875 Fortune Rd Bldg 1	Fiscal Year End : N/A	
Kissimmee, FL 34744-4428	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	140.00	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,



020530913 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dravidar Type:	Current Data New Data Effective Data			
Kissimme , FL 34744-4674	Audit Status : N/A			
2622 Simpson Rd	Fiscal Year End : N/A			
Osceola Community Health Services	Date : 10/16/2024			
Primary Care Medical Services Of Poinciana	Provider Number : 020530913			

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	140.00	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



020530914 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Primary Care Medical Services of Poinciana	Provider Number : 020530914
Osceola Community Health Services	Date : 10/16/2024
4303 Cameron Preserve Cir	Fiscal Year End : N/A
Kissimme , FL 34746-6304	Audit Status : N/A

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	140.00	157.27	10/01/2024
	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
	Osceola		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

SKA



020530915 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Primary Care Medical Services Of Poinciana	Provider Number : 020530915
Osceola Community Health Services	Date: 10/16/2024
206 Park Place Blvd	Fiscal Year End : N/A
Kissimmee, FL 34741-2344	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	140.00	157.27	10/01/2024
	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	F	Rate Type :	7
	 Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	Osceola			_

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



020530916 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Primary Care Medical Services of Poinciana	Provider Number : 020530916
Osceola Community Health Services	Date: 10/16/2024
201 Hilda St	Fiscal Year End : N/A
Kissimmee , FL 34741-2359	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	140.00	157.27	10/01/2024
	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
	— Osceola		

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



022558500 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicala Remisarsement i el Siem	itatos for ita	m motitutionar	<u> TOVIGOIS</u>		
Whole Family Health Center		Pro	ovider Number : 022558500			
		Da	te: 10/16/2024			
603 North	Indian River Dr Ste 102	Fis	scal Year End : N	I/A		
Fort Pierce	e, FL 34950-3057	Audit Status : N/A				
Provider [*]	Туре:		Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers		142.52	157.27	10/01/2024	

#0651 / H51 Routine Home Care (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

Hospice Provider

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





022558502 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r Noı	n-Institutional I	<u>Providers</u>				
Whole Family Heal	th Center		Pro	vider Number :	022558502				
			Dat	e : 10/16/2024					
981 37th Place			Fiscal Year End : N/A						
Vero Beach, FL 32	960-6541		Auc	dit Status : N/A					
Provider Type:				Current Rate	New Rate	Effective Date			
Rural I	lealth Clinic				,				
Swing-	-Bed Provider								
X Federa	Illy Qualified Health Centers			142.52	157.27	10/01/2024			
Hospid	ce Provider								
#06	651 / H51 Routine Home Care (1-60)							
#06	651a / H5L Routine Home Care	(61 +)							
#06	552 / H52 Continuous Home Ca	are							
#05	551 / 0561 Continuous Home C	are - SIA							
#06	655 / H55 Inpatient Respite Car	. e							
#06	656 / H56 General Inpatient Car	re							
#06	558 Room and Board								
Basis :	7	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	s			
	St Lucie								
Distribution	<u>.</u>	T. K. Feehrer,				٨٧.٨			
Fiscal Agent				nt Analyst Supe	rvisor	2ht			
Contract Mana	agement	Medicaid Prog	gram	Finance					
Permanent Fil	е								
Program Deve	elopment:								



022558504 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rat	tes for	Non-	<u>Institutional l</u>	<u>Providers</u>			
Wŀ	ole Family Heal	th Center, Inc.			Provi	ider Number :	022558504			
					Date	: 10/16/2024				
12	55 37th St, Ste C	;	Fiscal Year End : N/A							
Ve	ro Beach, FL 32	960-6550	Audit Status : N/A							
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				142.52	157.27	10/01/2024		
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SIA							
	#06	655 / H55 Inpatient Respite Car	·e							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
[Basis :	7		Rate 1	Гуре	:				
٠		Budget		×	<	Prospect	ve			
•		Unaudited costs				 Total Pro	spective			
•		Desk audited costs				Prospect	ve Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
		Average Nursing Home Rate Indian River	-			Settleme	nt based on cost	is .		
	<u>Distribution</u>	<u>:</u>	T. K. Fee Senior M		ment	Analyst Supe	visor	184		
	Fiscal Agent Contract Mana	agement	Medicaio							
	Permanent Fil			-						
	Program Deve									
	i rogram Deve	nopilioni.								



022558506 - 2024/10

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

		-	Medicaid Reimbursement Per	r Diem Rate	es for	Non	<u>-Institutional</u>	<u>Providers</u>		
Wh	ole Fam	nily Healt	h Center, Inc.			Prov	ider Number :	022558506		
						Date	: 10/16/2024			
82	7 18th S	t		Fiscal Year End : N/A						
Ve	ro Beach	n, FL 32	960-6481			Audi	t Status : N/A			
Pro	ovider T	уре:				C	Current Rate	New Rate	Effective Date	
		Rural F	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				142.52	157.27	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	are							
		#05	are - SIA							
		#06	55 / H55 Inpatient Respite Ca	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate 1	Туре	:			
י			Budget		×	X	Prospect	ive		
-			Unaudited costs				Total Pro	spective		
•			Desk audited costs				Prospect	ive Adjusted for	New costs	
-			Field audited costs							
-			Medicare - Prospective				Interim			
	2	X	Payment System Rate				Total Inte	erim		
_			Average Nursing Home Rate				Settleme	nt based on cost	ts	
			Indian River							
	Distri	ibution:		T. K. Fee	hrer,				1V.1	
	Fiscal	Agent				men	t Analyst Supe	rvisor	2/1/2	
	Contra	act Mana	gement	Medicaid	Progra	am F	inance			
	Perma	anent File	e							
	Progra	am Deve	lopment:							



022558508 - 2024/10

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

			Medicaid Reimbursement Pe	r Diem F	Rates for	r N	on-Ins	titutional	<u>Providers</u>			
Wŀ	OLE F	AMILY H	EALTH CENTER			Pı	rovider	Number :	022558508			
						D	ate : 10	0/16/2024				
372	23 10TF	l CT		Fiscal Year End : N/A								
VE	RO BE	ACH, FL	32960		Audit Status : N/A							
Pro	ovider 1	Гуре:					Curr	ent Rate	New Rate	Effective Date		
		Rural I	Health Clinic									
		Swing	-Bed Provider									
	X	Federa	ally Qualified Health Centers					142.52	157.27	10/01/2024		
		Hospic	ce Provider									
		#06	651 / H51 Routine Home Care	(1-60)								
		#06	651a / H5L Routine Home Care	e (61 +)								
		#06	652 / H52 Continuous Home C	are								
		#05	551 / 0561 Continuous Home (Care - SI	Α							
		#06	655 / H55 Inpatient Respite Ca	re								
		#06	656 / H56 General Inpatient Ca	ire								
		#06	658 Room and Board									
	Ва	sis :	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		
-			Indian River					_				
	Distr	ibution	<u>.</u>	l T. K. I	eehrer,					A \ / A		
		l Agent				em	ent An	alyst Supe	rvisor	2K2		
	Contr	act Mana	agement	Medic	aid Prog	rar	n Fina	nce				
	Perm	anent Fil	e									
	Progr	am Deve	elopment:									



023294200 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem Rate	s for No	<u>on-Inst</u>	<u>itutional l</u>	<u>Providers</u>		
Во	rinquen	Healthca	are Center Miami Dade Federal I	Highway	Pr	ovider	Number :	023294200		
					Da	ate : 10	/16/2024			
360	01 Fede	ral Highv	vay	Fiscal Year End : N/A						
Mia	ami, FL	33137			Αι	udit Sta	tus : N/A			
Pro	ovider 1	Гуре:				Curre	nt Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				146.66	157.27	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	552 / H52 Continuous Home Ca	ire						
		#05	551 / 0561 Continuous Home C	are - SIA						
		#06	555 / H55 Inpatient Respite Car	е						
		#06	556 / H56 General Inpatient Car	'e						
		#06	58 Room and Board							
	Ва	sis :	1	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			
		Χ	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cost	is	
			Dade							
	Distr	ibution	<u>.</u>	T. K. Feel					NVJ	
	Fisca	l Agent		Senior Ma			•	rvisor	2/1/2	
	Contr	act Mana	agement	Medicaid	Progran	n Finan	ce			
	Perm	anent Fil	е							
	Progr	am Deve	lopment:							



023294202 - 2024/10

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

		Medicaid Reimbursement P	er Diem R	ates for No	on-Institutional	<u>Providers</u>				
Во	rinquen Hea	Ith Care Center		Pro	ovider Number :	023294202				
				Da	ate: 10/16/2024					
38	83 Biscayne	Blvd	Fiscal Year End : N/A							
Mia	ami, FL 331	37	Audit Status : N/A							
Pro	ovider Type	:			Current Rate	New Rate	Effective Date			
	Ru	ıral Health Clinic								
	Sv	ving-Bed Provider								
	X Fe	derally Qualified Health Centers			146.66	157.27	10/01/2024			
	Но	spice Provider								
		#0651 / H51 Routine Home Care	e (1-60)							
		#0651a / H5L Routine Home Ca	re (61 +)							
		#0652 / H52 Continuous Home	Care							
		#0551 / 0561 Continuous Home	Care - SIA	1						
		#0655 / H55 Inpatient Respite C	are							
		#0656 / H56 General Inpatient C	are							
		#0658 Room and Board								
	Basis	:		Rate Typ	pe:					
		 Budget		Х	Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs	-		Prospect	ive Adjusted for	New costs			
٠		Field audited costs	-							
٠		Medicare - Prospective	-		Interim					
	X	Payment System Rate	-		Total Inte	erim				
٠		Average Nursing Home Rate	• -		Settleme	nt based on cos	ts			
•		Dade								
	Distribut	tion:	I T. K. F	eehrer,			٨٧.٨			
	Fiscal Age	ent	Senior	Manageme	ent Analyst Supe	rvisor	2/1/2			
	Contract I	Management	Medica	id Program	r Finance					
	Permaner	nt File								
	Program I	Development:								



024798000 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Inst	itutional l	<u>Providers</u>			
Ru	ral Health Netwo	ork of Monroe County			Pro	ovider l	Number :	024798000			
					Da	te: 10	/16/2024				
370	06 N Roosevelt I	Blvd	Fiscal Year End : N/A								
Ke	y West, FL 3304	40-4566			Audit Status : N/A						
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date		
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers					161.06	168.47	10/01/2024		
	Hospid	ce Provider									
	#00	651 / H51 Routine Home Care (1-60)								
	#00	651a / H5L Routine Home Care	(61 +)								
	#00	652 / H52 Continuous Home Ca	are								
	#0	551 / 0561 Continuous Home C	are - SI	Α							
	#00	655 / H55 Inpatient Respite Car	е								
	#00	656 / H56 General Inpatient Car	re								
	#00	658 Room and Board									
ſ	Basis :	7		Rate	Тур	oe :					
١.		 Budget	'		X		ı Prospecti	ve			
-		Unaudited costs	-				Total Pro	spective			
-		Desk audited costs					Prospecti	ve Adjusted for	New costs		
•		Field audited costs	-				•				
-		Medicare - Prospective	-				Interim				
	Χ	Payment System Rate					Total Inte	rim			
-		Average Nursing Home Rate					Settleme	nt based on cost	s		
•		 Monroe									
	Distribution								A./ A		
	Fiscal Agent	<u>.</u>		Feehrer, r Manag∈	eme	ent Ana	lyst Supe	visor	X		
	Contract Mana	agement	Medic	aid Prog	ram	Finan	ce				
	Permanent Fil	_									
	Program Deve										
	5	•									



025148200 - 2024/10

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

		_	Medicaid Reimbursement Pe	r Diem R	tates for	· N	on-Ins	titutional	<u>Providers</u>		
Се	nterplac	e Health	, Inc.			Pr	rovider	Number :	025148200		
						Da	ate : 10	0/16/2024			
220	00 Ringl	ing Blvd		Fiscal Year End : N/A							
Sa	rasota, F	FL 3423	7			Αι	udit St	atus : N/A			
Pro	vider T	ype:					Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers					146.65	157.27	10/01/2024	
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care	(1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home C	are							
		#05	51 / 0561 Continuous Home C	Care - Sl	A						
		#06	55 / H55 Inpatient Respite Ca	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Ва	sis :	7		Rate	Ту	pe:				
١.			Budget			X		_ Prospect	ive		
-			Unaudited costs	-				Total Pro	spective		
-			Desk audited costs	-				- Prospect	ive Adjusted for	New costs	
-			Field audited costs	-				_			
•			Medicare - Prospective	-				_ Interim			
		X	Payment System Rate	-				Total Inte	erim		
•			Average Nursing Home Rate	-				Settleme	nt based on cos	ts	
			Sarasota					_			
	Distr	ibution:		l T. K. F	eehrer,					A \ / A	
	Fiscal	Agent				eme	ent An	alyst Supe	rvisor	2/42	
	Contra	act Mana	gement	Medica	aid Prog	ran	n Finai	nce			
	Perma	anent File	е								
	Progra	am Deve	lopment:								



025148202 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Ins	stitutional	<u>Providers</u>	
Се	nterplace Health	Inc Sarasota			Pr	ovide	r Number :	025148202	
					Da	ate : 1	0/16/2024		
175	50 17th Street		Fiscal Year End : N/A						
Sa	rasota, FL 3423	4			Αι	ıdit St	atus : N/A		
Pro	ovider Type:					Curi	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers					146.65	157.27	10/01/2024
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SI	Α					
	#06	655 / H55 Inpatient Respite Car	·e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
ſ	Basis :	7		Rate	Туј	pe :	7		
ן נ		∟ 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
-		Sarasota					_		
	<u>Distribution</u>	<u>.</u> <u>.</u>		Feehrer, r Manage	eme	ent An	alyst Supe	rvisor	N/1
	Fiscal Agent			aid Prog					
	Contract Mana Permanent Fil	_	-	9					
	Program Deve	eiopment:							



025148204 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Се	Centerplan Health Inc North Port			Provider Number : 025148204						
				Da	ate : 10/	/16/2024				
				Fiscal Year End : N/A						
,				Audit Status : N/A						
Pro	ovider Type:				Curre	nt Rate	New Rate	Effective Date		
	Rural F	lealth Clinic					,			
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers				146.65	157.27	10/01/2024		
	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	555 / H55 Inpatient Respite Car	е							
	#06	556 / H56 General Inpatient Car	е							
	#06	558 Room and Board								
	Basis :	7	Rate	Ту	pe :					
١		∟ Budget		X		ı Prospecti	ive			
		Unaudited costs				Total Pro	spective			
•		Desk audited costs				Prospecti	ive Adjusted for	New costs		
•		Field audited costs				•				
•		– Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cost	ts		
•		Sarasota				•				
	Distribution:		T. K. Feehrer,					A \		
	Fiscal Agent		Senior Manage	eme	ent Ana	lyst Supe	rvisor	2/62		
	Contract Mana	agement	Medicaid Prog	ran	n Finan	ce				
	Permanent File	е								
	Program Deve	elopment:								
	For ir	nformation Only (No Change in r	ate)							
		- , (,							



025148206 - 2024/10

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

		-	Medicaid Reimbursement Per	r Diem Rates	s for No	on-Institutional	<u>Providers</u>				
Се	nterplac	e Health	, Inc	Provider Number : 025148206							
					Da	nte: 10/16/2024					
РС	Box 22	472		Fiscal Year End : N/A							
Ве	fast, ME	04915			Au	idit Status : N/A					
Pro	vider T	уре:				Current Rate	New Rate	Effective Date			
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers			146.6	5 157.27	10/01/2024			
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
#0652 / H52 Continuous Home				are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	555 / H55 Inpatient Respite Ca	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
ſ	Ва	sis :	7	R	ate Typ	pe:					
٠			Budget		Х	Prospec	tive				
-			Unaudited costs			Total Pr	ospective				
•			Desk audited costs			Prospec	tive Adjusted for	New costs			
•			Field audited costs								
•			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total In	erim				
			Average Nursing Home Rate Sarasota			Settlem	ent based on cos	ts			
		ibution:		T. K. Feeh Senior Mar		ent Analyst Sup	ervisor	184			
		Agent	agement	Medicaid F							
		act Mana anent File	-		J						
	Fiogla	aiii Deve	lopment:								



025148208 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates for	· Non	-Institutional	<u>Providers</u>	
Се	nterplace He	ealth Inc.		Prov	ider Number :	025148208	
				Date	: 10/16/2024		
РΟ	Box 22472			Fisca	al Year End : N	I/A	
Bel	fast, ME 04	915		Audi	t Status : N/A		
Pro	vider Type:	:		C	urrent Rate	New Rate	Effective Date
	Rui	ral Health Clinic					
	Sw	ing-Bed Provider					
	X Fed	derally Qualified Health Centers			146.65	157.27	10/01/2024
	Hos	spice Provider					
		#0651 / H51 Routine Home Care (1-60)				
		#0651a / H5L Routine Home Care	(61 +)				
		#0652 / H52 Continuous Home Ca	are				
		#0551 / 0561 Continuous Home C	are - SIA				
		#0655 / H55 Inpatient Respite Car	е				
		#0656 / H56 General Inpatient Car	re				
		#0658 Room and Board					
ſ	Basis :		Rate	Туре	:]		
L		J Budget		X	——I Prospect	ive	
_		Unaudited costs	-		 Total Pro	spective	
-		Desk audited costs			—— Prospect	ive Adjusted for	New costs
-		Field audited costs					
-		Medicare - Prospective			Interim		
	Х	Payment System Rate			Total Inte	erim	
-		Average Nursing Home Rate			Settleme	nt based on cost	s
-		 Sarasota					
	Distribut	<u>ion:</u>	T. K. Feehrer,				ΛV. Λ
	Fiscal Age	ent	Senior Manage	ement	Analyst Supe	rvisor	2/1/2
	Contract M	<i>l</i> lanagement	Medicaid Progr	ram F	inance		
	Permanen	t File					
	Program D	Development:					
	F	For information Only (No Change in r	rate)				



025148212 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem Rate	es for No	on-Institutional	<u>Providers</u>				
Се	nterplac	e Health	Inc		Pro	ovider Number	: 025148212				
					Da	ite: 10/16/2024					
РС	Box 22	472		Fiscal Year End : N/A							
Ве	fast, ME	04915			Au	dit Status : N/A					
Pro	ovider T	Box 22472 ast, ME 04915 vider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Car #0652 / H52 Continuous Home #0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C #0656 / H56 General Inpatient C #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate			Current Rate	New Rate	Effective Date				
	fast, ME 04915 vider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Car #0652 / H52 Continuous Home #0655 / H55 Inpatient Respite C #0656 / H56 General Inpatient C #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Sarasota Distribution: Fiscal Agent Contract Management										
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers			146.6	5 157.27	10/01/2024			
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Car	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
[Rate Typ	pe:						
٠			Budget		Х	Prospec	tive				
-			Unaudited costs			Total Pr	ospective				
-			Desk audited costs			Prospec	tive Adjusted for	New costs			
•			Field audited costs								
•			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total Int	erim				
-			Average Nursing Home Rate Sarasota			Settlem	ent based on cos	ts			
				T. K. Fee		ent Analyst Sup	ervisor	184			
•			Medicaid								
					3						
	Progra	am Deve	iopment:								



025148215 - 2024/10

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

		-	Medicaid Reimbursement Per	<u>r Diem Rat</u>	es for	Non-	Institutional	<u>Providers</u>			
Се	nterplac	e Health	, Inc			Provi	der Number :	025148215			
						Date	: 10/16/2024				
69	19 Outre	ach Way	/		Fiscal Year End : N/A						
No	rth Port,	FL 342	87-3493			Audit	Status : N/A				
Pro	vider T	уре:				С	urrent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
	#0651a / H5L Routine Home Ca #0652 / H52 Continuous Home										
	X	Federa	lly Qualified Health Centers				146.65	157.27	10/01/2024		
		Hospic	e Provider								
	#0651 / H51 Routine Home Care			(1-60)							
		#06	51a / H5L Routine Home Care	e (61 +)							
		#06	552 / H52 Continuous Home C	are							
		#05	551 / 0561 Continuous Home C	Care - SIA							
		#06	re								
	#0656 / H56 General Inpatient C										
	Ва	sis :	1		Rate 1	Гуре	:]				
'			Budget		X	<	Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs								
•			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate Sarasota				Settleme	nt based on cos	ts		
		ibution:	<u>:</u>	T. K. Fee Senior M		ment	Analyst Supe	rvisor	184		
		act Mana	agement	Medicaio	d Progra	am Fi	inance		T		
	Permanent File										
	Program Development:										
	-										



027976514 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Dept of Health Walton County	Provider Number : 027976514			
Walton Community Health Center	Date: 10/16/2024			
362 State Highway 83	Fiscal Year End : N/A			
Defuniak Springs, FL 32433	Audit Status : N/A			

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.97	157.27	10/01/2024
	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
	— Walton	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029152803 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	r No	<u>n-Instit</u>	utional I	<u>Providers</u>		
ollier Health Ser	vices - Marion E. Fether		Pro	vider N	umber :	029152803		
			Dat	e : 10/1	6/2024			
54 Madison Ave	enue	Fiscal Year End : N/A						
mokalee, FL 33	3934		Auc	dit Statu	ıs : N/A			
ovider Type:				Curren	t Rate	New Rate	Effective Date	
Rural	Health Clinic							
Swing	g-Bed Provider							
X Feder	rally Qualified Health Centers				173.63	181.62	10/01/2024	
Hosp	ice Provider							
#0	0651 / H51 Routine Home Care (1-60)						
#0	0651a / H5L Routine Home Care	(61 +)						
#0	0652 / H52 Continuous Home Ca	are						
#0	0551 / 0561 Continuous Home C	are - SIA						
#0	0655 / H55 Inpatient Respite Car	·e						
#0	0656 / H56 General Inpatient Ca	re						
#0	0658 Room and Board							
Basis :		Rate	Тур	e :				
	 Budget		Χ	F	Prospecti	ve		
	Unaudited costs				Γotal Pro	spective		
	Desk audited costs			F	Prospecti	ve Adjusted for	New costs	
	Field audited costs							
	Medicare - Prospective			I	nterim			
Χ	Payment System Rate				Γotal Inte	rim		
	Average Nursing Home Rate				Settleme	nt based on cost	s	
	Collier							
Distribution	<u>n:</u>	T. K. Feehrer,					AV A	
Fiscal Agent		Senior Manage	emer	nt Analy	/st Supei	visor	2h2	
Contract Mar	nagement	Medicaid Prog	ıram	Finance	е			
Permanent F	ïle							
Program Dev	velopment:							



029152805 - 2024/10

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

Medicaid Reimbursement Per	r Diem Rates for	r No	n-Institutional	<u>Providers</u>			
Collier Health Services - East Naples Medical Ctr		Pro	vider Number :	029152805			
		Dat	e: 10/16/2024				
1454 Madison Avenue	Fiscal Year End : N/A						
Immokalee, FL 33962		Auc	dit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date		
Rural Health Clinic				,			
Swing-Bed Provider							
X Federally Qualified Health Centers			173.63	181.62	10/01/2024		
Hospice Provider							
#0651 / H51 Routine Home Care ((1-60)						
#0651a / H5L Routine Home Care	(61 +)						
#0652 / H52 Continuous Home Ca	are						
#0551 / 0561 Continuous Home C	are - SIA						
#0655 / H55 Inpatient Respite Car	re						
#0656 / H56 General Inpatient Car	re						
#0658 Room and Board							
Basis:	Rate	Тур	e :				
Budget		Χ	Prospect	ive			
Unaudited costs			 Total Pro	spective			
Desk audited costs			Prospect	ive Adjusted for	New costs		
Field audited costs							
Medicare - Prospective			Interim				
X Payment System Rate			Total Inte	erim			
Average Nursing Home Rate			Settleme	nt based on cost	ts		
Collier							
<u>Distribution:</u>	T. K. Feehrer,				٨٧.٨		
Fiscal Agent		emer	nt Analyst Supe	rvisor	1/4 ²		
Contract Management	Medicaid Prog	ram	Finance				
Permanent File							
Program Development:							



029152806 - 2024/10

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

		Medicaid Reimbursement Pe	<u>r Diem Rates fo</u>	<u>or Non</u>	<u>-Institutional </u>	<u>Providers</u>				
Со	llier Hlth Svc-G	Solden Gate Pediatrics	Provider Number : 029152806							
				Date	Pate: 10/16/2024					
14	54 Madison Av	е		Fisc	al Year End : N	I/A				
lmı	mokalee , Fl 3	4116		Audi	it Status : N/A					
Pro	ier Hith Svc-Golden Gate Pediatrics 4 Madison Ave nokalee , Fl 34116 vider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care #0652 / H52 Continuous Home #0655 / H55 Inpatient Respite C #0656 / H56 General Inpatient C #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate		(Current Rate	New Rate	Effective Date				
	ier Hith Svc-Golden Gate Pediatrics 4 Madison Ave hokalee , Fl 34116 vider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis: Budget Unaudited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Permanent File									
1454 Madi Immokalee Provider T X Ba District Fisca Contri Perm	Swin	g-Bed Provider								
	X Fede	rally Qualified Health Centers			173.63	181.62	10/01/2024			
	Hosp	ice Provider								
	#	0651 / H51 Routine Home Care	(1-60)							
	#	0651a / H5L Routine Home Care	e (61 +)							
	#	0652 / H52 Continuous Home C	are							
	#	0551 / 0561 Continuous Home (Care - SIA							
	#	0655 / H55 Inpatient Respite Ca	re							
	#	0656 / H56 General Inpatient Ca	re							
	### Average Nursing Home Rai Distribution: Fiscal Agent Contract Management Permanent File									
[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					
	Χ	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate Collier			Settleme	nt based on cost	S			
			T. K. Feehrer, Senior Manac		t Analyst Supe	rvisor	184			
	•		Medicaid Prog				J111			
		_	`	-						
	Flogram De	velopilletit.								



029152807 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rat	es for l	Non-In	stitutional	<u>Providers</u>				
Со	llier Hlth Svc-Ch	ildrens Hlth Network		F	Provide	er Number :	029152807				
					Date :	10/16/2024					
14	addition Ave annokalee , FI 34103 rovider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Center Hospice Provider #0651 / H51 Routine Home Ca #0652 / H52 Continuous Home #0655 / H55 Inpatient Respite #0656 / H56 General Inpatient #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Ra Collier Distribution: Fiscal Agent Contract Management			F	iscal `	iscal Year End : N/A					
lmı				1	Audit S	status : N/A					
Pro	ovider Type:				Cui	rrent Rate	New Rate	Effective Date			
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	Illy Qualified Health Centers				173.63	181.62	10/01/2024			
	Hospid	ce Provider									
	#06	651 / H51 Routine Home Care (1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
#0651a / H5L Routine Home Ca #0652 / H52 Continuous Home #0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite 0			are								
	#05	551 / 0561 Continuous Home C	are - SIA								
	#06	655 / H55 Inpatient Respite Car	'e								
	#06	re									
	Collier Hith Svc-Childrens Hith Network 1454 Madison Ave mmokalee , FI 34103 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Center Hospice Provider #0651 / H51 Routine Home Ca #0651a / H5L Routine Home Ca #0652 / H52 Continuous Hom #0551 / 0561 Continuous Hom #0655 / H55 Inpatient Respite #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Ra Collier Distribution: Fiscal Agent										
	Basis :]		Rate T	ype:						
١		⊐ Budget		Х		 Prospect	ive				
•		Unaudited costs				— Total Pro	spective				
•		Desk audited costs				— Prospect	ive Adjusted for	New costs			
•		Field audited costs									
•		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate Collier				Settleme	nt based on cost	s			
	·	<u>:</u>	T. K. Fee Senior M		nent A	nalyst Supe	rvisor	1X.4			
	•	agement	Medicaid	Progra	m Fina	ance					
	•	•									



029152810 - 2024/10

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

		<u> </u>	Medicaid Reimbursement Per	Diem Rates f	or I	Non-	<u>-Institutional l</u>	<u>Providers</u>			
Со	ollier Hlth Svc- Immokalee FCC				F	Prov	ider Number :	029152810			
						Date	: 10/16/2024				
14	54 Madis	on Ave		Fiscal Year End : N/A							
lmı	nokalee,	FI 3414	2		ļ	Audi	udit Status : N/A				
Pro	ovider T	ype:				С	urrent Rate	New Rate	Effective Date		
		Rural H	ealth Clinic								
		Swing-l	Bed Provider								
	X	Federal	ly Qualified Health Centers				173.63	181.62	10/01/2024		
		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							
#0651 / H51 Routine Home C #0651a / H5L Routine Home C #0652 / H52 Continuous Hom #0551 / 0561 Continuous Hom #0655 / H55 Inpatient Respite #0656 / H56 General Inpatien #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate		51 / 0561 Continuous Home C	are - SIA								
		#06	55 / H55 Inpatient Respite Car	е							
		#06	56 / H56 General Inpatient Car	е							
	54 Madison Ave mokalee, FI 34142 ovider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Car #0652 / H52 Continuous Home #0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C #0656 / H56 General Inpatient C #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate										
	Bas	sis :		Rat	e T	уре	:				
			Budget		Х	ζ.	Prospect	ve			
•			Unaudited costs				 Total Pro	spective			
-			Desk audited costs				Prospecti	ve Adjusted for	New costs		
-			Field audited costs								
-			Medicare - Prospective				Interim				
	>	<	Payment System Rate				 Total Inte	rim			
-			Average Nursing Home Rate				Settleme	nt based on cost	s		
-			Collier								
	Distri	bution:		T. K. Feehre	r,				٨٧.٨		
Fiscal Agent				ment	Analyst Supe	visor	2/1/2				
	Contra	ct Mana	gement	Medicaid Pro	gra	am F	inance				
	Permanent File										
	Program Development:										



029152814 - 2024/10

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

		_	<u>Medicaid Reimbursement Per</u>	Diem Rates fo	or No	n-Inst	<u>titutional l</u>	<u>Providers</u>		
Со	llier Hea	alth Servio	ces, Inc.		Pro	ovider	Number :	029152814		
					Da	ite : 10	/16/2024			
14	54 Madi	son Ave \	V	Fiscal Year End : N/A						
lmı	nokalee	e, FL 341	42		Au	ıdit Sta	tus : N/A			
Pro	ovider T	Гуре:				Curre	ent Rate	New Rate	Effective Date	
		Rural H	ealth Clinic							
		Swing-	Bed Provider							
	X	Federa	ly Qualified Health Centers				173.63	181.62	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	ire						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	e						
		#06	58 Room and Board							
	Ва	sis :]	Rate	Э Тур	oe :]			
,			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	
•			Collier				-			
	Distr	ibution:		T. K. Feehrer,					A \	
Fiscal Agent			Senior Manag		ent Ana	alyst Supe	rvisor	2/62		
	Contr	act Mana	gement	Medicaid Prog	gram	i Finan	ice			
Permanent File										
	Program Development:									



029152816 - 2024/10

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

Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 173.63 181.62 10/01/3 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:		Medicaid Reimbursement Per	Diem Rates f	or l	Non-I	nstitutional	<u>Providers</u>			
Fiscal Year End : N/A Audit Status : N/A Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	ollier Health Ser	vices Inc		F	Provid	ler Number :	029152816			
Audit Status : N/A Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :				Г	Date :	10/16/2024				
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective Unaudited costs Total Prospective Desk audited costs Prospective Adjusted for New costs Field audited costs Total Interim X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Contract Management T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance Contract Management Malayst Supervisor Medicaid Program Finance	95 Davis Blvd,	Ste 206	Fiscal Year End : N/A							
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 173.63 181.62 10/01/2 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 #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Sudget X Prospective Unaudited costs Total Prospective Adjusted for New costs Field audited costs Interim X Payment System Rate Settlement based on costs Collier Distribution: Fiscal Agent Contract Management Contract Management Medicaid Program Finance	aples, FL 34104	I-5373		P	\udit :	Status : N/A				
Swing-Bed Provider X Federally Qualified Health Centers 173.63 181.62 10/01/2 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:	ovider Type:				Сι	ırrent Rate	New Rate	Effective Date		
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :	Rural	Health Clinic								
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	Swing	g-Bed Provider								
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	X Feder	ally Qualified Health Centers				173.63	181.62	10/01/2024		
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	Hosp	ice Provider								
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis:	#0	0651 / H51 Routine Home Care (1-60)							
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	#0	0651a / H5L Routine Home Care	(61 +)							
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :	#0	0652 / H52 Continuous Home Ca	are							
#0656 / H56 General Inpatient Care #0658 Room and Board Basis :	#0	0551 / 0561 Continuous Home C	are - SIA							
#0658 Room and Board Basis :	#0	re								
Basis: Unaudited costs Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Rate Type: X Prospective X Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	#0	0656 / H56 General Inpatient Ca	re							
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Average Nursing Home Rate Contract Management X Prospective Total Prospective Prospective Adjusted for New costs Prospective Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	#0	0658 Room and Board								
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Total Prospective Prospective Adjusted for New costs Frospective Adjusted for New costs Prospective Adjusted for New costs Settlement based on costs Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	Basis :		Rat	e T	ype :					
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Desk audited costs Field audited costs Medicare - Prospective Interim Total Interim Settlement based on costs Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		 Budget		X		Prospect	ive			
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Unaudited costs				 Total Pro	spective			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Desk audited costs				Prospect	ive Adjusted for	New costs		
X Payment System Rate Average Nursing Home Rate Collier Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Field audited costs								
Average Nursing Home Rate Collier T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Medicare - Prospective				Interim				
Collier Distribution: Fiscal Agent Contract Management	Χ	Payment System Rate				Total Inte	erim			
Fiscal Agent Contract Management Senior Management Analyst Supervisor Medicaid Program Finance		_				Settleme	nt based on cos	ts		
Contract Management Medicaid Program Finance					ment /	Analyst Supe	rvisor	184		
Contract Management	· ·	•								
Permanent File	Permanent F	· ·								
Program Development:										



029152818 - 2024/10

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

Date : 10/16/2024 1090 6TH AVE N Fiscal Year End : N/A		-	Medicaid Reimbursement Per	Diem Rat	es for No	n-Institutional	<u>Providers</u>			
Togo 6TH AVE N NAPLES, FL 34102-5604 Provider Type: Current Rate Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651 / H52 Continuous Home Care #0655 / H55 Inpatient Rospite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Pistribution: Fiscal Agent Contract Management Permanent File Current Rate New Rate Fifective Date Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : Nise in Situation in Situ	Collier Health Services Inc				Pro	ovider Number :	029152818			
NAPLES, FL 34102-5604 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Piscal Agent Contract Management Permanent File Rural Health Clinic Current Rate New Rate Effective Date Interior Total Prospective Interior Total Interior Total Interior Total Interior Total Interior Medicaid Program Finance					Date : 10/16/2024					
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	1090 6TH AVE N					cal Year End : N	I/A			
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 173.63 181.62 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective Total Prospective Total Prospective Adjusted for New costs	NAPLES, FL 34102-5604				Au	dit Status : N/A				
Swing-Bed Provider X Federally Qualified Health Centers 173.63 181.62 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective	Pr	ovider Type:				Current Rate	New Rate	Effective Date		
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective X Prospecti		Rural H	lealth Clinic							
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :		Swing-	Bed Provider							
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :		X Federa	lly Qualified Health Centers			173.63	181.62	10/01/2024		
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Hospic	e Provider							
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	51 / H51 Routine Home Care (1-60)						
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	51a / H5L Routine Home Care	(61 +)						
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	52 / H52 Continuous Home Ca	are						
#0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		#05	51 / 0561 Continuous Home C	are - SIA						
#0658 Room and Board Basis :		#06	555 / H55 Inpatient Respite Car	е						
Basis: Budget		#06	556 / H56 General Inpatient Car	re						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Permanent File Runder X Prospective Total Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#06	558 Room and Board							
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Interim Settlement based on costs Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Basis:	7		Rate Typ	oe:				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	'		Budget		Х	Prospect	ive			
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Medicare - Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Unaudited costs			Total Pro	spective			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Desk audited costs			Prospect	ive Adjusted for	New costs		
X Payment System Rate Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Field audited costs							
Average Nursing Home Rate Collier Distribution: Fiscal Agent Contract Management Permanent File Settlement based on costs Settlement based on costs Medicaid Program Finance			Medicare - Prospective			Interim				
Collier Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		X	Payment System Rate			Total Inte	erim			
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Average Nursing Home Rate			Settleme	nt based on cost	s		
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance	•		Collier							
Contract Management Permanent File Medicaid Program Finance		<u>Distribution:</u>	<u> </u>	T. K. Fee	ehrer,			٨٧.٨		
Permanent File		Fiscal Agent				· ·	rvisor	2/1/2		
		Contract Mana	agement	Medicaio	l Program	Finance				
Program Development:		Permanent File	е							
		Program Deve	elopment:							



029152820 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem R	ates for N	<u>on-Ins</u>	titutional	<u>Providers</u>	
Collier Health Services Inc			Provider Number : 029152820						
1845 Veterans Park Dr				Date : 10/16/2024					
					Fi	scal Ye	ear End : N	I/A	
Naples, FL 34109-0493			0493		Aı	udit Sta	atus : N/A		
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				173.63	181.62	10/01/2024
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care (1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SI	4				
		#06	55 / H55 Inpatient Respite Car	re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Bas	sis :]		Rate Ty	pe:]		
			Budget		Х		Prospect	ive	
•			Unaudited costs	_ _			Total Pro	spective	
•			Desk audited costs	-			Prospect	ive Adjusted for	New costs
•			Field audited costs	-			_		
•			Medicare - Prospective				Interim		
)	X	Payment System Rate				Total Inte	erim	
•			Average Nursing Home Rate				Settleme	nt based on cost	ts
•			Collier				_		
	<u>Distri</u>	bution:		l T. K. F	eehrer,				٨.٧٨
	Fiscal	Agent			Managem			rvisor	1/ht
	Contra	act Mana	gement	Medica	aid Progran	n Finar	nce		
	Perma	nent File	е						
	Progra	am Deve	lopment:						



029506001 - 2024/10

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

		_	Medicaid Reimbursement Per	Diem F	Rates for	r N	lon-Ins	stitutional	<u>Providers</u>	
Trenton Medical Center, Inc.			Provider Number : 029506001							
			Date : 10/16/2024							
91	911 S. Main St				iscal Y	ear End : N	I/A			
Tre	Trenton, FL 32693					Αı	udit St	tatus : N/A		
Pro	vider T	ype:					Cur	rent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					123.37	157.27	10/01/2024
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SI	A					
		#06	55 / H55 Inpatient Respite Car	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate	Ту	/pe :			
'			Budget	'		X		Prospect	ive	
•			Unaudited costs	-				— Total Pro	spective	
•			Desk audited costs	-				Prospect	ive Adjusted for	New costs
•			Field audited costs	-						
•			Medicare - Prospective					 Interim		
	,	X	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cos	ts
			Gilchrist							
	Distri	ibution:		L T. K. F	eehrer,					A)/ /
Fiscal Agent					em	ent Ar	nalyst Supe	rvisor	2K2	
	Contra	act Mana	gement	Medic	aid Prog	rar	m Fina	ince		
	Perma	anent File	9							
	Progra	am Deve	lopment:							



029506007 - 2024/10

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	<u>Providers</u>	
renton Medical C	Center - Bradford		Pro	vider	Number :	029506007	
			Date: 10/16/2024				
11 S. Main St			Fis	cal Y	ear End : N	I/A	
renton, FL 3269	3		Aud	dit Sta	atus : N/A		
rovider Type:				Curr	ent Rate	New Rate	Effective Date
Rural	Health Clinic						
Swing	g-Bed Provider						
X Feder	rally Qualified Health Centers				123.37	157.27	10/01/2024
Hosp	ice Provider						
#(0651 / H51 Routine Home Care ((1-60)					
#(0651a / H5L Routine Home Care	(61 +)					
#(0652 / H52 Continuous Home Ca	are					
#(0551 / 0561 Continuous Home C	are - SIA					
#(0655 / H55 Inpatient Respite Ca	re					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis :		Rate	Тур	e :]		
	Budget		X		Prospect	ive	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				- Prospect	ive Adjusted for	New costs
	Field audited costs				_		
	Medicare - Prospective				- Interim		
X	Payment System Rate				Total Inte	erim	
	Average Nursing Home Rate				Settleme	nt based on cost	S
	— Gilchrist				_		
Distribution	<u>n:</u>	T. K. Feehrer,					AV 1
Fiscal Agent		Senior Manage	eme	nt An	alyst Supe	rvisor	2K2
Contract Mar	nagement	Medicaid Prog	ram	Finar	nce		
Permanent F	ïle						
Program Dev	velopment:						



029506009 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Pediatrics	Provider Number : 029506009
TMC Pediatrics	Date : 10/16/2024
2010 N. Young Blvd.	Fiscal Year End : N/A
Chiefland, FL 326261951	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	123.37	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029506011 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Healthcare	Provider Number : 029506011
TMC Healthcare	Date: 10/16/2024
630 N. Main Street	Fiscal Year End : N/A
Williston, FL 326961705	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	123.37	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

Basis :]	Rat	e 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
	- Levy			•

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

sor J



029506013 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Palms Pediatrics	Provider Number : 029506013
Palms Pediatrics	Date: 10/16/2024
PO Box 640	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	123.37	157.27	10/01/2024
	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	lΓ	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,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029506015 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center	Provider Number : 029506015		
Palms Medical Group	Date : 10/16/2024		
PO Box 640	Fiscal Year End : N/A		
Trenton, FL 32693	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	123.37	157.27	10/01/2024
	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
	— Bradford		_

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



029506017 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center	Provider Number : 029506017		
Palms Medical Group - High Springs	Date: 10/16/2024		
911 S Main Street	Fiscal Year End : N/A		
Trenton, FL 326933239	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	123.37	157.27	10/01/2024
	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	lΓ	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,

Senior Management Analyst Supervisor

Medicaid Program Finance



029506019 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center IncLive Oak	Provider Number : 029506019		
Palms Medical Group	Date: 10/16/2024		
911 S. Main St	Fiscal Year End : N/A		
Trenton, FL 326933239	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	123.37	157.27	10/01/2024
	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	lΓ	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
	 Taylor	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029506021 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center-Orange Park	Provider Number : 029506021
Palms Medical Group	Date: 10/16/2024
23343 NW County Rd 236	Fiscal Year End : N/A
High Springs, FI 32643	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	123.37	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

AXA.



029506023 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center	Provider Number : 029506023
Palms Medical Group - Bell	Date: 10/16/2024
23343 NW County Rd 236	Fiscal Year End : N/A
High Springs, FL 32643-9669	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	123.37	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029506025 - 2024/10

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

	Medicaid Reimbursement Per				
renton Medical Center Inc.		ovider Number : 029506025			
Palms Medical Grou[Date : 10/16/2024					
11 S. Main St.		Fi	scal Year End : N	I/A	
renton, FL 326	93	Aı	udit Status : N/A		
rovider Type:			Current Rate	New Rate	Effective Dat
Rura	Il Health Clinic				
Swir	ng-Bed Provider				
X Fede	erally Qualified Health Centers		123.37	157.27	10/01/202
Hos	pice Provider				
#	60651 / H51 Routine Home Care (1-60)			
#	60651a / H5L Routine Home Care	(61 +)			
#	60652 / H52 Continuous Home Ca	nre			
#	0551 / 0561 Continuous Home C	are - SIA			
	0655 / H55 Inpatient Respite Car				
#	60656 / H56 General Inpatient Car	e			
#	0658 Room and Board				
Basis :		Rate Ty	pe:		
	 Budget	X	Prospect	ive	
	Unaudited costs		Total Pro	spective	
	Desk audited costs		Prospect	ive Adjusted for	New costs
	Field audited costs				
	Medicare - Prospective		Interim		
X	Payment System Rate		Total Inte	erim	
	Average Nursing Home Rate		Settleme	nt based on cost	ts
	Columbia				

Medicaid Program Finance

Fiscal Agent

Contract Management

Permanent File

Program Development:



029506027 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

n =	0 (0) 0 0 0 0 0 0
Orange Park, FL 32073-5569	Audit Status : N/A
2233 Park Ave, Ste 403	Fiscal Year End : N/A
Palms Medical Group	Date : 10/16/2024
Trenton Medical Center, Inc.	Provider Number : 029506027

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	123.37	157.27	10/01/2024
	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
_	_ Clay		-

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



029506029 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center, Inc	Provider Number : 029506029
	Date: 10/16/2024
2349 Village Square Pkwy, Ste 110-111	Fiscal Year End : N/A
Fleming Island, FL 32003-4319	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	123.37	157.27	10/01/2024
	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
	— Clay		

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029523001 - 2024/10

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

	Medicaid Reimbursement Per	<u>r Diem Rates for</u>	Nor	<u>n-Institutional l</u>	<u>Providers</u>			
Suncoast	t Community Health Center - Dover Health	n Center - Dover Health Center Provider Nu			029523001			
			Date	e : 10/16/2024				
14618 St	ate Road 574		Fiscal Year End : N/A					
Dover, Fl	_ 33527		Aud	udit Status : N/A				
Provider	Туре:			Current Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers			168.77	176.54	10/01/2024		
	Hospice Provider							
	#0651 / H51 Routine Home Care	(1-60)						
	#0651a / H5L Routine Home Care	e (61 +)						
	#0652 / H52 Continuous Home C	are						
	#0551 / 0561 Continuous Home C	Care - SIA						
	#0655 / H55 Inpatient Respite Ca	re						
	#0656 / H56 General Inpatient Ca	re						
	#0658 Room and Board							
В	Basis:	Rate -	Туре					
	Budget	,	X	Prospect	ive			
	Unaudited costs			 Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
	X Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	s		
	Hillsborough							
<u>Dis</u>	tribution:	T. K. Feehrer,				٨٧.٨		
Fisc	al Agent	Senior Manage	emen	it Analyst Supe	rvisor	1/h		
Con	tract Management	Medicaid Progr	am F	Finance				
Perr	manent File							



029541800 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Main	Provider Number : 029541800
	Date: 10/16/2024
700 S. Royal Poinciana Blvd, Suite 300	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider	туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.40	169.87	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029541802 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	Non-	<u>-Institutional </u>	<u>Providers</u>		
ssie Trice Comr	nunity Health Center - North		Provi	ider Number :	029541802		
			Date : 10/16/2024				
0 S. Royal Poin	ciana Blvd		Fisca	al Year End : N	I/A		
ami Springs, FL	33166		Audit	udit Status : N/A			
ovider Type:			С	urrent Rate	New Rate	Effective Date	
Rural	Health Clinic						
Swing	g-Bed Provider						
X Feder	ally Qualified Health Centers			162.40	169.87	10/01/2024	
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 Ca	re					
#0	658 Room and Board						
Basis :		Rate -	Туре	:			
	 Budget	, ,	X	Prospect	ive		
	Unaudited costs			 Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			 Interim			
Χ	Payment System Rate			 Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	ts	
	Dade						
Distribution	<u>ı:</u>	T. K. Feehrer,				ΛV.Λ	
Fiscal Agent		Senior Manage			rvisor	1/4 ²	
Contract Mar	nagement	Medicaid Progr	am F	inance			
Permanent F	ile						
Program Dev	relopment:						



029541804 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Cope North	Provider Number : 029541804
	Date: 10/16/2024
700 S. Royal Poinciana Blvd Suite 300	Fiscal Year End : N/A
Miami Springs, FL 33166	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.40	169.87	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

 $\underline{\textbf{Distribution:}}$

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

r **J**XJ



029541806 - 2024/10

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

	Medicaid Reimbursement Pe	<u>er Diem Rates f</u>	or No	<u>on-Institutio</u>	nal I	<u>Providers</u>		
lessie Trice	Community Health Center - Northsho	re	Pro	Provider Number : 029541806				
			Da	ite: 10/16/2	024			
700 S. Roya	al Poinciana Blvd		Fis	scal Year Er	nd : N	/A		
Miami Sprin	gs, FL 33166		Au	Audit Status : N/A				
Provider Ty	/pe:			Current Ra	ate	New Rate	Effective Date	
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers			16	2.40	169.87	10/01/202	
	Hospice Provider							
	#0651 / H51 Routine Home Care	(1-60)						
	#0651a / H5L Routine Home Car	e (61 +)						
	#0652 / H52 Continuous Home C	Care						
	#0551 / 0561 Continuous Home	Care - SIA						
	#0655 / H55 Inpatient Respite Ca	are						
	#0656 / H56 General Inpatient Ca	are						
	#0658 Room and Board							
Bas	is:	Rat	е Тур	pe:				
	Budget		Х	Pros	specti	ve		
	Unaudited costs			 Tota	l Pro	spective		
	Desk audited costs			Pros	specti	ve Adjusted for	New costs	
	Field audited costs							
	Medicare - Prospective	-		Inter	im			
>	Payment System Rate	-		 Tota	ıl Inte	rim		
	Average Nursing Home Rate	-		Settl	leme	nt based on cost	s	
	Dade							
<u>Distri</u>	bution:	T. K. Feehre	r,				1 / N	
Fiscal	Agent	Senior Mana		ent Analyst S	Supe	visor	1/4 ²	
Contra	ct Management	Medicaid Pro	gram	Finance				
Perma	nent File							
Progra	m Development:							



029541808 - 2024/10

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	e Effective Date
Miami Springs, FL 33166	Audit Status : N/A	
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A	
	Date: 10/16/2024	
Jessie Trice Community Health Center - Norland HCC	Provider Number : 02954180	8

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.40	169.87	10/01/2024
	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	F	Rate Type :	
	 Budget	'	Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Dade			_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029541810 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Charles Drew Elem	Provider Number : 029541810				
	Date : 10/16/2024				
700 S. Royal Poinciana Blvd	Fiscal Year End : N/A				
Miami Springs, FL 33166	Audit Status : N/A				
Provider Type:	Current Rate New Rate Effective Date				

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.40	169.87	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029541846 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center	Provider Number : 029541846
Norland Primary Health	Date: 10/16/2024
5607 NW 27th Ave, Ste 1	Fiscal Year End : N/A
Miami, FL 33142	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.40	169.87	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029541850 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessica Trice Community Health Center- 75th Street	Provider Number: 029541850
	Date: 10/16/2024
5607 NW 27th Ave, Suite 1	Fiscal Year End : N/A
Miami, FL 331422826	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.40	169.87	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029541852 - 2024/10

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

		Medicaid Reimbursement Per	r Diem R	Rates for	· No	n-Inst	titutional	<u>Providers</u>	
Jes	ssie Trice (Comm Hlth Ctr- Opa-Locka			Pro	ovider	Number :	029541852	
				Date: 10/16/2024					
560	07 NW 27tl	n Ave Ste1			Fis	cal Ye	ear End : N	/A	
Mia	ami, Fl 33′	142			Au	dit Sta	itus : N/A		
Pro	ovider Typ	e:				Curre	ent Rate	New Rate	Effective Date
	R	tural Health Clinic							
	S	wing-Bed Provider							
	X F	ederally Qualified Health Centers					162.40	169.87	10/01/2024
	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 - Sl	A					
		#0655 / H55 Inpatient Respite Ca	re						
		#0656 / H56 General Inpatient Ca	re						
		#0658 Room and Board							
	Basis):		Rate	Typ	oe :]		
'		Budget			X		Prospect	ve	
•		Unaudited costs	-				- Total Pro	spective	
•		Desk audited costs	-				- Prospect	ve Adjusted for	New costs
•		Field audited costs	-				-		
•		Medicare - Prospective	-				Interim		
	Χ	Payment System Rate					Total Inte	rim	
•		Average Nursing Home Rate					Settleme	nt based on cost	ts
•		Dade					-		
	Distribu	ution:	l T. K. F	eehrer,					A \
	Fiscal A				eme	nt Ana	alyst Supe	visor	2K2
	Contract	Management	Medica	aid Prog	ram	Finan	ice		
	Permane	ent File							
	Program	Development:							



029541858 - 2024/10

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

		-	Medicaid Reimbursement Per	r Diem Ra	ates for	Non-	<u>-Institutional</u>	<u>Providers</u>		
Jes	ssie Tric	e Comm	Hlth Ctr-Carol City	Provider Number : 029541858						
					Date : 10/16/2024					
560	07 NW 2	7th Ave				Fisca	al Year End : N	I/A		
Mia	ami, FI 3	33142				Audi	t Status : N/A			
Pro	ovider T	уре:				С	Current Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				162.40	169.87	10/01/2024	
		Hospic	e Provider							
	#0651 / H51 Routine Home Care			(1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Ca	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate T	Туре	:			
'			Budget		Х	X	Prospect	ive		
•			Unaudited costs				Total Pro	spective		
•			Desk audited costs				Prospect	ive Adjusted for	New costs	
•			Field audited costs							
•			Medicare - Prospective				Interim			
	2	X	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cos	ts	
-			Dade							
	<u>D</u> istri	ibution:		 T. K. Fe	eehrer				A \	
		Agent				ment	t Analyst Supe	rvisor	JKJ-	
	Contra	act Mana	gement	Medicai	id Progra	am F	inance			
		anent File								
	Progra	am Deve	lopment:							



029541862 - 2024/10

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

	-	Medicaid Reimbursement Per	ates for	Non	ı-Institutional	<u>Providers</u>				
Jes	ssie Trice-54th Av	ve			Pro۱	vider Number :	029541862			
				Date : 10/16/2024						
56	07 NW 27th Ave		Fiscal Year End : N/A							
Mia	ami, Fl 33142				Aud	it Status : N/A				
Pro	ovider Type:				(Current Rate	New Rate	Effective Date		
	Rural H	lealth Clinic								
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers				162.40	169.87	10/01/2024		
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	are							
	#05	51 / 0561 Continuous Home C	are - SIA	4						
	#06	55 / H55 Inpatient Respite Car	e e							
	#06	56 / H56 General Inpatient Car	re							
	#06	58 Room and Board								
	Basis :]		Rate ⁻	Туре	:				
'		Budget		>	X	Prospect	ve			
		Unaudited costs	-			Total Pro	spective			
•		Desk audited costs	-			Prospect	ve Adjusted for	New costs		
•		Field audited costs	-							
•		Medicare - Prospective	-			Interim				
	X	Payment System Rate	-			Total Inte	rim			
•		Average Nursing Home Rate	-			Settleme	nt based on cost	is		
•		Dade								
	<u>Distribution:</u>		 T. K. F	eehrer,				Λ\/ <i>J</i>		
	Fiscal Agent				men	t Analyst Supe	rvisor	2h2		
	Contract Mana	gement	Medica	aid Progr	am F	inance				
	Permanent File									
	Program Deve	lopment:								



029541865 - 2024/10

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

	Medicaid Reimbursement Per	r Diem Rates for	r No	<u>n-Inst</u>	itutional I	<u>Providers</u>			
essie Trice Com	munity Health System-Miami		Pro	vider l	Number : (029541865			
			Dat	e: 10	/16/2024				
17 NW 15th Stre	et		Fiscal Year End : N/A						
iami, FL 33136			Auc	dit Sta	tus : N/A				
rovider Type:				Curre	nt Rate	New Rate	Effective Date		
Rural	Health Clinic								
Swin	g-Bed Provider								
X Feder	rally Qualified Health Centers				162.40	169.87	10/01/2024		
Hosp	ice Provider								
#(0651 / H51 Routine Home Care ((1-60)							
#(0651a / H5L Routine Home Care	e (61 +)							
#(0652 / H52 Continuous Home Ca	are							
#(0551 / 0561 Continuous Home C	are - SIA							
#(0655 / H55 Inpatient Respite Ca	re							
#(0656 / H56 General Inpatient Ca	re							
#(0658 Room and Board								
Basis :		Rate	Тур	e :					
	Budget		Χ		Prospecti	ve			
	Unaudited costs				Total Pro	spective			
	Desk audited costs				Prospecti	ve Adjusted for	New costs		
	Field audited costs				•				
	Medicare - Prospective				Interim				
X	Payment System Rate				Total Inte	rim			
	Average Nursing Home Rate				Settleme	nt based on cost	ts		
	 Dade				•				
Distribution	<u>n:</u>	T. K. Feehrer,					٨٧.٨		
Fiscal Agent		Senior Manage			<u> </u>	visor	2/1/2		
Contract Mar	nagement	Medicaid Prog	ıram	Finan	ce				
Permanent F	ïle								
Program Dev	velopment:								



029541879 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health System Inc.	Provider Number : 029541879
Jessie Trice Community Health Center Inc	Date: 10/16/2024
Flamingo Health Center, 901 E 10th Ave. Ste #39	Fiscal Year End : N/A
Hialeah , FL 33010-3766	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	162.40	169.87	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





029543400 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Ins	titutional l	<u>Providers</u>		
Ru	ral Health Care -	- Main			Pro	ovider	Number :	029543400		
					Da	ate : 10)/16/2024			
P.C	D. Box 817			Fiscal Year End : N/A						
Pa	atka, FL 32178				Au	ıdit Sta	itus : N/A			
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date	
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers					143.60	157.27	10/01/2024	
	Hospid	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - SI	A						
	#06	655 / H55 Inpatient Respite Car	e							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
ſ	Basis :	7		Rate	Тур	pe :]			
ן נ		∟ Budget			X		∟ Prospecti	ve		
-		Unaudited costs	-			Total Prospective				
•		Desk audited costs	-				- Prospecti	ve Adjusted for	New costs	
•		Field audited costs	-				_			
-		– Medicare - Prospective	-				- Interim			
	Χ	Payment System Rate	-				- Total Inte	rim		
-		Average Nursing Home Rate	-				Settleme	nt based on cost	is	
		Alachua								
	Distribution	:	T K F	eehrer,					A \	
	Fiscal Agent	-			eme	ent Ana	alyst Supe	rvisor	4	
	Contract Mana	agement	Medic	aid Prog	ram	n Finar	nce			
	Permanent File									
	Program Deve	elopment:								
	=									



029543401 - 2024/10

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

Medicaid Reimbursement Per	Diem Rates fo	r N	on-Institutional	<u>Providers</u>				
Rural Health Care - Palatka Family Medical Center		Pr	rovider Number :	029543401				
		Date: 10/16/2024						
P.O. Box 817	Fiscal Year End : N/A							
Palatka, FI 32178		Αι	udit Status : N/A					
Provider Type:			Current Rate	New Rate	Effective Date			
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Centers			143.60	157.27	10/01/2024			
Hospice Provider								
#0651 / H51 Routine Home Care (1-60)							
#0651a / H5L Routine Home Care	(61 +)							
#0652 / H52 Continuous Home Ca	ire							
#0551 / 0561 Continuous Home C	are - SIA							
#0655 / H55 Inpatient Respite Car	е							
#0656 / H56 General Inpatient Car	е							
#0658 Room and Board								
Basis:	Rate	Ту	pe:					
Budget		X	 Prospect	ive				
Unaudited costs			Total Pro	Total Prospective				
Desk audited costs			Prospec	ive Adjusted for	New costs			
Field audited costs								
Medicare - Prospective			Interim					
X Payment System Rate			Total Inte	erim				
Average Nursing Home Rate			Settleme	nt based on cost	s			
Alachua								
<u>Distribution:</u>	T. K. Feehrer,				1 / N			
Fiscal Agent	Senior Manag		ent Analyst Supe	rvisor	1/2 L			
Contract Management	Medicaid Prog	ran	n Finance					
Permanent File								
Program Development:								



029543402 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	es for No	on-Institutional	<u>Providers</u>			
Ru	ral Health Care -	- Interlachen Family Med. Center	Provider Number : 029543402						
			Date: 10/16/2024						
P.C	D. Box 817		Fiscal Year End : N/A						
Pal	atka, FI 32178			Αι	udit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers			143.60	157.27	10/01/2024		
	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	'e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
ſ	Basis :]		Rate Ty	pe:				
١		Budget		Х	Prospect	ive			
-		Unaudited costs			Total Pro	spective			
-		Desk audited costs			Prospect	ive Adjusted for	New costs		
-		Field audited costs							
-		Medicare - Prospective			Interim				
_	Χ	Payment System Rate			Total Inte	erim			
-		Average Nursing Home Rate Alachua			Settleme	nt based on cos	is .		
	<u>Distribution:</u>		T. K. Fee Senior Ma		ent Analyst Supe	rvisor	184		
	Fiscal Agent Contract Mana	agement	Medicaid						
	Permanent Fil			-					
	Program Deve								
	. rogram beve	nopmont.							



029543403 - 2024/10

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

Medicaid Reimbursement Per	Diem Rates for	r No	on-Institutional	<u>Providers</u>				
Rural Health Care - Crescent City Family Med. Cent	ter	Pr	ovider Number	029543403				
		Date: 10/16/2024						
P.O. Box 817	Fiscal Year End : N/A							
Palatka, FI 32178		Αι	udit Status : N/A					
Provider Type:			Current Rate	New Rate	Effective Date			
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Centers			143.6	157.27	10/01/2024			
Hospice Provider								
#0651 / H51 Routine Home Care (1-60)							
#0651a / H5L Routine Home Care	(61 +)							
#0652 / H52 Continuous Home Ca	ire							
#0551 / 0561 Continuous Home C	are - SIA							
#0655 / H55 Inpatient Respite Car	е							
#0656 / H56 General Inpatient Car	е							
#0658 Room and Board								
Basis:	Rate	Ту	pe:					
Budget		X	Prospec	tive				
Unaudited costs			Total Pr	ospective				
Desk audited costs			Prospec	tive Adjusted for	New costs			
Field audited costs	-							
Medicare - Prospective			Interim					
X Payment System Rate			Total In	erim				
Average Nursing Home Rate			Settlem	ent based on cost	ts			
Alachua								
<u>Distribution:</u>	T. K. Feehrer,				1 / N			
Fiscal Agent		eme	ent Analyst Sup	ervisor	1/4 ²			
Contract Management	Medicaid Prog	ran	n Finance					
Permanent File								
Program Development:								



029543405 - 2024/10

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

		=	Medicaid Reimbursement Per	Diem Rate	es for N	lon-Ins	<u>titutional</u>	<u>Providers</u>			
Ru	ral Healt	h Care -	Keystone Family Med. Center	Provider Number : 029543405							
					Date : 10/16/2024						
Р.(D. Box 8	17		Fiscal Year End : N/A							
Pa	latka, Fl	32178			А	udit Sta	atus : N/A				
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				143.60	157.27	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Ca	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate Ty	/pe :	1				
'			Budget		Х		□ Prospect	ive			
•			Unaudited costs				_ Total Pro	spective			
•			Desk audited costs				- Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
•			Medicare - Prospective				- Interim				
)	X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	s		
•			Alachua				_				
	<u>Dist</u> ri	bution:		T. K. Feel	hrer.				Λ\/ <i>Λ</i>		
	Fiscal Agent					ent An	alyst Supe	rvisor	2/42		
	Contra	act Mana	gement	Medicaid	Prograi	m Finar	nce				
	Perma	anent File	e								
	Progra	am Deve	lopment:								



029543406 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	· No	on-Inst	itutional l	<u>Providers</u>		
Ru	ral Health Care	- Hawthorne Family Med. Center			Pro	ovider	Number :	029543406		
				Date : 10/16/2024						
P.C). Box 817		Fiscal Year End : N/A							
Pal	atka, FI 32178				Au	ıdit Sta	tus : N/A			
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers					143.60	157.27	10/01/2024	
	Hospid	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 - S	IA							
	#00	e								
	#00	re								
	#00	658 Room and Board								
	Basis :	7		Rate	Тур	oe :]			
<u></u>		 Budget			X		Prospecti	ve		
-		Unaudited costs					- Total Pro	spective		
-		Desk audited costs					Prospect	ve Adjusted for	New costs	
-		Field audited costs					-			
-		Medicare - Prospective					Interim			
	Χ	Payment System Rate					Total Inte	rim		
_		Average Nursing Home Rate Alachua					Settleme	nt based on cost	s	
	<u>Distribution</u>	<u>-</u>		Feehrer,		. n.t. A n. a	ducat Cuman	n da a n	NYI	
	Fiscal Agent			or Manage caid Prog			alyst Super	VISOI		
	Contract Mana	_	weak	Jaiu Mog	ıam	ırınan	CE			
	Permanent Fil									
	Program Deve	elopment:								



029543411 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	r No	n-Institu	tional F	<u>Providers</u>			
Ru	ral Health Care	- Family Med & Dental Ctr - Elm	Street		Pro	ovider Nu	mber : (029543411			
					Da	Date : 10/16/2024					
P.C	D. Box 817		Fiscal Year End : N/A								
Pal	atka, FL 32177				Aud	dit Status	: N/A				
Pro	ovider Type:					Current	Rate	New Rate	Effective Date		
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers					143.60	157.27	10/01/2024		
	Hospid	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 - S	IA							
	#00	655 / H55 Inpatient Respite Car	е								
	#00	656 / H56 General Inpatient Car	re								
	#00	658 Room and Board									
ſ	Basis :	7		Rate	Тур	pe :					
L		∟ Budget			X	 Pr	ospecti	ve			
-		Unaudited costs				Total Prospective					
-		Desk audited costs				Pr	ospecti	ve Adjusted for	New costs		
-		Field audited costs									
-		— Medicare - Prospective				In	terim				
	Χ	Payment System Rate				To	otal Inte	rim			
-		Average Nursing Home Rate				Se	ettlemei	nt based on cost	s		
-		 Putnam									
									S		
	<u>Distribution</u>	· <u>·</u>		Feehrer, r Manage	eme	nt Analys	t Suner	visor	NA		
	Fiscal Agent	,		aid Prog			. Cupei	11301			
	Contract Man	· ·		10g	. जाग						
	Permanent Fil										
	Program Deve	elopment:									



029543413 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Medicaid Reinibulgement i el biel	ii itales ioi ii	on-montational	i iovideis		
Rural Health Care, Inc.	rovider Number : 029543413				
Eastside Family Dental Center	Date : 10/16/2024				
PO Drawer 817	Fiscal Year End : N/A				
Palatka, FL 321780817	Audit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
		1 10 00	455.05	10/01/0001	

	Swing-Bed Provider			
X	Federally Qualified Health Centers	143.60	157.27	10/01/2
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029543414 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care Corp	Provider Number : 029543414
Family Medical & Dental Centers	Date: 10/16/2024
PO Box 817	Fiscal Year End : N/A
Palatka, FL 32178	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	143.60	157.27	10/01/2024
	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:		Raf	te Type :	
	 Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	Average Nursing Home Rate			Settlement based on costs
	— St Johns			_

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



029543416 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date				
Palatka, FL 32178	Audit Status : N/A				
PO Box 817	Fiscal Year End : N/A				
Family Medical & Dental - Clay Co.	Date : 10/16/2024				
Rural Health Care Inc	Provider Number : 029543416				

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	143.60	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029543418 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care Inc.	Provider Number : 029543418
Family Medical & Dental Ctrs - Green Cove	Date: 10/16/2024
PO Box 817	Fiscal Year End : N/A
Palatka, FL 321780817	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	143.60	157.27	10/01/2024
	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
_	_ Clay		-

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





029543422 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date
Palatka, Fl 32177	Audit Status : N/A
1302 River St	Fiscal Year End : N/A
Azelea Health - Palm Coast	Date : 10/16/2024
Rural Health Care	Provider Number : 029543422

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	143.60	157.27	10/01/2024
	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
	- Flagler			

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029543424 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care	Provider Number : 029543424
Azalea Health - State Road	Date : 10/16/2024
PO Box 817	Fiscal Year End : N/A
Palatka, FL 32178-0817	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	143.60	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

supervisor J



029543427 - 2024/10

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

Medicaid Reimbursement Per	Diem Rates for I	Non-Institutional	<u>Providers</u>		
Rural Health Care- Azalea Health Dunn Avenue	F	Provider Number :	029543427		
	Γ	Date : 10/16/2024			
1455 Dunn Avenue	F	Fiscal Year End : N	I/A		
Daytona Beach, FL 32114-1437	, and the second	Audit Status : N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		143.60	157.27	10/01/2024	
Hospice Provider					
#0651 / H51 Routine Home Care (1-60)				
#0651a / H5L Routine Home Care	(61 +)				
#0652 / H52 Continuous Home Ca	ıre				
#0551 / 0561 Continuous Home C	are - SIA				
#0655 / H55 Inpatient Respite Car	е				
#0656 / H56 General Inpatient Car	е				
#0658 Room and Board					
Basis:	Rate T	ype :			
Budget	X	Prospect	ive		
Unaudited costs		Total Pro	spective		
Desk audited costs		Prospect	Prospective Adjusted for New costs		
Field audited costs					
Medicare - Prospective	-	Interim			
X Payment System Rate		Total Inte	erim		
Average Nursing Home Rate		Settleme	nt based on cos	ts	
Alachua					
<u>Distribution:</u>	T. K. Feehrer,			A>/ A	
Fiscal Agent		ment Analyst Supe	rvisor		
Contract Management	Medicaid Progra	nm Finance		-	
Permanent File					
Program Development:					



029543429 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Micaicaia Reimbarsement i er Diem Rate	3 101 140	ni-institutional	TOVIGEIS		
Azalea H	lealth	Pro	ovider Number : 029543429			
Azalea H	lealth Dunn Ave	Date : 10/16/2024				
1425 Dur	nn Ave	Fis	Fiscal Year End : N/A Audit Status : N/A			
Daytona	Beach, FL 32114	Au				
Provider Type:			Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers		143.60	157.27	10/01/2024	
	Hospice Provider					
	#0651 / H51 Routine Home Care (1-60)					
	#0651a / H5L Routine Home Care (61 +)		1			

#065	2 / H52 Continuous Home Care	
#055	1 / 0561 Continuous Home Care	- SIA
#065	5 / H55 Inpatient Respite Care	
#065	6 / H56 General Inpatient Care	
#065	8 Room and Board	

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



029543432 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates f	or No	on-Institutional	<u>Providers</u>		
Rural Health Care, Inc. Provider Number : 029543432								
Aza Health				Da	ate: 10/16/2024			
146 Comfort Rd Unit 2				Fis	scal Year End : N	I/A		
Ра	latka, FL 32177	-8636		Au	Audit Status : N/A			
Pro	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural I	lealth Clinic						
	Swing	-Bed Provider						
	X Federa	Illy Qualified Health Centers			143.60	157.27	10/01/2024	
	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	558 Room and Board						
	Basis:	7	Rat	е Тур	pe:			
١		⊐ Budget		Χ	 Prospect	ive		
•		Unaudited costs			Total Pro	spective		
•		Desk audited costs				Prospective Adjusted for New costs		
•		Field audited costs						
•		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate			Settleme	nt based on cost	s	
		Putnam						
	Distribution	<u>.</u>	T. K. Feehre	r,			AV 1	
	Fiscal Agent				ent Analyst Supe	rvisor	1/4 ²	
	Contract Mana	agement	Medicaid Pro	gram	Finance			
	Permanent Fil	e						
	Program Deve	elopment:						



029544200 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	r No	n-Institutional	<u>Providers</u>		
Mia	ımi Beach Comı	munity Health Center - Stanley C	. Myers	Provider Number : 029544200					
					Date: 10/16/2024				
710) Alton Road				Fis	cal Year End : N	I/A		
Mia	nmi, FL 33139				Aud	dit Status : N/A			
Pro	vider Type:					Current Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				152.46	159.48	10/01/2024	
	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	are - SI	Α						
	#00	e							
	#00	656 / H56 General Inpatient Car	re						
	#00	658 Room and Board							
	Basis :	7		Rate	Тур	e:			
<u></u>		 Budget	'		X	Prospect	ive		
-		Unaudited costs	'			Total Pro	spective		
-		Desk audited costs		-		Prospective Adjusted for New costs			
-		Field audited costs							
-		Medicare - Prospective	'			Interim			
	Χ	Payment System Rate				Total Inte	erim		
-		Average Nursing Home Rate				Settleme	nt based on cost	s	
_		 Dade							
	Distribution								
<u>Distribution:</u>			Feehrer, r Manage	eme	nt Analyst Supe	rvisor	184		
	Fiscal Agent	agamant		aid Prog				<i>-</i> //(~	
	Contract Mana Permanent Fil			3					
	Program Deve	ыортнети.							



029544201 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	s for	r Noı	<u>n-Institutional l</u>	<u>Providers</u>			
Mia	mi Beach Com	munity Health Center - Beverly Pr	ress Provider Number : 029544201							
					Dat	Date : 10/16/2024				
710	Alton Road				Fisc	cal Year End : N	/A			
Mia	mi, FL 33139				Auc	lit Status : N/A				
Pro	vider Type:					Current Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	g-Bed Provider								
	X Feder	ally Qualified Health Centers				152.46	159.48	10/01/2024		
	Hospi	ice Provider								
	#0	0651 / H51 Routine Home Care (1-60)							
	#0	0651a / H5L Routine Home Care	(61 +)							
	#0	0652 / H52 Continuous Home Ca	re							
	#0	0551 / 0561 Continuous Home Ca	are - SIA							
	#0	0655 / H55 Inpatient Respite Car	е							
	#0	0656 / H56 General Inpatient Car	е							
	#0	0658 Room and Board								
Γ	Basis :		F	Rate	Тур	e :				
-		— Budget			X	——I Prospecti	ve			
_		— Unaudited costs				 Total Prospective				
_		Desk audited costs				Prospect	ve Adjusted for	New costs		
_		Field audited costs								
_		— Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
_		Average Nursing Home Rate				Settleme	nt based on cost	ts		
_		 Dade								
	D: (!! . (!							5 6		
	Distribution	<u>1:</u>	T. K. Feeh Senior Ma		emer	nt Analyst Supe	visor	N/1		
Fiscal Agent			Medicaid I							
	Contract Mar	•								
	Permanent F									
	Program Dev	reiopment:								



029544207 - 2024/10

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

Rural Health Clinic Swing-Bed Provider		Medicaid Reimbursement Per	Diem Rates fo	or No	n-Institutional	<u>Providers</u>		
Fiscal Year End : N/A Audit Status : N/A	Miami	Beach Community Health Center - Nanay Hea	alth Center	Pro	rovider Number : 029544207			
Mami, FL 33139 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:				Date : 10/16/2024				
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective X Prospective X Prospective X Prospective Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File	710 Al	ton Road		Fiscal Year End : N/A				
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 152.46 159.48 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective X Prospective X Prospective Y Prospective	Miami,	FL 33139		Auc	dit Status : N/A			
Swing-Bed Provider X Federally Qualified Health Centers 152.46 159.48 10//01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective X P	Provid	ler Type:			Current Rate	New Rate	Effective Date	
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :		Rural Health Clinic				,		
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		Swing-Bed Provider						
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Basis:	X	Federally Qualified Health Centers			152.46	159.48	10/01/2024	
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Hospice Provider						
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		#0651 / H51 Routine Home Care (1	l -60)					
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#0651a / H5L Routine Home Care	(61 +)					
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#0652 / H52 Continuous Home Ca	re					
#0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#0551 / 0561 Continuous Home Ca	are - SIA					
#0658 Room and Board Basis :		#0655 / H55 Inpatient Respite Care	9					
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Total Interim Settlement based on costs Settlement Analyst Supervisor Medicaid Program Finance		#0656 / H56 General Inpatient Car	е					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Robert V Prospective Total Prospective Prospective Total Interim Settlement based on costs Total Interim Total Interim Settlement based on costs Medicaid Program Finance Medicaid Program Finance		#0658 Room and Board						
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Basis:	Rate	е Тур	e :			
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Budget		Х	Prospect	ive		
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Interim Total Interim Settlement based on costs Settlement Analyst Supervisor Medicaid Program Finance		Unaudited costs			Total Prospective			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Desk audited costs			Prospective Adjusted for New costs			
X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Field audited costs						
Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Average Nursing Home Rate Dade T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Medicare - Prospective			Interim			
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		X Payment System Rate			 Total Inte	erim		
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Average Nursing Home Rate			Settleme	nt based on cost	ts	
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance		Dade						
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance	<u>D</u>	istribution:	T. K. Feehrer	r.			A V . A	
Permanent File	F	iscal Agent			nt Analyst Supe	rvisor	2K2	
	С	ontract Management	Medicaid Pro	gram	Finance			
Program Development:	Р	ermanent File						
	Р	rogram Development:						



029544214 - 2024/10

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 Pate New Pate Effective Date
Miami, FL 331813138	Audit Status : N/A
11645 Biscayne Blvd, Suite 207	Fiscal Year End : N/A
	Date: 10/16/2024
Miami Beach Comm Health Center - North Suite 309	Provider Number : 029544214

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	152.46	159.48	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

 $\underline{\textbf{Distribution:}}$

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





029544215 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Comm Health Ctr - North Suite 301, 305 and 307	Provider Number : 029544215
	Date : 10/16/2024
11645 Biscayne Blvd, Suite 207	Fiscal Year End : N/A
Miami, FL 331813138	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	152.46	159.48	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

 $\underline{\textbf{Distribution:}}$

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





029544217 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date
Miami, FL 331813138	Audit Status : N/A
11645 Biscayne Blvd, Suite 207	Fiscal Year End : N/A
	Date : 10/16/2024
Miami Beach Comm Health Ctr - North Suite 308	Provider Number : 029544217

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	152.46	159.48	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029544220 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r No	<u>on-Ins</u>	titutional l	<u>Providers</u>			
iami Beach Con	nmunity Hlth Ctr- Biscayne Blvd	Provider Number : 029544220							
			Date : 10/16/2024						
645 Biscayne E	Blvd	Fiscal Year End : N/A							
orth Miami, Fl 3	3181		Au	dit Sta	atus : N/A				
ovider Type:				Curr	ent Rate	New Rate	Effective Date		
Rura	l Health Clinic								
Swin	g-Bed Provider								
X Fede	rally Qualified Health Centers				152.46	159.48	10/01/2024		
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							
#(re								
#(0656 / H56 General Inpatient Ca	re							
#(0658 Room and Board								
Basis :		Rate	Тур	oe :	7				
	 Budget		Χ		Prospecti	ive			
	Unaudited costs				Total Prospective Prospective Adjusted for New costs				
	Desk audited costs								
	Field audited costs				_				
	Medicare - Prospective				- Interim				
Χ	Payment System Rate				Total Inte	erim			
	Average Nursing Home Rate				_ Settleme	nt based on cost	s		
	Dade								
Distributio	<u>n:</u>	T. K. Feehrer,					A \		
Fiscal Agent		Senior Manag	eme	ent An	alyst Supe	rvisor	4		
Contract Management		Medicaid Prog	ram	Finar	nce				
Permanent F	File								
Program Dev	velopment:								



029544222 - 2024/10

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

		-	<u>Medicaid Reimbursement Per</u>	r Diem Rate	s for N	lon-Ins	titutional	<u>Providers</u>	
Miami Beach Comm Hlth Ctr-N Miami			Provider Number : 029544222						
				D	ate : 10				
110	645 Bisc	ayne Blv	d		F	iscal Y	ear End : N	I/A	
North Miami, FI 33181				A	udit St	atus : N/A			
Pro	vider T	уре:				Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				152.46	159.48	10/01/2024
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care ((1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Ca	re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Bas	sis :]		Rate Ty	ype :			
'			Budget		Х		⊐ Prospect	ive	
•			Unaudited costs				Total Pro	spective	
•			Desk audited costs				Prospect	ive Adjusted for	New costs
•			Field audited costs				_		
•			Medicare - Prospective				_ Interim		
	2	X	Payment System Rate				Total Inte	erim	
•			Average Nursing Home Rate				Settleme	nt based on cost	s
•			Duval				_		
	<u>D</u> istri	bution:		T. K. Feel	hrer				A \
		Agent				nent An	alyst Supe	rvisor	4
	Contra	act Mana	gement	Medicaid	Progra	m Fina	nce		
		anent File							
	Progra	am Deve	lopment:						



029544224 - 2024/10

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

		_	Medicaid Reimbursement Pe	r Diem	Rates for	· N	on-Ins	titutional	<u>Providers</u>	
Miami Beach Community Health Center			Provider Number : 029544224							
			Date : 10/16/2024							
110	645 Bisc	ayne Blv	rd			Fi	iscal Y	ear End : N	I/A	
Mia	ami, FL	33181				Αı	udit St	atus : N/A		
Pro	ovider T	уре:					Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					152.46	159.48	10/01/2024
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care	(1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home C	are						
		#05	51 / 0561 Continuous Home (Care - S	IA					
		#06	55 / H55 Inpatient Respite Ca	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate	Ту	pe :			
'			Budget			X		⊐ Prospect	ive	
•			Unaudited costs					_ Total Pro	spective	
•			Desk audited costs					Prospect	ive Adjusted for	New costs
•			Field audited costs					_		
•			Medicare - Prospective					 Interim		
)	X	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cost	ts
-			Dade							
	Distri	bution:		I T. K.	Feehrer,					AV 1
	Fiscal	Agent				em	ent An	alyst Supe	rvisor	2/42
	Contra	act Mana	gement	Medic	caid Prog	rar	n Fina	nce		
	Perma	nent File	e							
	Progra	am Deve	lopment:							



029544230 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	-							
Miami Bc	h Comm F	Hith Ctr At Stan Myer		Pro	ovide	r Number :	029544230	
				Da	te : 1	0/16/2024		
11645 Bis	scayne Blv	vd, Ste 100		Fis	cal Y	ear End : N	I/A	
Miami, FL	33181-3	155		Au	dit St	atus : N/A		
Provider	Type:				Cur	rent Rate	New Rate	Effective Date
	Rural H	lealth Clinic						
	Swing-	Bed Provider						
Х	Federa	lly Qualified Health Centers				152.46	159.48	10/01/2024
	Hospic	e Provider						
	#06	551 / H51 Routine Home Care (1-60	D)					
	#06	51a / H5L Routine Home Care (61	+)					
	#06	552 / H52 Continuous Home Care						
	#05	551 / 0561 Continuous Home Care	- SIA					
	#06	555 / H55 Inpatient Respite Care						
	#06	556 / H56 General Inpatient Care						
	#06	58 Room and Board						
В	asis :	7	Rate	Tvr	De :			
		Budget		X		_ □ Prospect	ive	
-		Unaudited costs				— Total Pro		
-		_ Desk audited costs					· ive Adjusted for l	New costs
-		– Field audited costs				<u> </u>	•	
-		– Medicare - Prospective				— Interim		
	X	Payment System Rate	· 			— Total Inte	erim	
-		Average Nursing Home Rate				_	nt based on cost	s
		_ Dade				_		

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance





029545100 - 2024/10

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

		Medicaid Reimbursement P	er Diem Ra	ates for No	on-Institutional	<u>Providers</u>	
Со	mmunity He	alth Centers, Inc.		Pro	ovider Number :	029545100	
				Da	ite: 10/16/2024		
Р.С	D. Box 1249			Fis	scal Year End : N	I/A	
Ар	opka, FL 32	704		Au	dit Status : N/A		
Pro	ovider Type	:			Current Rate	New Rate	Effective Date
	Ru	ral Health Clinic					
	Sw	ving-Bed Provider					
	X Fe	derally Qualified Health Centers			164.88	172.47	10/01/2024
	Но	spice Provider					
		#0651 / H51 Routine Home Care	(1-60)				
		#0651a / H5L Routine Home Ca	re (61 +)				
		#0652 / H52 Continuous Home	Care				
		#0551 / 0561 Continuous Home	Care - SIA	1			
		#0655 / H55 Inpatient Respite C	are				
		#0656 / H56 General Inpatient C	are				
		#0658 Room and Board					
	Basis :			Rate Typ	pe:		
•		 Budget	_	Х	Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	X	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate	• _		Settleme	nt based on cost	ts
•		Orange					
	Distribut	<u>iion:</u>	I T. K. Fe	eehrer,			٨.٧٨
	Fiscal Age	ent			ent Analyst Supe	rvisor	2/4
	Contract N	Management	Medica	id Program	Finance		
	Permaner	nt File					
	Program [Development:					



029545110 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Southlake Fmly Hlth	Provider Number : 029545110
Southlake Family Health	Date: 10/16/2024
P.O. Box 2329	Fiscal Year End : N/A
Apopka, FL 32704	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	164.88	172.47	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029545111 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Winter Garden Fmly Hlth	Provider Number : 029545111		
WG Family Health Center	Date: 10/16/2024		
P.O. Box 2329	Fiscal Year End : N/A		
Apopka, FL 32704	Audit Status : N/A		

Provide	туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	164.88	172.47	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

- AXA



029545112 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Leesburg	Provider Number : 029545112		
Leesburg Community	Date: 10/16/2024		
P.O. Box 2329	Fiscal Year End : N/A		
Apopka, FL 32704	Audit Status : N/A		

Provide	туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	164.88	172.47	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

SXA



029545113 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Apopka Fmly Hlth	Provider Number : 029545113	
Apopka Family Health	Date: 10/16/2024	
P.O. Box 2329	Fiscal Year End : N/A	
Apopka, FL 32704	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	164.88	172.47	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029545114 - 2024/10

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

	<u>N</u>	<u>ledicaid Reimbursement Per</u>	Diem Rates	for No	on-Ins	<u>titutional l</u>	<u>Providers</u>	
Communit	y Health C	enters, Inc Apopka Childrens	s Hlth	Pr	ovider	Number :	029545114	
				Da	ate : 10/16/2024			
P.O. Box 2	2329			Fi	scal Ye	ear End : N	I/A	
popka, F	L 32704			Αι	udit Sta	atus : N/A		
Provider ⁻	Туре:				Curr	ent Rate	New Rate	Effective Date
	Rural He	ealth Clinic						
	Swing-B	ed Provider						
X	Federall	y Qualified Health Centers				164.88	172.47	10/01/202
	Hospice	Provider						
	#065	1 / H51 Routine Home Care (1-60)					
	#065	1a / H5L Routine Home Care	(61 +)					
	#065	2 / H52 Continuous Home Ca	are					
	#055	1 / 0561 Continuous Home C	are - SIA					
	#065	5 / H55 Inpatient Respite Car	·e					
	#065	6 / H56 General Inpatient Ca	re					
	#065	8 Room and Board						
Ва	asis :		R	ate Ty	pe:	1		
L		Budget		Х		_ Prospecti	ive	
		Unaudited costs				- Total Pro	spective	
		Desk audited costs				- Prospecti	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				- Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
		Orange				_		
Dist	ribution:		T. K. Feehi	rer,				1V.1
Fisca	l Agent		Senior Mar		ent Ana	alyst Supe	rvisor	1/4 ²
Conti	ract Manag	ement	Medicaid P	rogran	n Finar	nce		
Perm	anent File							
Progr	ram Develo	ppment:						



029545115 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	· No	n-Institutiona	<u>l Providers</u>		
Со	mmunity Health	Centers, Inc Pine Hills			Pro	Provider Number : 029545115			
					Da	te : 10/16/2024	ļ.		
P.C). Box 2329				Fis	cal Year End :	N/A		
Ар	Apopka, FL 32704				Au	dit Status : N/A			
Pro	vider Type:					Current Rate	New Rate	Effective Date	
	Rural	Health Clinic					'		
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				164.8	8 172.47	10/01/2024	
	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	e						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
ſ	Basis :	7		Rate	Тур	pe:			
<u></u>		 Budget			X	——— Prospe	ctive		
-		Unaudited costs				Total P	rospective		
-		Desk audited costs				Prospe	ctive Adjusted for	New costs	
-		Field audited costs							
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Ir	terim		
-		Average Nursing Home Rate				Settlem	ent based on cos	ts	
-		 Orange							
	Dietribution								
	Distribution Fiscal Agent	<u>l.</u>		Feehrer, r Manage	eme	ent Analyst Sup	ervisor	1/4	
	Contract Man	agement		aid Prog					
	Permanent Fi								
	Program Dev								
	. rogram bev	oropinorit.							



029545119 - 2024/10

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

			<u>Medicaid Reimbursement Per</u>	Diem I	Rates for	· Nor	<u>n-Institutional</u>	<u>Providers</u>		
Со	mmunity	Health C	Centers - Lake Ellenor	Provider Number : 029545119						
						Date	Date : 10/16/2024			
Р.С	D. Box 23	329				Fisc	al Year End : N	I/A		
Ар	Apopka, FL 32704				Aud	it Status : N/A				
Pro	ovider Ty	/pe:					Current Rate	New Rate	Effective Date	
		Rural H	ealth Clinic							
		Swing-l	Bed Provider							
	X	Federal	ly Qualified Health Centers				164.88	172.47	10/01/2024	
		Hospice	e Provider							
		#06	51 / H51 Routine Home Care (1-60)				,		
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - S	IA					
		#06	55 / H55 Inpatient Respite Car	e						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	is:]		Rate	Туре	e :			
			Budget			X	—— Prospect	ive		
•			- Unaudited costs				 Total Pro	spective		
•			Desk audited costs				Prospect	ive Adjusted for	New costs	
•			Field audited costs							
•			- Medicare - Prospective				Interim			
	X	(Payment System Rate				 Total Inte	erim		
•			Average Nursing Home Rate				 Settleme	nt based on cost	ts	
•			Orange							
	Distri	hution:								
	Fiscal A	bution:			Feehrer, or Manage	emer	it Analyst Supe	rvisor	1111	
		ct Mana	gement		caid Progr					
		nent File			J					
			opment:							
	i iogia	III Devel	оринсик.							



029545121 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc.			Provider Number : 029545121			
Apopka Dental		D	ate : 10/16/2024			
PO Box 2329	PO Box 2329 Fisc			I/A		
Apopka, FL 327	704	A	udit Status : N/A			
Provider Type:			Current Rate	New Rate	Effective Date	
Rur	al Health Clinic					
Swi	ng-Bed Provider					
X Fed	erally Qualified Health Centers		164.88	172.47	10/01/2024	
Hos	pice 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 :		Rate Ty	pe:			
	J Budget	X	Prospect	ive		
	Unaudited costs		 Total Pro	spective		
	Desk audited costs		Prospect	ive Adjusted for	New costs	
	Field audited costs					
	Medicare - Prospective		 Interim			
Х	Payment System Rate		Total Inte	erim		
	Average Nursing Home Rate		Settleme	nt based on cost	ts	
	Orange					

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029545123 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers	Provider Number : 029545123	
Bithlo Family Health Center	Date : 10/16/2024	
PO Box 2329	Fiscal Year End : N/A	
Apopka, FL 32704	Audit Status : N/A	

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	164.88	172.47	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

pervisor J



029545125 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers Inc	Provider Number : 029545125
Meadow Woods Childrens Health Center	Date: 10/16/2024
110 South Woodland Street	Fiscal Year End : N/A
Winter Garden, FL 347873546	Audit Status : N/A

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	164.88	172.47	10/01/2024
	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
	— Orange		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029545129 - 2024/10

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

<u>Medicaid Reimbursement Pe</u>	r Diem Rates for	Non-Institutional	<u>Providers</u>	
Community Health Centers-Tavares		Provider Number :	029545129	
		Date : 10/16/2024		
110 S Woodland St		Fiscal Year End : N	I/A	
Winter Garden, FI 34787		Audit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		164.88	172.47	10/01/2024
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	ype :		
Budget	×	Prospect	ive	
Unaudited costs		Total Pro	spective	
Desk audited costs		Prospect	ive Adjusted for	New costs
Field audited costs				
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte	erim	
Average Nursing Home Rate		Settleme	nt based on cost	ts
Lake				
<u>Distribution:</u>	T. K. Feehrer,			ΛV./I
Fiscal Agent		ment Analyst Supe	rvisor	
Contract Management	Medicaid Progra	am Finance		
Permanent File				
Program Development:				



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029545131 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	Nor	<u>n-Institutional </u>	<u>Providers</u>		
Commun	ity Health Centers-Orlando		Prov	vider Number :	029545131		
			Date	e: 10/16/2024			
110 S W	oodland St		Fiscal Year End : N/A				
Winter G	arden, Fl 34787		Aud	it Status : N/A			
Provider	Туре:			Current Rate	New Rate	Effective Date	
	Rural Health Clinic				1		
	Swing-Bed Provider						
X	Federally Qualified Health Centers			164.88	172.47	10/01/2024	
	Hospice Provider						
	#0651 / H51 Routine Home Care (1-60)					
	#0651a / H5L Routine Home Care	(61 +)					
	#0652 / H52 Continuous Home Ca	are					
	#0551 / 0561 Continuous Home C	are - SIA					
	#0655 / H55 Inpatient Respite Car	re ·					
	#0656 / H56 General Inpatient Car	re					
	#0658 Room and Board						
Е	Basis:	Rate -	Туре	e :			
	Budget	,	X	 Prospect	ive		
	Unaudited costs			 Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
	X Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	ts	
	Orange						
Dis	tribution:	T. K. Feehrer,				٨٧.٨	
Fisc	al Agent	Senior Manage			rvisor	1/4°	
Con	tract Management	Medicaid Progr	am I	Finance			
Peri	manent File						



029545137 - 2024/10

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

		=	Medicaid Reimbursement Per	<u>r Diem Rat</u>	es for	· Non	<u>ı-Institutional</u>	<u>Providers</u>			
Со	mmunity	Health (Centers, Inc.			Prov	vider Number :	029545137			
						Date	e : 10/16/2024				
110) S Woo	dland St	reet			Fisc	scal Year End : N/A				
Wi	nter Gard	den, FL	34787			Aud	it Status : N/A				
Pro	ovider T	уре:				(Current Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				164.88	172.47	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Car	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate ⁻	Туре	:				
,			Budget		>	X	Prospec	tive			
•			Unaudited costs				Total Pro	ospective			
•			Desk audited costs				Prospec	tive Adjusted for	New costs		
•			Field audited costs								
•			Medicare - Prospective				Interim				
)	X	Payment System Rate				 Total Int	erim			
•			Average Nursing Home Rate				Settleme	ent based on cost	ts		
-			Lake								
	Distri	bution:		T. K. Fee	ehrer.				Λ\/ <i>J</i>		
	Fiscal	Agent				emen	t Analyst Supe	ervisor	2/42		
	Contra	act Mana	gement	Medicaid	Progr	ram F	inance				
	Perma	anent File	9								
	Progra	am Deve	lopment:								



029545139 - 2024/10

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

		=	Medicaid Reimbursement Per	<u>r Diem Ra</u>	tes for	Non	<u>Institutional</u>	<u>Providers</u>			
Со	mmunity	Health (Centers, Inc.			Prov	vider Number :	029545139			
						Date	e : 10/16/2024				
110) S Woo	dland St	reet			Fisc	scal Year End : N/A				
Wi	nter Gar	den, FL	34787			Aud	it Status : N/A				
Pro	ovider T	уре:				(Current Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				164.88	172.47	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Ca	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate	Туре	:				
'			Budget		>	X	Prospec	tive			
•			Unaudited costs	-			Total Pro	ospective			
•			Desk audited costs	-			Prospec	tive Adjusted for	New costs		
•			Field audited costs	-							
•			Medicare - Prospective	-			Interim				
)	X	Payment System Rate	-			Total Inte	erim			
•			Average Nursing Home Rate	-			Settleme	ent based on cost	ts		
-			Lake								
	Distri	ibution:		 T. K. Fe	ehrer.				Λ\/ Λ		
	Fiscal	Agent				emen	t Analyst Supe	ervisor	2/42		
	Contra	act Mana	gement	Medicai	d Progr	ram F	inance				
	Perma	anent File	e								
	Progra	am Deve	lopment:								



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029545141 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates for	No	n-Institutional I	<u>Providers</u>	
Со	mmunity	Health Centers Inc		Pro	ovider Number :	029545141	
				Da	te : 10/16/2024		
60	S Dollin	s Ave Ste 100-A		Fis	cal Year End : N	I/A	
Orl	ando, FL	32805-3009		Aud	dit Status : N/A		
Pro	ovider Ty	/pe:			Current Rate	New Rate	Effective Date
		Rural Health Clinic					
		Swing-Bed Provider					
	X	Federally Qualified Health Centers			164.88	172.47	10/01/2024
		Hospice Provider					
		#0651 / H51 Routine Home Care (1	I-60)				
		#0651a / H5L Routine Home Care	(61 +)				
		#0652 / H52 Continuous Home Ca	re				
#0551 / 0561 Continuous Home 0 #0655 / H55 Inpatient Respite Ca			are - SIA				
			Э				
		#0656 / H56 General Inpatient Car	е				
		#0658 Room and Board					
	Bas	is:	Rate	Тур	pe:		
ָּ 		Budget)	X	Prospecti	ive	
•		Unaudited costs			 Total Pro	spective	
•		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
•		Medicare - Prospective			Interim		
	>	Payment System Rate			 Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cost	ts
•		Orange					
	<u>Distri</u>	bution: Agent	T. K. Feehrer, Senior Manage	me	nt Analyst Supe	rvisor	184
	Contra	ct Management	Medicaid Progr	am	Finance		
	Perma	nent File					



029545142 - 2024/10

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

		_	<u>Medicaid Reimbursement Per</u>	r Diem Rate	es for	Non	<u>-Institutional</u>	<u>Providers</u>	
Со	mmunity	Health (Centers Inc.			Prov	ider Number :	029545142	
						Date	: 10/16/2024		
600) S Dollir	s Ave S	te 100-A			Fisca	al Year End : N	I/A	
Orl	ando, FL	. 32805-	3009			Audi	t Status : N/A		
Pro	ovider Ty	/pe:				C	Current Rate	New Rate	Effective Date
		Rural H	ealth Clinic						
		Swing-	Bed Provider						
	X	Federa	ly Qualified Health Centers				164.88	172.47	10/01/2024
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care ((1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Car	re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Bas	sis :]		Rate 1	Туре	:		
'			Budget		X	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
-			Orange						
	Distri	bution:		T. K. Fee	hrer.				AV 1
	Fiscal	Agent				men	t Analyst Supe	rvisor	2/42
	Contra	ct Mana	gement	Medicaid	Progra	am F	inance		
	Perma	nent File	:						
	Progra	m Devel	opment:						



029545146 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	es for N	lon-Ins	stitutional	<u>Providers</u>	
Со	mmunity Health	Centers Inc		Р	rovide	r Number :	029545146	
				D	ate : 1	0/16/2024		
790	00 Forest City R	d		F	iscal Y	ear End : N	I/A	
Orl	ando, FL 32810)-3002		Α	udit St	atus : N/A		
Pro	ovider Type:				Curi	rent Rate	New Rate	Effective Date
	Rural I	Health Clinic					,	
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				164.88	172.47	10/01/2024
	Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#0	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	·e					
	#06	656 / H56 General Inpatient Car	re					
	#06	658 Room and Board						
[Basis :	7		Rate Ty	/pe :	7		
٠		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
		Orange				_		
	Distribution	<u>.</u>	T. K. Feel	hrer.				A\/ A
	Fiscal Agent				nent An	alyst Supe	rvisor	2K#
	Contract Mana	agement	Medicaid	Progra	m Fina	nce		
	Permanent Fil	e						
	Program Deve	elopment:						



029545149 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates fo	<u>r 1</u>	Non-	-Institutional I	<u>Providers</u>		
Со	mmunity Health	Centers Inc		F	⊃rov	ider Number :	029545149		
					Date	: 10/16/2024			
710	rlando , FL 32805-3646 rovider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Car #0652 / H52 Continuous Home #0655 / H55 Inpatient Respite C #0656 / H56 General Inpatient C #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs		F	-isca	scal Year End : N/A				
Orl	ando , FL 3280	5-3646		A	٩udi	t Status : N/A			
Pro	ovider Type:				С	Surrent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				164.88	172.47	10/01/2024	
	Hospi	ce Provider							
	#0	651 / H51 Routine Home Care (1-60)						
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	re						
	#0	551 / 0561 Continuous Home C	are - SIA						
	#0	655 / H55 Inpatient Respite Car	е						
	#0	656 / H56 General Inpatient Car	е						
	#0	658 Room and Board							
ſ	Basis :	7	Rate	• T	уре	:			
١.		 Budget		Χ		 Prospecti	ve		
-		Unaudited costs				 Total Pro	spective		
-		Desk audited costs				Prospecti	ve Adjusted for	New costs	
•		Field audited costs							
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				 Total Inte	rim		
-		Average Nursing Home Rate				Settleme	nt based on cost	S	
•		 Orange							
	Distribution		T. K. Feehrer					A \	
	Fiscal Agent	_			nent	t Analyst Supei	visor	JKJ -	
	Contract Man	agement	Medicaid Pro	gra	ım F	inance			
	Permanent Fi	le							
	Program Deve	elopment:							



029547700 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic						
Provider Type:		Current Rate	New Rate	Effective Date		
Sumterville, FL 33585	Audit Status : N/A					
1425 S. U.S. Hwy 301	Fis	cal Year End : N/A				
	Date : 10/16/2024					
Thomas E. Langley Medical Center						

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	151.44	158.40	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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



029547702 - 2024/10

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

		Medicaid Reimbursement Pe	r Diem Rates fo	r N	on-Ins	stitutional l	<u>Providers</u>		
Family Medical Center at the Shores				Provider Number : 029547702					
				Date : 10/16/2024					
142	25 S. U.S. Hv	wy 301		Fi	scal Y	ear End : N	/A		
Sur	mterville, FL	33585		Αι	udit St	atus : N/A			
Pro	vider Type:				Cur	rent Rate	New Rate	Effective Date	
	Rui	ral Health Clinic							
	Sw	ing-Bed Provider							
	X Fed	derally Qualified Health Centers				151.44	158.40	10/01/2024	
	Hos	spice Provider							
		#0651 / H51 Routine Home Care	(1-60)						
		#0651a / H5L Routine Home Care	e (61 +)						
		#0652 / H52 Continuous Home C	are						
		#0551 / 0561 Continuous Home C	Care - SIA						
		#0655 / H55 Inpatient Respite Ca	re						
		#0656 / H56 General Inpatient Ca	re						
		#0658 Room and Board							
	Basis :		Rate	Ту	pe:	7			
		 Budget		X		Prospecti	ve		
-		Unaudited costs				_ Total Pro	spective		
-		Desk audited costs				Prospecti	ve Adjusted for	New costs	
-		Field audited costs							
-		Medicare - Prospective				 Interim			
	Х	Payment System Rate				Total Inte	rim		
_		Average Nursing Home Rate				Settleme	nt based on cost	s	
_		Sumter							
	Distributi	ion:	T. K. Feehrer,					٨٧.٨	
Fiscal Agent		Senior Manag				visor	2h2		
	Contract M	lanagement	Medicaid Prog	ran	n Fina	nce			
	Permanen	t File							
	Program D	Development:							



029547709 - 2024/10

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

Provider Number : 029547709 Date : 101/16/2024 Fiscal Year End : N/A Audit Status : N/A Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651 / H51 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0656 / H56 General Inpatient Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :			Medicaid Reimbursement Per	Diem Rat	tes for No	on-Institutional	<u>Providers</u>			
Sumterville, FL 33585 Fiscal Year End : N/A	Pro	ject Health			Pro	Provider Number : 029547709				
Sumterville, FL 33585 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective X Prospective X Payment System Rate Average Nursing Home Rate Citrus					Da	te: 10/16/2024				
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651a / H52 Continuous Home Care #0655 / H52 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	14:	25 US Hwy 301			Fis	Fiscal Year End : N/A				
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 151.44 158.40 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :	Su	mterville, FL 33	585		Au	udit Status : N/A				
Swing-Bed Provider X Federally Qualified Health Centers 151.44 158.40 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective X Prospective	Pro	ovider Type:				Current Rate	New Rate	Effective Date		
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective X Prospecti		Rural I	Health Clinic							
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		Swing	-Bed Provider							
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :		X Federa	ally Qualified Health Centers			151.44	158.40	10/01/2024		
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Hospic	ce Provider							
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	651 / H51 Routine Home Care (1-60)						
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	651a / H5L Routine Home Care	(61 +)						
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	652 / H52 Continuous Home Ca	ire						
#0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		#05	551 / 0561 Continuous Home C	are - SIA						
#0658 Room and Board Basis :		#06	655 / H55 Inpatient Respite Car	e.						
Basis: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Citrus Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#06	656 / H56 General Inpatient Car	re						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Citrus Distribution: Fiscal Agent Contract Management Permanent File Runder X Prospective Total Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#06	658 Room and Board							
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Citrus Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Interim Settlement based on costs Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Basis :			Rate Typ	pe:				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Citrus Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	·		∟ Budget		Х	——— Prospect	ive			
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Citrus Total Interim Settlement based on costs Citrus T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance Medicaid Program Finance	•		Unaudited costs			Total Pro	spective			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Citrus Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Desk audited costs			Prospect	ive Adjusted for	New costs		
X Payment System Rate Average Nursing Home Rate Citrus Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Field audited costs							
Average Nursing Home Rate Citrus Distribution: Fiscal Agent Contract Management Permanent File Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		– Medicare - Prospective			Interim				
Citrus Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		X	Payment System Rate			 Total Inte	erim			
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Average Nursing Home Rate			Settleme	nt based on cost	s		
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance	•		Citrus							
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance		Distribution		 T. K. Fee	ehrer,			AV 1		
Permanent File		Fiscal Agent		Senior M	lanageme	ent Analyst Supe	rvisor	2/12		
		Contract Mana	agement	Medicaio	d Program	Finance				
Program Development:		Permanent Fil	е							
		Program Deve	elopment:							



029547723 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for No	on-Institutional	<u>Providers</u>			
Project Health Inverness			Provider Number: 029547723						
			Date : 10/16/2024						
151	1 East Highland	Blvd		Fis	scal Year End : N	I/A			
Inv	erness, FL 344	52		Au	udit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers			151.44	158.40	10/01/2024		
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
ſ	Basis :	7	Ra	ate Ty _l	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 Sumter			Settleme	nt based on cos	s		
	Distribution	<u>.</u> <u>.</u>	T. K. Feehr Senior Man		ent Analyst Supe	rvisor	184		
	Fiscal Agent	agament	Medicaid P		<u> </u>	551			
	Contract Mana Permanent Fil	_	•	J	-				
	Program Deve	лортнети.							



029547724 - 2024/10

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

		<u>Medicaid Reimbursemer</u>	<u>nt Per</u>	Diem R	Rates for	r No	n-Institutional	<u>Providers</u>	
Project Health Langley Health Services				Provider Number : 029547724					
				Date : 10/16/2024					
31	4 South	Line Avenue				Fis	cal Year End : N	I/A	
Inv	erness,	FL 34452				Aud	dit Status : N/A		
Pr	ovider T	ype:					Current Rate	New Rate	Effective Date
		Rural Health Clinic							
		Swing-Bed Provider							
	X	Federally Qualified Health Cent	ers				151.44	158.40	10/01/2024
		Hospice Provider							
		#0651 / H51 Routine Home 0	Care (1-60)					
		#0651a / H5L Routine Home	Care	(61 +)					
		#0652 / H52 Continuous Hor	ne Ca	re					
		#0551 / 0561 Continuous Ho	me C	are - Sl	A				
	#0655 / H55 Inpatient Respite Ca								
		#0656 / H56 General Inpatie	nt Car	е					
		#0658 Room and Board							
	Ba	sis:		İ	Rate	Тур	e:		
'		Budget				Χ	Prospect	ive	
,		Unaudited costs		-			Total Pro	spective	
,		Desk audited costs		-			Prospect	ive Adjusted for	New costs
		Field audited costs		-					
,		Medicare - Prospective		-			Interim		
		X Payment System Rate		-			Total Inte	erim	
,		Average Nursing Home F	Rate	-			Settleme	nt based on cost	S
		Sumter							
	Distri	ibution:			eehrer,				A>/ A
		Agent				eme	nt Analyst Supe	rvisor	JK#
		act Management		Medica	aid Prog	ram	Finance	200	•
		anent File							
	Progra	am Development:							



029547727 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Ins	titutional	<u>Providers</u>	
Project Health Lecanto				Provider Number: 029547727					
				Date : 10/16/2024					
512	2 N Lecanto High	nway 491			Fis	scal Y	ear End : N	I/A	
Led	canto, FL 34461				Αι	ıdit St	atus : N/A		
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic						,	
	Swing	-Bed Provider							
	X Federa	Illy Qualified Health Centers					151.44	158.40	10/01/2024
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SI	Α					
	#06	655 / H55 Inpatient Respite Car	e						
	#06	656 / H56 General Inpatient Car	e						
	#06	658 Room and Board							
	Basis :	7		Rate	Туј	pe:]		
י		Budget	'		X		⊐ Prospect	ive	
•		Unaudited costs	ļ ·				Total Pro	spective	
-		Desk audited costs					Prospect	ive Adjusted for	New costs
-		Field audited costs					_		
•		Medicare - Prospective	'				_ Interim		
	Χ	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cost	s
		Sumter							
	Distribution	:		Feehrer,					A \ / A
	Fiscal Agent	<u>.</u>			eme	ent An	alyst Supe	rvisor	JK.2+
	Contract Mana	agement	Medic	aid Prog	ram	ı Finaı	nce	200	¥
	Permanent Fil								
	Program Deve	elopment:							
	=								



029547729 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date
Crystal River, FL 34429-8905	Audit Status : N/A
547 SE Fort Island Trail Suite C&D	Fiscal Year End : N/A
	Date : 10/16/2024
Project Health Crystal River Pediatrics	Provider Number : 029547729

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	151.44	158.40	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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

1X4



029547731 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for No	on-Institutional	<u>Providers</u>		
Project Health Crystal River			Provider Number : 029547731					
			Date : 10/16/2024					
547	7 SE Fort Island	Trail E		Fis	scal Year End : N	I/A		
Cry	stal River, FL 3	4429		Au	Audit Status : N/A			
Pro	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers			151.44	158.40	10/01/2024	
	Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#0	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	е					
	#06	656 / H56 General Inpatient Car	re					
	#06	658 Room and Board						
[Basis :	7	Ra	ite Tyl	pe:			
٠		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 Sumter			Settleme	nt based on cost	is .	
	<u>Distribution</u>	<u>:</u>	T. K. Feehre Senior Man		ent Analyst Supe	rvisor	184	
	Fiscal Agent Contract Mana	agement	Medicaid Pr		<u> </u>			
	Permanent Fil			•				
	Permanent Fil							
	r rogram Deve	лоритент.						



029547735 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Project Health, Inc.	Provider Number : 029547735
Langley Health Services	Date: 10/16/2024
1425 S US 301	Fiscal Year End : N/A
Sumterville, FL 33585-5141	Audit Status : N/A

Provider	туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	151.44	158.40	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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



029547739 - 2024/10

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

Medicaid Reimbursement Per	Diem Rates for	r No	<u>n-Institutional l</u>	<u>Providers</u>	
Project Health Inc		Pro	vider Number :	029547739	
		Dat	e: 10/16/2024		
7945 S Suncoast Blvd Ste A-B	Fisc	cal Year End : N	/A		
Homosassa, FL 34446-5005		Auc	dit Status : N/A		
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic					,
Swing-Bed Provider					
X Federally Qualified Health Centers			151.44	158.40	10/01/2024
Hospice Provider					
#0651 / H51 Routine Home Care (1-60)				
#0651a / H5L Routine Home Care	(61 +)				
#0652 / H52 Continuous Home Ca	are				
#0551 / 0561 Continuous Home C	are - SIA				
#0655 / H55 Inpatient Respite Car	re				
#0656 / H56 General Inpatient Car	re				
#0658 Room and Board					
Basis:	Rate	Тур	e :		
Budget		X	Prospect	ve	
Unaudited costs			Total Pro	spective	
Desk audited costs			Prospect	ve Adjusted for	New costs
Field audited costs					
Medicare - Prospective			Interim		
X Payment System Rate			Total Inte	rim	
Average Nursing Home Rate			Settleme	nt based on cost	s
Citrus					
<u>Distribution:</u>	T. K. Feehrer,				AV A
Fiscal Agent		emer	nt Analyst Supe	rvisor	
Contract Management	Medicaid Progr	ram	Finance		
Permanent File					
Program Development:					



029548500 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Co	mmunity Health Center - Peter D		Provider Number	: 029548500		
			ate : 10/16/2024			
PO Box 82	969	Fiscal Year End :				
Tampa, FL			Audit Status : N/A			
Provider T	'vpe:		Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Center	rs	143.5	2 157.27	10/01/2024	
	Hospice Provider					
	#0651 / H51 Routine Home Ca	are (1-60)				
	#0651a / H5L Routine Home C	Care (61 +)				
	#0652 / H52 Continuous Home	e Care				
	#0551 / 0561 Continuous Hon	ne Care - SIA				
	#0655 / H55 Inpatient Respite	Care				
	#0656 / H56 General Inpatient	Care				
	#0658 Room and Board					
Ва	sis:	Rate T	ype :			
	 Budget	X	Prospec	ctive		
	Unaudited costs	-	 Total Pr	ospective		
	Desk audited costs		Prospec	ctive Adjusted for	New costs	
	Field audited costs					
	Medicare - Prospective		Interim			
	X Payment System Rate		Total In	terim		
	Average Nursing Home Ra	ate	Settlem	ent based on cos	ts	

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

Hillsborough

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

029548502 - 2024/10

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

	Medicaid Reimbursement Per	<u>r Diem Rates for</u>	Non-	<u>-Institutional </u>	<u>Providers</u>		
Tampa Community Health Center - Salvation Army			Provider Number: 029548502				
			Date	: 10/16/2024			
PO Box 8	32969	Fisca	al Year End : N	I/A			
Tampa, F	FL 33682		Audit	t Status : N/A			
Provider	Туре:		С	urrent Rate	New Rate	Effective Date	
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers			143.52	157.27	10/01/2024	
	Hospice Provider						
	#0651 / H51 Routine Home Care ((1-60)					
	#0651a / H5L Routine Home Care	e (61 +)					
	#0652 / H52 Continuous Home Ca	are					
	#0551 / 0561 Continuous Home C	Care - SIA					
	#0655 / H55 Inpatient Respite Ca	re					
	#0656 / H56 General Inpatient Ca	re					
	#0658 Room and Board						
E	Basis:	Rate	Гуре	:			
	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	is	
	Hillsborough						
<u>Dis</u>	tribution:	T. K. Feehrer,				AV 1	
Fisc	cal Agent	Senior Manage	ment	Analyst Supe	rvisor	1/4°	
Con	ntract Management	Medicaid Progr	am F	inance			
Per	manent File						



029548503 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates fo	<u>r No</u>	n-Inst	titutional I	<u>Providers</u>	
Tamp	oa Commu	nity Health Center - Sine Domus		Pro	vider	Number :	029548503	
				Dat	te : 10	/16/2024		
РО В	PO Box 82969 Fis			Fis	cal Ye	ear End : N	I/A	
Tamp	oa, FL 336	82		Aud	dit Sta	itus : N/A		
Prov	ider Type:				Curre	ent Rate	New Rate	Effective Date
	Rur	ral Health Clinic						
	Swi	ing-Bed Provider						
	X Fed	derally Qualified Health Centers				143.52	157.27	10/01/2024
	Hos	spice Provider						
		#0651 / H51 Routine Home Care (1-60)					
		#0651a / H5L Routine Home Care	(61 +)					
		#0652 / H52 Continuous Home Ca	are					
		#0551 / 0561 Continuous Home C	are - SIA					
		#0655 / H55 Inpatient Respite Car	e					
		#0656 / H56 General Inpatient Car	re					
		#0658 Room and Board						
ГГ	Basis :		Rate	Тур	e :]		
		Budget		Χ		Prospecti	ive	
		Unaudited costs				- Total Pro	spective	
		Desk audited costs				- Prospecti	ive Adjusted for	New costs
		Field audited costs				-		
		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
		Hillsborough				_		
	Distributi	ion:	T. K. Feehrer,					A \
	Fiscal Age		Senior Manag	eme	nt Ana	alyst Supe	rvisor	JK.2
	•	lanagement	Medicaid Prog	ram	Finan	ice		-
	Permanent	_						
	Program D	evelonment:						



029548504 - 2024/10

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

Medicaid Reimbursement Per	Diem Rates f	or No	<u>on-Institutional</u>	<u>Providers</u>			
Tampa Community Health Center - Lee Davis		Pro	ovider Number :	029548504			
		Date : 10/16/2024					
PO Box 82969	PO Box 82969 Fis						
Tampa, FL 33682		Au	dit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date		
Rural Health Clinic							
Swing-Bed Provider							
X Federally Qualified Health Centers			143.52	157.27	10/01/2024		
Hospice Provider							
#0651 / H51 Routine Home Care (1-60)						
#0651a / H5L Routine Home Care	(61 +)						
#0652 / H52 Continuous Home Ca	ire						
#0551 / 0561 Continuous Home C	are - SIA						
#0655 / H55 Inpatient Respite Car	е						
#0656 / H56 General Inpatient Car	е						
#0658 Room and Board							
Basis:	Rat	е 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				
X Payment System Rate			Total Inte	erim			
Average Nursing Home Rate Hillsborough			Settleme	nt based on cost	ts		
<u>Distribution:</u> Fiscal Agent	T. K. Feehre Senior Mana		ent Analyst Supe	rvisor	184		
Contract Management	Medicaid Pro	gram	Finance		•		
Permanent File							
Program Development:							



029548505 - 2024/10

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

	Medicaid Reimbursement Per	r Diem Rates fo	<u>r No</u>	<u>n-Ins</u>	titutional	<u>Providers</u>	
ampa Communit	y Health Center- 131st Ave		Pro	vider	Number :	029548505	
			Dat	te : 10	0/16/2024		
O Box 82969 Fisc			cal Ye	ear End : N	I/A		
ampa, FI 33682			Aud	dit Sta	atus : N/A		
rovider Type:				Curr	ent Rate	New Rate	Effective Date
Rural	Health Clinic						
Swing	g-Bed Provider						
X Feder	rally Qualified Health Centers				143.52	157.27	10/01/2024
Hosp	ice Provider						
#(0651 / H51 Routine Home Care ((1-60)					
#(0651a / H5L Routine Home Care	(61 +)					
#(0652 / H52 Continuous Home Ca	are					
#(0551 / 0561 Continuous Home C	are - SIA					
#(0655 / H55 Inpatient Respite Ca	re					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis:		Rate	Тур	e :	7		
	 Budget		Х		Prospect	ive	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				- Prospect	ive Adjusted for	New costs
	Field audited costs				_		
	Medicare - Prospective				- Interim		
X	Payment System Rate				Total Inte	erim	
	Average Nursing Home Rate				Settleme	nt based on cost	S
	Hillsborough				_		
Distribution	<u>n:</u>	T. K. Feehrer,					AV 1
Fiscal Agent		Senior Manag	eme	nt An	alyst Supe	rvisor	1/1/2 ¹
Contract Mar	nagement	Medicaid Prog	ıram	Finar	nce		
Permanent F	File						
Program Dev	velopment:						



029548506 - 2024/10

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

		-	Medicaid Reimbursement Per	^r Diem	Rates fo	r No	on-Ins	<u>titutional l</u>	<u>Providers</u>			
Та	mpa Con	nmunity	Health Center - Rome Ave			Pro	ovider	Number :	029548506			
						Da	Date : 10/16/2024					
PC	Box 829	969				Fis	scal Ye	ear End : N	/A			
Та	mpa, FL	33682				Au	ıdit Sta	itus : N/A				
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	Ily Qualified Health Centers					143.52	157.27	10/01/2024		
		Hospic	e Provider									
		#06	551 / H51 Routine Home Care ((1-60)								
		#06	551a / H5L Routine Home Care	(61 +)								
		#06	552 / H52 Continuous Home Ca	are								
		#05	551 / 0561 Continuous Home C	are - S	IA							
		#06	555 / H55 Inpatient Respite Ca	re								
		#06	556 / H56 General Inpatient Ca	re								
		#06	558 Room and Board									
	Bas	sis :			Rate	Тур	pe:]				
•			Budget			Χ		Prospecti	ve			
			Unaudited costs	Ī				Total Pro	spective			
			Desk audited costs					Prospect	ve Adjusted for	New costs		
·			Field audited costs					_				
•			Medicare - Prospective					Interim				
)	X	Payment System Rate					Total Inte	rim			
			Average Nursing Home Rate					Settleme	nt based on cost	ts		
			Hillsborough									
	Distri	bution:	<u> </u>	I T. K.	Feehrer,					AV 1		
	Fiscal	Agent				eme	ent Ana	alyst Supe	visor	2h2		
	Contra	act Mana	agement	Medio	caid Prog	ram	r Finar	nce				
	Perma	nent File	е									
	Progra	am Deve	elopment:									



029548513 - 2024/10

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

	_	<u>Medicaid Reimbursement Pe</u>	r Diem Rates fo	r Non	<u>ı-Institutional</u>	<u>Providers</u>	
Tampa Co	ommunity	Health Center - Waters Ave		Prov	/ider Number :	029548513	
				Date	e : 10/16/2024		
PO Box 82969 Fis			Fisc	al Year End : l	N/A		
Tampa, Fl	L 33682			Aud	it Status : N/A		
Provider [*]	Туре:			(Current Rate	New Rate	Effective Date
	Rural H	lealth Clinic					
	Swing-	Bed Provider					
X	Federa	lly Qualified Health Centers			143.52	157.27	10/01/2024
	Hospic	e Provider					
	#06	51 / H51 Routine Home Care ((1-60)				
	#06	51a / H5L Routine Home Care	e (61 +)				
	#06	52 / H52 Continuous Home Ca	are				
	#05	51 / 0561 Continuous Home C	Care - SIA				
	#06	55 / H55 Inpatient Respite Ca	re				
	#06	56 / H56 General Inpatient Ca	re				
	#06	58 Room and Board					
Ва	asis :]	Rate	Туре) :		
		Budget		Χ	Prospec	tive	
		Unaudited costs			Total Pr	ospective	
		Desk audited costs			Prospec	tive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	Χ	Payment System Rate			 Total Int	erim	
		Average Nursing Home Rate			Settleme	ent based on cos	ts
		Hillsborough					
Dist	ribution:		T. K. Feehrer,				1V.1
Fisca	al Agent		Senior Manag		t Analyst Supe	ervisor	1/4 ²
Cont	ract Mana	gement	Medicaid Prog	gram F	inance		_
Perm	nanent File)					
Prog	ram Deve	opment:					



029548516 - 2024/10

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
Tamp, FL 33682	Audit Status : N/A
PO Box 82969	Fiscal Year End : N/A
Mobil Dental Van	Date: 10/16/2024
Tampa Community Health Center	Provider Number : 029548516

Provider	туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	143.52	157.27	10/01/2024
	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
	— Hillsborough		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029548517 - 2024/10

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

		<u>_l</u>	Medicaid Reimbursement Per	· Diem	Rates fo	r N	lon-	Institutional I	<u>Providers</u>			
Tai	Гатра Family Health Center #11				Provider Number : 029548517							
						D	Date : 10/16/2024					
РС	Box 829	969				F	isca	l Year End : N	/A			
Tai	mpa, FL	336822	969			Α	udit	Status : N/A				
Pro	vider T	ype:					Cı	urrent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-l	Bed Provider									
	X	Federal	lly Qualified Health Centers					143.52	157.27	10/01/2024		
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care (1-60)								
		#06	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home Ca	are								
		#05	51 / 0561 Continuous Home C	are - S	i A							
		#06	55 / H55 Inpatient Respite Car	re								
		#06	56 / H56 General Inpatient Ca	re								
		#06	58 Room and Board									
ſ	Bas	sis :]		Rate	Ty	ype :	 :]				
ן נ			ם Budget			X		—— Prospecti	ve			
-			- Unaudited costs					Total Pro	spective			
•			Desk audited costs					Prospect	ve Adjusted for	New costs		
•			Field audited costs									
-			Medicare - Prospective					 Interim				
)	<	Payment System Rate					 Total Inte	rim			
-			Average Nursing Home Rate					Settleme	nt based on cost	s		
•			Hillsborough									
										E - 10		
		bution:			Feehrer, or Manage	em	nent	Analyst Supe	visor	N/1		
	Fiscal	•			caid Prog							
		ict Mana			109							
		nent File										
	Progra	ım Devel	opment:									



029548519 - 2024/10

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

Medicaid Reimbursement Per	r Diem F	Rates for	Non-	<u>-Institutional l</u>	<u>Providers</u>			
Tampa Family Health Center #27	Provider Number : 029548519							
	Date: 10/16/2024							
PO Box 82969	Fiscal Year End : N/A							
Tampa, FL 33682			Audi	t Status : N/A				
Provider Type:			С	urrent Rate	New Rate	Effective Date		
Rural Health Clinic					,			
Swing-Bed Provider								
X Federally Qualified Health Centers				143.52	157.27	10/01/2024		
Hospice Provider								
#0651 / H51 Routine Home Care	(1-60)							
#0651a / H5L Routine Home Care	e (61 +)							
#0652 / H52 Continuous Home C	are							
#0551 / 0561 Continuous Home C	Care - SI	Α						
#0655 / H55 Inpatient Respite Ca	re							
#0656 / H56 General Inpatient Ca	re							
#0658 Room and Board								
Basis :		Rate	Гуре	:				
Budget	'	>	<	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 Hillsborough				Settleme	nt based on cost	S		
<u>Distribution:</u> Fiscal Agent		eehrer, r Manage	ment	Analyst Supe	rvisor	1X.F		
Contract Management	Medic	aid Progr	am F	inance				
Permanent File								
Program Development:								



029548520 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem R	ates for	Non	<u>-Institutional </u>	<u>Providers</u>		
Tan	npa Fan	nily Heal	th center #26	Provider Number : 029548520						
				Date : 10/16/2024						
РО	Box 829	969		Fiscal Year End : N/A						
Tan	npa, FL	33682				Aud	it Status : N/A			
Pro	vider T	уре:				(Current Rate	New Rate	Effective Date	
		Rural F	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				143.52	157.27	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA	1					
		#06	55 / H55 Inpatient Respite Car	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
Γ	Bas	sis :]		Rate ⁻	Туре):			
_			Budget	-)	X	Prospect	ive		
_			Unaudited costs	-			Total Pro	spective		
			Desk audited costs	-			Prospect	ive Adjusted for	New costs	
			Field audited costs	-						
_			Medicare - Prospective	-			Interim			
)	X	Payment System Rate				Total Inte	erim		
_			Average Nursing Home Rate Hillsborough	-			Settleme	nt based on cos	ts	
	Distri Fiscal	bution:		T. K. Fo		emen	t Analyst Supe	rvisor	111	
		act Mana	aement	Medica	id Progr	ram F	inance			
		nent File								
			lopment:							
	- 5.0	_ 2.0	•							



029548521 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem R	ates for	Non-	<u>-Institutional </u>	<u>Providers</u>		
Tan	npa Fan	nily Heal	th Centers #25	Provider Number : 029548521						
				Date : 10/16/2024						
РО	Box 829	969		Fiscal Year End : N/A						
Tan	npa, FL	33682				Audi	t Status : N/A			
Pro	vider T	уре:				С	urrent Rate	New Rate	Effective Date	
		Rural F	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				143.52	157.27	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA	4					
		#06	55 / H55 Inpatient Respite Car	·e						
		#06	56 / H56 General Inpatient Car	re						
		#06	58 Room and Board							
Γ	Bas	sis :]		Rate 1	Туре	:			
_			Budget	-	>	X	Prospect	ive		
_			Unaudited costs	-			 Total Pro	spective		
_			Desk audited costs	-			Prospect	ive Adjusted for	New costs	
			Field audited costs	-						
_			Medicare - Prospective				Interim			
)	X	Payment System Rate				Total Inte	erim		
_			Average Nursing Home Rate Hillsborough	-			Settleme	nt based on cos	is .	
	Distri Fiscal	bution:		T. K. Fo		ment	: Analyst Supe	rvisor	1X4	
		act Mana	aement	Medica	id Progra	am F	inance			
		nent File								
			lopment:							
			1							



029548527 - 2024/10

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

		_	<u>Medicaid Reimbursement Per</u>	Diem R	ates for	Non	-Institutional	<u>Providers</u>		
Tan	npa Fan	nily Heal	th Center #23	Provider Number : 029548527						
				Date: 10/16/2024						
РО	Box 829	969				Fisc	al Year End : N	I/A		
Tan	npa, FL	336822	969			Audi	it Status : N/A			
Pro	vider T	ype:				(Current Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				143.52	157.27	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA	4					
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate	Туре):			
_			Budget)	X	Prospect	ive		
_			Unaudited costs	-			Total Pro	spective		
_			Desk audited costs	-			Prospect	ive Adjusted for	New costs	
			Field audited costs	-						
_			Medicare - Prospective	-			Interim			
)	<	Payment System Rate				Total Inte	erim		
_			Average Nursing Home Rate Hillsborough	-			Settleme	nt based on cos	is .	
		bution:		T. K. F		emen	t Analyst Supe	rvisor	184	
	Fiscal	Agent act Mana	gement		id Progr				J/1 1	
		ict iviaria inent File			J					
			opment:							
	Flogia	iii Deve	оршен.							



029548529 - 2024/10

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

		-	<u>Medicaid Reimbursement Pe</u>	r Diem	Rates fo	r No	on-Ins	<u>stitutional </u>	<u>Providers</u>			
Tamp	Tampa Family Health Center Inc 28					Pr	ovide	r Number :	029548529			
					Date : 10/16/2024							
РО В	ox 829	969			Fiscal Year End : N/A							
Tamp	oa, FL	336822	969			Αι	udit St	atus : N/A				
Prov	ider Ty	ype:					Curi	ent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					143.52	157.27	10/01/2024		
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care	(1-60)								
		#06	51a / H5L Routine Home Care	e (61 +)								
		#06	52 / H52 Continuous Home C	are								
		#05	51 / 0561 Continuous Home (Care - S	IA							
		#06	55 / H55 Inpatient Respite Ca	ire								
		#06	56 / H56 General Inpatient Ca	are								
		#06	58 Room and Board									
	Bas	sis :]		Rate	Ту	pe:	1				
			Budget		•	Χ		Prospect	ive			
			Unaudited costs					Total Pro	spective			
			Desk audited costs					Prospect	ive Adjusted for	New costs		
			Field audited costs		•			_				
			Medicare - Prospective					Interim				
	>	(Payment System Rate					Total Inte	erim			
			Average Nursing Home Rate					Settleme	nt based on cost	ts		
			Hillsborough									
	Distri	bution:		I T. K.	Feehrer,					1V.1		
	Fiscal	Agent				eme	ent An	alyst Supe	rvisor	2/42		
	Contra	ct Mana	gement	Medio	caid Prog	ran	n Fina	nce				
	Perma	nent File	e									
	Progra	m Deve	lopment:									



029548531 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		ia Keimbarsement Fer L								
Tampa Far	nily Health Cente	ers - #31		Provider Number : 029548531						
				Date	Date : 10/16/2024					
PO Box 82	969			Fiscal Year End : N/A						
Tampa, FL	336822969			Audit	Audit Status : N/A					
Provider T	ype:			C	urrent Rate	New Rate	Effective Date			
	Rural Health C	linic								
	Swing-Bed Pro	ovider								
X	Federally Qua	lified Health Centers			143.52	157.27	10/01/2024			
	Hospice Provi	der								
	#0651 / H5 ²	1 Routine Home Care (1-	-60)							
	#0651a / H	5L Routine Home Care (61 +)							
	#0652 / H52 Continuous Home Care									
	#0551 / 056	61 Continuous Home Ca	re - SIA							
	#0655 / H5	5 Inpatient Respite Care								
	#0656 / H50	6 General Inpatient Care	•							
	#0658 Roo	m and Board								
Ва	sis :		Rate	Туре	:					
	 Budge	t		Х	 Prospect	ive				
	 Unaud	ited costs			 Total Pro	spective				
	Desk a	audited costs			Prospect	ive Adjusted for	New costs			
	Field a	udited costs								
	Medica	are - Prospective			Interim					
	X Payme	ent System Rate			Total Inte	erim				
	Averaç	ge Nursing Home Rate			Settleme	nt based on cost	s			
		Hillsborough								

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





029548533 - 2024/10

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

Medicaid Reimbursement Pe	er Diem Rates for	Non-Institutional	<u>Providers</u>					
ampa Family Health Centers- 22nd St		Provider Number : 029548533						
	Date : 10/16/2024							
.O Box 82969	Fiscal Year End : N/A							
ampa, FI 33682		Audit Status : N/A						
rovider Type:		Current Rate	New Rate	Effective Date				
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Centers		143.52	157.27	10/01/2024				
Hospice Provider								
#0651 / H51 Routine Home Care	(1-60)		'					
#0651a / H5L Routine Home Car	e (61 +)							
#0652 / H52 Continuous Home C	are							
#0551 / 0561 Continuous Home	Care - SIA							
#0655 / H55 Inpatient Respite Ca	ire							
#0656 / H56 General Inpatient Ca	are							
#0658 Room and Board								
Basis:	Rate T	ype :						
Budget		Prospect	ive					
Unaudited costs		Total Pro	spective					
Desk audited costs		Prospect	ive Adjusted for	New costs				
Field audited costs								
Medicare - Prospective		Interim						
X Payment System Rate		 Total Inte	erim					
Average Nursing Home Rate		Settleme	nt based on cos	ts				
Hillsborough								
<u>Distribution:</u>	T. K. Feehrer,			A \				
Fiscal Agent		ment Analyst Supe	rvisor					
Contract Management	Medicaid Progra	am Finance						
Contract Management	•							
Permanent File	· ·							



029548535 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for No	on-Institutional	<u>Providers</u>			
Та	mpa Family He	ealth Center- Fletcher Ave	Provider Number : 029548535						
			Date : 10/16/2024						
Ρ.	O Box 82969			Fis	scal Year End : N	I/A			
Ta	mpa, FI 33682			Αι	udit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	Rura	l Health Clinic							
	Swin	g-Bed Provider							
	X Fede	rally Qualified Health Centers			143.52	157.27	10/01/2024		
	Hosp	ice Provider							
	#	0651 / H51 Routine Home Care (1-60)						
	#	0651a / H5L Routine Home Care	(61 +)						
	#	0652 / H52 Continuous Home Ca	are						
	#	0551 / 0561 Continuous Home C	are - SIA						
	#	0655 / H55 Inpatient Respite Car	е						
	#	0656 / H56 General Inpatient Car	re						
	#	0658 Room and Board							
	Basis :		Ra	te Ty	pe:				
ָ י		 Budget		Х	Prospect	ive			
•		Unaudited costs			Total Pro	spective			
•		Desk audited costs			Prospect	ive Adjusted for	New costs		
•		Field audited costs							
•		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
•		Average Nursing Home Rate			Settleme	nt based on cost	ts		
•		—— Hillsborough							
	<u>Distributio</u>	n·	T K 5 h.				1.7.1		
	Fiscal Agent		T. K. Feehro Senior Man		ent Analyst Supe	rvisor	N.F		
	Contract Ma		Medicaid Pi	ogran	n Finance				
	Permanent F	_							
	Program De								
	•	•							



029548550 - 2024/10

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

Medicaid Reimbursement Per	Diem Rates for	r No	<u>n-Institutional l</u>	<u>Providers</u>			
Tampa Family Health Centers, Inc.	Provider Number: 029548550						
	Date : 10/16/2024						
12085 W Hillsborough Ave		Fisc	cal Year End : N	/A			
Tampa, FL 33625		Aud	dit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date		
Rural Health Clinic							
Swing-Bed Provider							
X Federally Qualified Health Centers			143.52	157.27	10/01/2024		
Hospice Provider							
#0651 / H51 Routine Home Care (1-60)						
#0651a / H5L Routine Home Care	(61 +)						
#0652 / H52 Continuous Home Ca	are						
#0551 / 0561 Continuous Home C	are - SIA						
#0655 / H55 Inpatient Respite Car	re						
#0656 / H56 General Inpatient Car	re						
#0658 Room and Board							
Basis:	Rate	Тур	e :				
Budget	-	X	Prospect	ve			
Unaudited costs			Total Pro	spective			
Desk audited costs			Prospect	ve Adjusted for	New costs		
Field audited costs							
Medicare - Prospective			Interim				
X Payment System Rate			Total Inte	rim			
Average Nursing Home Rate			Settleme	nt based on cost	is		
Hillsborough							
<u>Distribution:</u>	T. K. Feehrer,				1 V 1		
Fiscal Agent	Senior Manage		nt Analyst Supe	visor	1/4°		
Contract Management	Medicaid Prog	ram	Finance				
Permanent File							
Program Development:							



029548553 - 2024/10

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

		Medicaid Reimbursement Per	· Diem Rates fo	or Nor	<u>n-Institutional </u>	<u>Providers</u>					
Ta	mpa Family Hea	alth Centers	Provider Number : 029548553								
				Date	e: 10/16/2024						
12	12 E Bears Ave		Fiscal Year End : N/A								
Lut	tz, FL 33549			Aud	udit Status : N/A						
Pro	ovider Type:				Current Rate	New Rate	Effective Date				
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Feder	ally Qualified Health Centers			143.52	157.27	10/01/2024				
	Hospi	ce Provider									
	#0	651 / H51 Routine Home Care (1-60)								
	#0	(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	э Турс	e :						
ι		 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				
•		— Hillsborough									
	Distribution	::	T. K. Feehrer				A>/ A				
	Fiscal Agent	-			nt Analyst Supe	rvisor					
Contract Management			Medicaid Prog	gram l	Finance						
Permanent File											
	Program Dev	elopment:									



029548554 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

TAMPA FAMILY	HEALTH CENTER INC		Provid	er Number :	029548554	
			Date :	10/16/2024		
2727 W DR MAI	RTIN LUTHER KING JR BLVD		Fiscal	Year End : N	I/A	
Tampa, FL 336	07		Audit	Status : N/A		
Provider Type:			Cu	rrent Rate	New Rate	Effective Date
Rur	al Health Clinic					
Swi	ng-Bed Provider					
X Fed	erally Qualified Health Centers			143.52	157.27	10/01/202
Hos	spice Provider					
;	#0651 / H51 Routine Home Care (1-60))				
;	#0651a / H5L Routine Home Care (6					
;	#0652 / 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	— Prospect	ive	
	Unaudited costs			— Total Pro	spective	
			— Prospect	ive Adjusted for	New costs	
			<u> </u>			
	Medicare - Prospective			 Interim		
X	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	ts
	—— Hillsborough					

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029548564 - 2024/10

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

		Medicaid Reimbursement Per	<u>r Diem Rates for</u>	No	<u>n-Institutional l</u>	<u>Providers</u>					
Та	mpa Fam	ily Health Centers Inc		Provider Number : 029548564							
				Dat	te : 10/16/2024						
19	203 N Dal	le Mabry Hwy		Fis	iscal Year End : N/A						
Lu	tz, FL 33	548-5067		Aud	dit Status : N/A						
Pr	ovider Ty	pe:			Current Rate	New Rate	Effective Date				
		Rural Health Clinic									
		Swing-Bed Provider									
	X	Federally Qualified Health Centers			143.52	157.27	10/01/2024				
		Hospice Provider									
		#0651 / H51 Routine Home Care	(1-60)								
	#0651a / H5L Routine Home Ca		e (61 +)								
		#0652 / H52 Continuous Home C	are								
		#0551 / 0561 Continuous Home C	Care - SIA								
		#0655 / H55 Inpatient Respite Ca	re								
	#0656 / H56 General Inpatient C		re								
		#0658 Room and Board									
	Basi	is:	Rate -	Тур	e:						
,		Budget	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	Prospecti	ve					
,		Unaudited costs			 Total Pro	spective					
,		Desk audited costs			Prospect	ve Adjusted for	New costs				
,		Field audited costs									
•		Medicare - Prospective			Interim						
	X	Payment System Rate			 Total Inte	rim					
		Average Nursing Home Rate			Settleme	nt based on cost	is				
		Hillsborough									
	Distrib	oution:	T. K. Feehrer,				NY 1				
	Fiscal A	Agent			nt Analyst Super	visor	2/1/2				
	Contrac	ct Management	Medicaid Progr	am	Finance						
	Permar	nent File									



029549300 - 2024/10

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

		Medicaid Reimbursement Per	Diem	Rates for	r Nor	<u>n-Inst</u>	<u>itutional l</u>	<u>Providers</u>				
Се	ntral Florida Hea	alth Care - Frostproof			Provider Number : 029549300							
					Dat	e : 10	/16/2024					
10	9 West Wall Stre	et			Fisc	Fiscal Year End : N/A						
Fro	ostproof, FL 338	43			Aud	lit Sta	tus : N/A					
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic										
	Swing	-Bed Provider										
	X Federa	ally Qualified Health Centers					173.63	181.62	10/01/2024			
	Hospid	ce Provider										
	#06	651 / H51 Routine Home Care (1-60)									
	#06	(61 +)										
	#06	are										
	#0	are - S	IA									
	#06	655 / H55 Inpatient Respite Car	·e									
	#06	656 / H56 General Inpatient Ca	re									
	#06	658 Room and Board										
	Basis :]		Rate	Тур	e :]					
•		Budget			Χ		Prospecti	ve				
		Unaudited costs					Total Pro	spective				
		Desk audited costs					Prospect	ve Adjusted for	New costs			
		Field audited costs					_					
		Medicare - Prospective					Interim					
	Χ	Payment System Rate					Total Inte	rim				
		Average Nursing Home Rate Polk					Settleme	nt based on cost	ts			
	Distribution	<u>:</u>		Feehrer, or Manage	emer	nt Ana	ılyst Supe	visor	1X4			
Fiscal Agent Contract Management			caid Prog									
	Permanent Fil	_										
	Program Deve											
	, regiant beve											



029549301 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rat	es for	Non	<u>ı-Institutional</u>	<u>Providers</u>	
Central Florida He	ealth Care - Wachula			Pro۱	vider Number :	029549301	
				Date	e : 10/16/2024		
04 E. Palmetto S	treet			Fisc	al Year End : N	I/A	
Vauchula, FL 33	873			Aud	it Status : N/A		
Provider Type:				(Current Rate	New Rate	Effective Date
Rural	Health Clinic						
Swing	g-Bed Provider						
X Feder	rally Qualified Health Centers				173.63	181.62	10/01/2024
Hosp	ice Provider						
#0	0651 / H51 Routine Home Care (1-60)					
#0	0651a / H5L Routine Home Care	(61 +)					
#0	0652 / H52 Continuous Home Ca	ire					
#0	0551 / 0561 Continuous Home C	are - SIA					
#0	#0655 / H55 Inpatient Respite Ca						
#0	0656 / H56 General Inpatient Car	е					
#0	0658 Room and Board						
Basis :			Rate 1	Гуре	:		
	 Budget		>	<	Prospect	ive	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospect	ive Adjusted for	New costs
	Field audited costs						
	Medicare - Prospective				Interim		
X	Payment System Rate				Total Inte	erim	
	Average Nursing Home Rate				Settleme	nt based on cos	ts
	Polk						
Distribution	<u>n:</u>	T. K. Fee	ehrer,				1 / J
Fiscal Agent			Senior Management Analyst Supervisor				
Contract Mar	Fiscal Agent		l Progra	am F	inance	<u> </u>	

Contract Management

Permanent File

Program Development:



029549304 - 2024/10

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 Die		1011 1110		<u> </u>	
Central I	Florida He	alth Call - Avon Park	F	Provide	r Number :	029549304	
			[Date : 1	0/16/2024		
400 Sou	th Lake A	/enue	F	iscal Y	ear End : N	I/A	
Avon Pa	ırk, FL 338	325	,	Audit St	atus : N/A		
Provide	r Type:			Curi	rent Rate	New Rate	Effective Date
	Rural	Health Clinic					
	Swing	-Bed Provider					
X	Feder	ally Qualified Health Centers			173.63	181.62	10/01/202
	Hospi	ce Provider					
	#0	651 / H51 Routine Home Care (1-60))				
	#0	651a / H5L Routine Home Care (61 +)					
	#0	652 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA				
	#0	655 / H55 Inpatient Respite Care					
	#0	656 / H56 General Inpatient Care					
	#0	658 Room and Board					
	Basis :		Rate T	уре :	7		
		Budget	X		 Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			 Interim		
	X	Payment System Rate			 Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cost	s
		Polk			_		

<u>Distribution:</u>

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance





029549305 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem	Rates fo	<u>r No</u>	<u>n-Inst</u>	<u>itutional l</u>	<u>Providers</u>				
Се	ntral Florida Hea	lth Center - Hardee			Pro	vider	Number : (029549305				
					Dat	te : 10	/16/2024					
950	County Road 1	7A West			Fis	cal Ye	ar End : N	/A				
Αv	on Park, FL 338	25			Aud	udit Status : N/A						
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date			
	Rural F	lealth Clinic										
	Swing-	Bed Provider										
	X Federa	lly Qualified Health Centers					173.63	181.62	10/01/2024			
	Hospic	e Provider										
	#06	51 / H51 Routine Home Care (1-60)									
	#06	51a / H5L Routine Home Care	(61 +)									
	#0652 / H52 Continuous Home #0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C #0656 / H56 General Inpatient C		are									
			are - S	IA								
			e									
			re									
	#0658 Room and Board											
	Basis :	7		Rate	Тур	e:]					
•		Budget			Χ		Prospecti	ve				
•		Unaudited costs					Total Pro	spective				
		Desk audited costs					Prospecti	ve Adjusted for	New costs			
		Field audited costs					_					
•		Medicare - Prospective					Interim					
	X	Payment System Rate					Total Inte	rim				
		Average Nursing Home Rate					Settleme	nt based on cost	is			
		Hardee										
	<u>Distribution:</u>		I T. K.	Feehrer,					1V.1			
	Fiscal Agent		Senic	or Manag			ılyst Supei	visor	1/h			
	Contract Mana	gement	Medio	caid Prog	ıram	Finan	ce					
	Permanent File	е										
	Program Deve	lopment:										



029549307 - 2024/10

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

Rural Health Clinic Swing-Bed Provider	
950 County Rd 17A West Avon Park, FL 33825 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Medicare - Prospective Average Nursing Home Rate Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Fiscal Year End : N/A Audit Status : N/A Fiscal Year End : N/A Fiscal Year	
Avon Park, FL 33825 Provider Type: Current Rate New Rate Effect Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 173.63 181.62 10 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Settlement based on costs	
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 173.63 181.62 10 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis:	
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 173.63 181.62 10 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	
Swing-Bed Provider X Federally Qualified Health Centers 173.63 181.62 10 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	ive Date
X Federally Qualified Health Centers 173.63 181.62 10 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective Total Prospective Adjusted for New continuous Adjusted Costs Prospective Adjusted for New Continuous Adjusted Costs Interim Total Interim Total Interim Total Interim Total Interim Total Interim Total Interim Total Interim Total Interim Total Interim Total Interim Settlement based on costs Total Prospective Total Interim Total I	
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	/01/2024
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	
#0652 / 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 :	
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis:	
#0656 / H56 General Inpatient Care #0658 Room and Board Basis :	
#0658 Room and Board Basis :	
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Rate Type: X Prospective Prospective Prospective Adjusted for New conditions in the condition of the condition	
Budget X Prospective Unaudited costs Total Prospective Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate X Prospective Total Prospective Interim Total Interim Settlement based on costs	
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Total Prospective Prospective Interim Total Interim Settlement based on costs	
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Prospective Adjusted for New co	
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Field audited costs Interim Total Interim Settlement based on costs	
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Interim Total Interim Settlement based on costs	sts
X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	
Average Nursing Home Rate Settlement based on costs	
Distribution:T. K. Feehrer,Fiscal AgentSenior Management Analyst Supervisor	
Contract Management Medicaid Program Finance	
Permanent File	
Program Development:	



029549309 - 2024/10

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

		-	Medicaid Reimbursement Per	r Diem I	Rates for	· N	on-Ins	titutional	<u>Providers</u>						
Се	ntral FI I	Hithcare-	Dundee Rd	Provider Number : 029549309											
						D	ate : 1	0/16/2024							
47	5th St N	IW				Fi	iscal Year End : N/A								
Wii	nter Hav	en, Fl 3	3881			Αı	udit St	ıdit Status : N/A							
Pro	vider T	ype:					Curi	ent Rate	New Rate	Rate Effective Date					
		Rural H	lealth Clinic												
		Swing-	Bed Provider												
	X	Federa	lly Qualified Health Centers					173.63	181.62	10/01/2024					
		Hospic	e Provider												
		#06	51 / H51 Routine Home Care	(1-60)											
		#06	51a / H5L Routine Home Care	(61 +)											
		#06	52 / H52 Continuous Home C	are											
	#0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C			are - S	IA										
				re											
		#06	56 / H56 General Inpatient Ca	re											
	#0658 Room and Board														
	Ва	sis :	7		Rate	Ту	pe :								
י			Budget			X		⊐ Prospect	ive						
-			Unaudited costs					_ Total Pro	spective						
•			Desk audited costs					– Prospect	ive Adjusted for	New costs					
•			Field audited costs					_							
-			Medicare - Prospective					 Interim							
		X	Payment System Rate					Total Inte	erim						
•			Average Nursing Home Rate					Settleme	nt based on cost	ts					
			Polk					_							
	Distr	ibution:		TK	Feehrer,					A \					
		Agent	•			em	ent An	alyst Supe	rvisor						
		act Mana	agement	Medic	aid Prog	rar	n Fina	nce							
	Perma	anent File	е												
	Program Development:														



029549311 - 2024/10

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

		=	Medicaid Reimbursement Per	r Diem Ra	<u>ites for</u>	· Non	-Institutiona	ıl Pro	<u>oviders</u>					
Се	ntral FI F	Healthca	re- FI Ave	Provider Number : 029549311										
						Date	e : 10/16/202	4						
47	5th Ave	St NW				Fisc	Fiscal Year End : N/A							
Wi	nter Hav	en, Fl 0	4915			Audi	dit Status : N/A							
Pro	ovider T	уре:				(Current Rate	Ne	ew Rate	Effective Date				
		Rural H	lealth Clinic											
		Swing-	Bed Provider											
	X	Federa	lly Qualified Health Centers				173.6	63	181.62	10/01/2024				
		Hospic	e Provider											
		#06	51 / H51 Routine Home Care	(1-60)										
	#0651a / H5L Routine Home Ca #0652 / H52 Continuous Home #0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C			(61 +)										
				are										
				are - SIA	4									
				re										
	#0656 / H56 General Inpatient C													
	#0658 Room and Board													
	Bas	sis :]		Rate	Туре	·:							
'			Budget		>	X	Prospe	ctive						
•			Unaudited costs				Total P	rospe	ective					
•			Desk audited costs				Prospe	ctive	Adjusted for I	New costs				
•			Field audited costs											
•			Medicare - Prospective				 Interim							
	2	X	Payment System Rate				 Total Ir	nterim	า					
			Average Nursing Home Rate Polk	-			Settlen	nent l	pased on cost	s				
		ibution: Agent		T. K. Fe Senior I		emen	t Analyst Sup	ervis	sor	1X.F				
	Contra	act Mana	gement	Medicai	id Progr	ram F	inance							
	Perma	anent File	e											
	Progra	am Deve	lopment:											



029549316 - 2024/10

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

		Medicaid Reimbursement Per	<u>r Diem Rates for</u>	r Nor	n-Institutional	<u>Providers</u>					
Centra	al Florida He	alth Care-Winter Haven		Pro	Provider Number : 029549316						
				Date	e: 10/16/2024						
201 M	lagnolia Ave	SW		Fisc	al Year End : N	I/A					
Winte	r Haven, Fl	33880		Aud	dit Status : N/A						
Provi	der Type:				Current Rate	New Rate	Effective Date				
	Rural	Health Clinic									
	Swing	g-Bed Provider									
>	(Feder	ally Qualified Health Centers			173.63	181.62	10/01/2024				
	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	re									
	#0	656 / H56 General Inpatient Ca	re								
	#0	658 Room and Board									
	Basis :		Rate	Туре	e :						
		 Budget		Χ	Prospect	ive					
		Unaudited costs			Total Pro	spective					
		Desk audited costs			Prospect	ive Adjusted for	New costs				
		Field audited costs									
		Medicare - Prospective			Interim						
	Χ	Payment System Rate	-		Total Inte	erim					
		Average Nursing Home Rate			Settleme	nt based on cost	ts				
		Polk									
<u>[</u>	<u>Distribution:</u>	T. K. Feehrer,				AV 1					
F	iscal Agent			emer	nt Analyst Supe	rvisor	2h2				
(Contract Mar	nagement	Medicaid Prog	ıram l	Finance						
F	Permanent F	ile									
F	Program Dev	relopment:									



029549318 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates fo	r No	n-Ins	<u>titutional l</u>	<u>Providers</u>				
Се	ntral Florida He	alth Care		Pro	vider	Number :	029549318				
				Dat	te : 10)/16/2024					
705	5 Ingraham Ave	nue		Fise	cal Ye	ear End : N	/A				
На	ines City, FL 33	3844		Aud	udit Status : N/A						
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Feder	ally Qualified Health Centers				173.63	181.62	10/01/2024			
	Hospi	ce Provider									
	#0	651 / H51 Routine Home Care (1-60)								
	#0	651a / H5L Routine Home Care	(61 +)								
	#0	652 / H52 Continuous Home Ca	ire								
	#0	551 / 0561 Continuous Home C	are - SIA								
	#0	655 / H55 Inpatient Respite Car	е								
	#0	656 / H56 General Inpatient Car	е								
	#0	658 Room and Board									
	Basis :	7	Rate	тур	e :]					
.		 Budget		Х		Prospecti	ve				
-		Unaudited costs				Total Pro	spective				
-		Desk audited costs				- Prospecti	ve Adjusted for	New costs			
-		Field audited costs				_					
-		Medicare - Prospective				- Interim					
	Χ	Payment System Rate				Total Inte	rim				
-		Average Nursing Home Rate Polk				Settleme	nt based on cost	s			
	Distribution	<u>1:</u>	T. K. Feehrer,					NY 1.			
	Fiscal Agent		Senior Manag				visor	2/1/2			
	Contract Man	agement	Medicaid Proo	gram	Finar	nce					
	Permanent Fi	ile									
	Program Dev	elopment:									
	For	information Only (No Change in r	ate)								



029549319 - 2024/10

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

		=	<u>Medicaid Reimbursement Per</u>	Diem R	ates for	· Non	-Institutional	<u>Providers</u>			
Central Florida Health Care Winter Haven 1st Stree						Prov	Provider Number : 029549319				
					Date : 10/16/2024						
PO Box 16344						Fisc	al Year End :	N/A			
Winter Haven, FL 04915-4058						Audi	t Status : N/A				
Provider Type:						(Current Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				173.6	3 181.62	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA	4						
		#06	55 / H55 Inpatient Respite Car	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]	ĪΓ	Rate ⁻	Туре	·:				
'			Budget	x		X	Prospective Total Prospective				
•			Unaudited costs								
•	Desk audited costs		-			Prospective Adjusted for New costs					
•			Field audited costs	-							
•			Medicare - Prospective	-			Interim				
)	X	Payment System Rate	-			Total In	terim			
			Average Nursing Home Rate Polk	_			Settlem	ent based on cos	ts		
<u>Distribution:</u> Fiscal Agent			eehrer, Manage	emen	t Analyst Sup	ervisor	111				
Contract Management			Medica	aid Progr	ram F	inance					
	Perma	nent File)								
	Progra	am Deve	opment:								



029549321 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem Rates	s for No	on-Institution	al P	<u>roviders</u>			
Се	ntral Flo	rida Hea	lth Care Inc.	Provider Number : 029549321 Date : 10/16/2024							
30	5 West (Central A	ve		Fis	scal Year End	: N/	A			
Lal	ke Wale	s, FL 33	853		Au	ıdit Status : N	/Α				
Pro	vider 1	уре:				Current Rat	e l	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers			173.63		181.62	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	552 / H52 Continuous Home Ca	are							
		#05	551 / 0561 Continuous Home C	are - SIA							
		#06	555 / H55 Inpatient Respite Car	e							
		#06	556 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
[Ва	sis :	7	R	Rate Ty	pe:					
٠			Budget		Х	Prosp	ectiv	re			
-			Unaudited costs			Total Prospective					
-			Desk audited costs				Prospective Adjusted for New costs				
•			Field audited costs								
•			Medicare - Prospective			Interin	n				
	X Payment System Rate		Payment System Rate			Total Interim					
-			Average Nursing Home Rate Polk			Settle	men	t based on cost	s		
		ibution:	<u>:</u>	T. K. Feeh Senior Mai		ent Analyst Su	ıperv	visor	184		
Fiscal Agent Contract Management			Medicaid F			•					
		act Mana anent File			=-						
			elopment:								
	i rogi		портнопс.								



029549328 - 2024/10

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

		Medicaid Reimbursement Per	Diem Ra	tes for	Non-	-Institutional	<u>Providers</u>			
Се	ntral Fl Health C	Provider Number: 029549328								
				Date : 10/16/2024						
130	Ridge Center [Or.			Fisca	al Year End : N	I/A			
Da	venport , FL 338			Audi	t Status : N/A					
Pro	ovider Type:			C	urrent Rate	New Rate	Effective Date			
	Rural I	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				173.63	181.62	10/01/2024		
	Hospid	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - SIA							
	#06	655 / H55 Inpatient Respite Car	'e							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
[Basis :	7		Rate 1	Гуре	:				
		Budget		>	<	Prospect	ive			
•		Unaudited costs				Total Prospective				
•	Desk audited costs					Prospective Adjusted for New costs				
		Field audited costs								
		Medicare - Prospective				Interim				
	X Payment System Rate					Total Interim				
•		Average Nursing Home Rate Polk	-			Settleme	nt based on cost	s		
<u>Distribution:</u> Fiscal Agent		T. K. Fe		ment	: Analyst Supe	rvisor	184			
Contract Management Permanent File			Medicaid Program Finance							
	Program Deve									
	9. 3 2 3 1 0	1								



029550700 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem Rate	s for No	<u>on-Institution</u>	<u>nal P</u>	<u>roviders</u>			
Pre	emier Co	mmunity	HC Group - Pasco		Provider Number: 029550700						
				Date : 10/16/2024							
379	946 CHU	JRCH A\	/E		Fis	scal Year End	d : N/	Ά			
Da	de City,	FL 3352	25		Au	ıdit Status : N	l/A				
Pro	ovider T	ype:				Current Ra	te	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers			169	9.63	177.43	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Car	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
[Ва	sis :]		Rate Typ	pe:					
٠			Budget		Х	Prosp	ectiv	/e			
-			Unaudited costs				Total Prospective Prospective Adjusted for New costs				
•	Desk audited costs		Desk audited costs			Prosp					
•			Field audited costs								
•			Medicare - Prospective			Interi	m				
X Payment Sy		X	Payment System Rate			Total Interim					
•			Average Nursing Home Rate Pasco			Settle	emen	t based on cost	s		
		ibution:		T. K. Feel		ont Analyst Si	unon	visor.	NY I		
Fiscal Agent			Medicaid		ent Analyst S	uper	VISUI	グラ			
		act Mana	_	Medicald	i Tograff	i i iliailo c					
		anent File									
	Progra	am Deve	lopment:								



029550701 - 2024/10

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

		=	Medicaid Reimbursement Per	<u>r Diem Ra</u>	tes for	Non	<u>-Institutional</u>	<u>Providers</u>		
Pre	emier Co	mmunity	HC Group - Zephyrhills	Provider Number : 029550701						
						Date	: 10/16/2024			
379	946 CHL	JRCH A\	/E	Fiscal Year End : N/A						
Da	de City,	FL 3352	25			Audi	t Status : N/A			
Pro	ovider T	уре:				C	Current Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				169.63	177.43	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Car	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate 1	Туре	:			
'			Budget		>	X	Prospect	ive		
•			Unaudited costs	-			Total Pro	spective		
•			Desk audited costs	-			Prospect	ive Adjusted for	New costs	
•			Field audited costs	-						
•			Medicare - Prospective				Interim			
	2	X	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cost	ts	
-			Pasco							
	Distri	ibution:		 T. K. Fe	ehrer.				Λ\/ <i>J</i>	
	Fiscal	Agent				ment	Analyst Supe	rvisor	2h2	
	Contra	act Mana	gement	Medicai	d Progra	am F	inance			
	Perma	anent File	e							
	Progra	am Deve	lopment:							



029550702 - 2024/10

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

		=	Medicaid Reimbursement Per	r Diem Rat	tes for l	Non-In	<u>stitutional</u>	<u>Providers</u>			
Pre	emier Co	mmunity	HC Group - Summit	Provider Number : 029550702							
						Date : 1	0/16/2024				
379	946 CHL	JRCH A\	/E	Fiscal Year End : N/A							
Da	de City,	FL 3352	25		A	Audit St	tatus : N/A				
Pro	ovider T	уре:				Cur	rent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				169.63	177.43	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Ca	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate T	ype :					
'			Budget		Х		Prospect	ive			
•			Unaudited costs	_			Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs								
•			Medicare - Prospective				 Interim				
	2	X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				 Settleme	nt based on cost	ts		
•			Pasco				_				
	<u>Dist</u> ri	ibution:		 T. K. Fee	ehrer.				AV/ A		
	Fiscal	Agent				nent Ar	nalyst Supe	rvisor	2/42		
	Contra	act Mana	gement	Medicaio	Progra	m Fina	ince				
	Perma	anent File	9								
	Progra	am Deve	lopment:								



029550703 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rat	es for No	on-Institutional	<u>Providers</u>					
Pre	emier Communit	y Healthcare Group - New Port F	Richey Provider Number : 029550703								
				Da	Pate: 10/16/2024						
РО	Box 232		Fiscal Year End : N/A								
Da	de City, FL 335	26		Au	idit Status : N/A						
Pro	ovider Type:				Current Rate	New Rate	Effective Date				
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers			169.63	177.43	10/01/2024				
	Hospic	ce Provider									
	#06	651 / H51 Routine Home Care (1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
	#06	652 / H52 Continuous Home Ca	are								
	#0	551 / 0561 Continuous Home C	are - SIA								
	#06	655 / H55 Inpatient Respite Car	е								
	#06	656 / H56 General Inpatient Car	re								
	#06	658 Room and Board									
ſ	Basis :	7		Rate Typ	pe:						
١		Budget		Х	 Prospect	ive					
-		Unaudited costs			Total Pro	spective					
-		Desk audited costs			Prospect	ive Adjusted for	New costs				
-		Field audited costs									
-		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Inte	erim					
-		Average Nursing Home Rate Pasco			Settleme	nt based on cost	s				
	Distribution	<u>:</u>	T. K. Fee Senior M		ent Analyst Supe	rvisor	184				
	Fiscal Agent	agamont	Medicaid		<u> </u>		J111				
	Contract Mana Permanent Fil	_		5							
	Program Deve	портнети.									



029550704 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	s for No	on-Institutional	<u>Providers</u>					
Pre	emier Communit	y Healthcare - Dade City	Provider Number: 029550704								
				Da	Date : 10/16/2024						
РС	Box 232		Fiscal Year End : N/A								
Da	de City, FL 335	26	Audit Status : N/A								
Pro	ovider Type:				Current Rate	New Rate	Effective Date				
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers			169.63	177.43	10/01/2024				
	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	·e								
	#06	656 / H56 General Inpatient Car	re								
	#06	658 Room and Board									
ſ	Basis :]	F	Rate Ty	pe:						
٠		⊐ 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 Pasco	_		Settleme	nt based on cost	is .				
	<u>Distribution</u> Fiscal Agent	<u>:</u>	T. K. Feel Senior Ma		ent Analyst Supe	rvisor	184				
	Contract Mana	agement	Medicaid I								
	Permanent Fil	_		-							
	Program Deve										
	. rogram beve	nopmont.									



029550714 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	n-Inst	itutional I	<u>Providers</u>				
Pre	emier Community	y Healthcare-Pasco Co	Provider Number : 029550714									
					Da	ate: 10/16/2024						
P.C	D.Box 232			Fiscal Year End : N/A								
Da	de City, FL 3352	26			Au	udit Status : N/A						
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic										
	Swing	-Bed Provider										
	X Federa	ally Qualified Health Centers					169.63	177.43	10/01/2024			
	Hospic	ce Provider										
	#06	651 / H51 Routine Home Care (1-60)									
	#06	651a / H5L Routine Home Care	(61 +)									
	#06	652 / H52 Continuous Home Ca	re									
	#05	551 / 0561 Continuous Home C	are - SI	Α								
	#06	655 / H55 Inpatient Respite Car	е									
	#06	656 / H56 General Inpatient Car	e									
	#06	658 Room and Board										
	Basis :	7		Rate	Тур	oe :]					
ן נ		∟ Budget	'		X		ı Prospecti	ve				
-		Unaudited costs	,				- Total Pro	spective				
-		Desk audited costs					- Prospecti	ve Adjusted for	New costs			
-		Field audited costs					-					
-		– Medicare - Prospective					- Interim					
	Χ	Payment System Rate	'				Total Inte	rim				
-		Average Nursing Home Rate	'				Settleme	nt based on cost	s			
-		_ Pasco					-					
									S			
	<u>Distribution</u>	• <u>•</u>		Feehrer, r Manage	me	nt ∆ns	ılyst Supeı	visor	NYI			
	Fiscal Agent			aid Prog				VISOI	ン1V-			
	Contract Mana		Wicald	aid i iogi	uiii	i i iliali						
	Permanent Fil											
	Program Deve	elopment:										



029550716 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	s for No	on-Institutional	<u>Providers</u>					
Pre	emier Comm Hea	alth Care Group-Denton Ave	Provider Number : 029550716								
				Da	Date : 10/16/2024						
P.C) Box 232		Fiscal Year End : N/A								
Da	de City, Fl 3352	26	Audit Status : N/A								
Pro	ovider Type:				Current Rate	New Rate	Effective Date				
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers			169.63	177.43	10/01/2024				
	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	·e								
	#06	656 / H56 General Inpatient Car	re								
	#06	658 Room and Board									
[Basis :]	F	Rate Ty	pe:						
١		⊐ Budget		Х	Prospect	ive					
-		Unaudited costs			Total Pro	spective					
-		Desk audited costs			Prospect	ive Adjusted for	New costs				
-		Field audited costs									
-		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Inte	erim					
-		Average Nursing Home Rate Pasco			Settleme	nt based on cost	ds				
	Distribution	<u>.</u>	T. K. Feeh Senior Ma		ent Analyst Supe	rvisor	184				
	Fiscal Agent	agamont	Medicaid I								
	Contract Mana Permanent Fil	_		5							
	Program Deve	портнети.									



029550720 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	r No	n-Institutio	nal F	<u>Providers</u>				
Pre	emier Communit	y Healthcare Group Brooksville			Pro	ovider Numb	er : (029550720				
					Da	ate : 10/16/2024						
300) South Main Str	reet		Fiscal Year End : N/A								
Bro	ooksville, FL 346	601			Au	dit Status : N	N/A					
Pro	ovider Type:					Current Ra	ite	New Rate	Effective Date			
	Rural I	Health Clinic										
	Swing	-Bed Provider										
	X Federa	ally Qualified Health Centers				169	9.63	177.43	10/01/2024			
	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	е									
	#06	656 / H56 General Inpatient Car	re									
	#06	658 Room and Board										
ſ	Basis :	7		Rate	Тур	e:						
ָ 		 Budget			Χ	Pros	pecti	ve				
-		Unaudited costs				Total	Pro	spective				
-		Desk audited costs				Pros	pecti	ve Adjusted for	New costs			
•		Field audited costs										
-		Medicare - Prospective				Interi	m					
	Χ	Payment System Rate				 Total	Inte	rim				
-		Average Nursing Home Rate				Settle	emei	nt based on cost	s			
•		Pasco										
	Diadulta4!											
	Distribution	<u>.</u> <u>-</u>		Feehrer, or Manage	eme	nt Analyst S	uper	visor	184			
	Fiscal Agent	agamont		caid Prog								
	Contract Mana Permanent Fil	· ·		3								
	Program Deve	портнети.										



029550721 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for N	lon-Ins	stitutional l	<u>Providers</u>				
Pre	emier Communit	y Healthcare Group Springhill/Fo	Forest Oaks Provider Number : 029550721								
				D	ate : 1	0/16/2024					
75	51 Forest Oaks	Blvd	Fiscal Year End : N/A								
Sp	ringhill, FL 3460	06		Audit Status : N/A							
Pro	ovider Type:				Curi	rent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				169.63	177.43	10/01/2024			
	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 Ca	re								
	#00	658 Room and Board									
	Basis :	7	Ra	ite Ty	/pe :	7					
•		Budget		Х		Prospect	ve				
•		Unaudited costs				Total Pro	spective				
•		Desk audited costs				Prospecti	ve Adjusted for	New costs			
•		Field audited costs				_					
•		Medicare - Prospective				 Interim					
	Χ	Payment System Rate				Total Inte	rim				
		Average Nursing Home Rate				Settleme	nt based on cost	ts			
		Pasco									
	Distribution	<u>.</u>	T. K. Feehre	er.				A V A			
	Fiscal Agent		Senior Man		ent Ar	alyst Supe	visor	1/4×			
	Contract Man	agement	Medicaid Pr	ograi	m Fina	nce		<u> </u>			
	Permanent Fi	le									
	Program Deve	elopment:									



029550723 - 2024/10

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

		=	Medicaid Reimbursement Per	r Diem Rat	tes for l	Non-In	<u>stitutional</u>	<u>Providers</u>				
Pre	emier Co	mmunity	Healthcare Group	Provider Number : 029550723								
						Date : 10/16/2024						
378	340 Med	ical Arts	Ct		Fiscal Year End : N/A							
Ze	ohyrhills	, FL 335	41		A	Audit S	tatus : N/A					
Pro	ovider T	уре:				Cur	rent Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				169.63	177.43	10/01/2024			
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care ((1-60)								
		#06	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home Ca	are								
		#05	51 / 0561 Continuous Home C	are - SIA								
		#06	55 / H55 Inpatient Respite Ca	re								
		#06	56 / H56 General Inpatient Ca	re								
		#06	58 Room and Board									
	Bas	sis :]		Rate T	ype :						
'			Budget	-	Х		Prospect	ive				
•			Unaudited costs				Total Pro	spective				
•			Desk audited costs				— Prospect	ive Adjusted for	New costs			
•			Field audited costs				_					
•			Medicare - Prospective				 Interim					
	,	X	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate				Settleme	nt based on cost	ts			
-			Pasco									
	<u>Distr</u> i	ibution:		T. K. Fe	ehrer.				Λ\/ <i>J</i>			
	Fiscal	Agent				nent Aı	nalyst Supe	rvisor	2/42			
	Contra	act Mana	gement	Medicaio	d Progra	ım Fina	ance					
	Perma	anent File	e									
	Progra	am Deve	lopment:									



029550725 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	r No	<u>on-Insti</u>	tutional I	<u>Providers</u>				
Pre	emier Communit	y Healthcare Group Inc			Pro	ovider N	Number :	029550725				
					Da	ite : 10/	16/2024					
РО	Box 232			Fiscal Year End : N/A								
Da	de City, FL 335	26			Au	Audit Status : N/A						
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date			
	Rural	Health Clinic										
	Swing	-Bed Provider										
	X Federa	ally Qualified Health Centers					169.63	177.43	10/01/2024			
	Hospid	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 - S	IA								
	#00	655 / H55 Inpatient Respite Car	e									
	#00	656 / H56 General Inpatient Car	re									
	#00	658 Room and Board										
ſ	Basis :	7		Rate	Тур	oe:						
<u></u>		 Budget			Χ		Prospecti	ve				
-		Unaudited costs					Total Pro	spective				
-		Desk audited costs					Prospecti	ve Adjusted for	New costs			
-		Field audited costs										
-		Medicare - Prospective					Interim					
	Χ	Payment System Rate					Total Inte	rim				
-		Average Nursing Home Rate					Settleme	nt based on cost	S			
-		Pasco										
	Distribution											
	Fiscal Agent	<u>.</u>		Feehrer, r Manage	eme	ent Anal	lyst Supei	visor	1/1/2			
	Contract Man	agement		aid Prog			· ·					
	Permanent Fil	_										
	Program Deve											
	. rogram Deve	Jopinoni.										



029550727 - 2024/10

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

		_	Medicaid Reimbursement Per	r Diem I	Rates for	r N	on-Ins	titutional	<u>Providers</u>					
Pre	mier Co	mmunity	Healthcare Group Inc.	Provider Number : 029550727										
						Da	Date : 10/16/2024							
370	315 Mart	tin Luthe	r King Blvd	Fiscal Year End : N/A										
Da	de City,	FL 3352	23			Αι	udit St	atus : N/A						
Pro	vider T	уре:					Curr	ent Rate	New Rate	Effective Date				
		Rural H	lealth Clinic											
		Swing-	Bed Provider											
	X	Federa	lly Qualified Health Centers					169.63	177.43	10/01/2024				
		Hospic	e Provider											
		#06	51 / H51 Routine Home Care ((1-60)										
		#06	51a / H5L Routine Home Care	(61 +)										
		#06	52 / H52 Continuous Home Ca	are										
		#05	51 / 0561 Continuous Home C	are - S	IA									
		#06	55 / H55 Inpatient Respite Ca	re										
		#06	56 / H56 General Inpatient Ca	re										
		#06	58 Room and Board											
	Bas	sis :]		Rate	Ту	pe :							
'			Budget			Χ		⊐ Prospect	ive					
•			Unaudited costs					– Total Pro	spective					
•			Desk audited costs					– Prospect	ive Adjusted for	New costs				
•			Field audited costs					_						
•			Medicare - Prospective					_ Interim						
	2	X	Payment System Rate					Total Inte	erim					
•			Average Nursing Home Rate					Settleme	nt based on cost	ts				
•			Pasco					_						
	<u>Dist</u> ri	bution:		 T. K.	Feehrer,					AV 1				
	Fiscal	Agent				em	ent An	alyst Supe	rvisor	2K2				
	Contra	act Mana	gement	Medic	caid Prog	ran	n Fina	nce						
	Perma	anent File	9											
	Progra	am Deve	lopment:											



029550729 - 2024/10

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

		=	<u>Medicaid Reimbursement Per</u>	<u>r Diem Ra</u>	tes for	Non	<u>-Institutional</u>	<u>Providers</u>					
Pre	emier Co	mmunity	Healthcare Group Inc	Provider Number : 029550729									
						Date	: 10/16/2024						
690	06 Madis	on St			Fiscal Year End : N/A								
Ne	w Port R	Richey, F	L 34652			Audi	udit Status : N/A						
Pro	ovider T	уре:				C	Current Rate	New Rate	Effective Date				
		Rural H	lealth Clinic										
		Swing-	Bed Provider										
	X	Federa	lly Qualified Health Centers				169.63	177.43	10/01/2024				
		Hospic	e Provider										
		#06	51 / H51 Routine Home Care ((1-60)									
		#06	51a / H5L Routine Home Care	(61 +)									
		#06	52 / H52 Continuous Home Ca	are									
		#05	51 / 0561 Continuous Home C	are - SIA									
		#06	55 / H55 Inpatient Respite Car	re									
		#06	56 / H56 General Inpatient Ca	re									
		#06	58 Room and Board										
	Bas	sis :]		Rate 1	Туре	:						
'			Budget		>	X	Prospect	ive					
•			Unaudited costs	-			Total Pro	spective					
•			Desk audited costs	-			Prospect	ive Adjusted for	New costs				
•			Field audited costs	-									
•			Medicare - Prospective	-			Interim						
)	X	Payment System Rate				Total Inte	erim					
•			Average Nursing Home Rate				Settleme	nt based on cost	ts				
-			Pasco										
	Distri	bution:		 T. K. Fe	ehrer.				AV 1				
	Fiscal	Agent				men	t Analyst Supe	rvisor	2/42				
	Contra	act Mana	gement	Medicai	d Progra	am F	inance						
	Perma	anent File	9										
	Progra	am Deve	lopment:										



029550731 - 2024/10

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

		Medicaid Reimbursement P	er Diem	Rates for	· Noi	n-Institutional	<u>Providers</u>	
Pre	emier Con	nmunity Healthcare Group		Provider Number: 029550731				
					Dat	e : 10/16/2024		
23	2329 Anclote Blvd				Fisc	cal Year End : N	I/A	
Но	liday , FL	34691-9739			Auc	dit Status : N/A		
Pro	ovider Ty	pe:				Current Rate	New Rate	Effective Date
		Rural Health Clinic						
	,	Swing-Bed Provider						
	X	Federally Qualified Health Centers				169.63	177.43	10/01/2024
		Hospice Provider						
		#0651 / H51 Routine Home Card	e (1 - 60)					
		#0651a / H5L Routine Home Ca	re (61 +)					
		#0652 / H52 Continuous Home	Care					
		#0551 / 0561 Continuous Home	Care - S	IA				
		#0655 / H55 Inpatient Respite C	are					
		#0656 / H56 General Inpatient C	are					
		#0658 Room and Board						
	Basi	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	e			Settleme	nt based on cost	S
•		Pasco						
	Distrib	oution:	_ T. K	Feehrer,				A \
Fiscal Agent				emer	nt Analyst Supe	rvisor	2K2	
	Contrac	et Management	Medi	caid Progi	ram	Finance		
	Permar	nent File						
	Prograr	m Development:						



029550737 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem R	ates for	Non	-Institutional	<u>Providers</u>			
Pre	mier Co	mmunity	HealthCare Group	Provider Number: 029550737							
					Date : 10/16/2024						
14410 Cobra Way					Fisca	al Year End : N	I/A				
Hu	dson, Fl	34669-	1011		Audit Status : N/A						
Pro	vider T	ype:				C	Current Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				169.63	177.43	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA	1						
		#06	55 / H55 Inpatient Respite Car	е							
		#06	56 / H56 General Inpatient Car	re							
		#06	58 Room and Board								
[Bas	sis :]		Rate	Туре	:				
١			Budget		>	X	Prospect	ive			
-			Unaudited costs	-			Total Pro	spective			
-			Desk audited costs	-			Prospect	ive Adjusted for	New costs		
-			Field audited costs	-							
-			Medicare - Prospective	-			Interim				
	>	<	Payment System Rate				Total Inte	erim			
-			Average Nursing Home Rate Pasco	-			Settleme	nt based on cost	s		
	Distribution:		T. K. Fo		ment	t Analyst Supe	rvisor	184			
Fiscal Agent Contract Management				id Progr							
		ict Maria inent File									
			lopment:								
	i logic	5000	iopinoni.								



029551500 - 2024/10

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

		_	Medicaid Reimbursement Per	r Diem Rates fo	<u>r N</u>	lon-l	nstitutional	<u>Providers</u>	
Се	ntral Flo	orida Fam	ily Health Center		Provider Number: 029551500				
						Date :	: 10/16/2024		
49	30 E. La		F	iscal	iscal Year End : N/A				
Sa	nford, F		Δ	Audit	Status : N/A				
Pr	ovider 1	Гуре:				Cı	urrent Rate	New Rate	Effective Date
		Rural H	ealth Clinic						
		Swing-l	Bed Provider						
	X	Federal	ly Qualified Health Centers				129.55	157.27	10/01/2024
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care ((1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
#0655 / H55 Inpatient Respite Care				re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Ва	sis :		Rate	• T	ype :	:]		
'			Budget		Χ		 Prospect	ive	
,			Unaudited costs				 Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
•			Field audited costs						
'			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
'			Average Nursing Home Rate				Settleme	nt based on cost	ts
			Seminole						
<u>Distribution:</u> Fiscal Agent		T. K. Feehrer Senior Manag		nent i	Analyst Supe	rvisor	114		
		act Mana	gement	Medicaid Pro	gra	m Fir	nance		
		anent File							
	Progr	am Devel	opment:						



029551502 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem F	Rates for N	<u>on-Ins</u>	titutional	<u>Providers</u>		
Central Florida Family Health-Alafaya			Provider Number : 029551502							
					Date : 10/16/2024					
11	11881-A E. Colonial Dr.				Fi	scal Ye	ear End : N	I/A		
Orl	ando, Fl	32826			A	udit Sta	atus : N/A			
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic					,		
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				129.55	157.27	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SI	A					
		#06	55 / H55 Inpatient Respite Car	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :	7		Rate Ty	pe:	1			
			Budget	'	Х		Prospect	ive		
•			Unaudited costs	[·			Total Pro	spective		
•			Desk audited costs	-			Prospect	ive Adjusted for	New costs	
•			Field audited costs				_			
•			Medicare - Prospective				Interim			
	2	X	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	ts	
•			Orange				_			
	<u>Distri</u>	bution:		I Т. К. F	eehrer,				۸٧.٨	
Fiscal Agent				Managem			rvisor	2/12		
	Contra	act Mana	gement	Medic	aid Prograr	n Finar	nce			
	Perma	anent File	е							
	Progra	am Deve	lopment:							



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029551504 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	Non-lı	<u>nstitutional l</u>	<u>Providers</u>			
Central Florid	da Family Health - Underhill Road	Ţ.	Provid	er Number :	029551504			
		1	Date :	ate: 10/16/2024				
4930 E. Lake	e Mary Blvd	I	Fiscal	Year End : N	I/A			
Sanford, FL	32771	/	Audit \$	Status : N/A				
Provider Typ	pe:		Cu	irrent Rate	New Rate	Effective Date		
F	Rural Health Clinic					1		
5	Swing-Bed Provider							
X F	ederally Qualified Health Centers			129.55	157.27	10/01/2024		
ŀ	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 Ca	re						
	#0658 Room and Board							
Basis	s :	Rate T	ype :					
	Budget	X	,	 Prospect	ive			
	Unaudited costs			— Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
X	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	is		
	Seminole							
<u>Distrib</u>	<u>ution:</u>	T. K. Feehrer,				AV A		
Fiscal A		Senior Manager	ment /	Analyst Supe	rvisor	1/4 ²		
Contrac	t Management	Medicaid Progra	am Fir	nance				
Perman	ent File							



029551506 - 2024/10

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

	Medicaid Reimbursement Per	r Diem Rates for	<u>r Noı</u>	<u>n-Institı</u>	utional I	<u>Providers</u>		
Central Florida F	amily Health Center - Lake Ellenoi	ſ	Pro	ovider Number : 029551506				
			Dat	e : 10/1	6/2024			
4930 E. Lake Ma	930 E. Lake Mary Blvd				End : N	/A		
Sanford, FL 327	71		Auc	dit Statu	s : N/A			
Provider Type:				Curren	t Rate	New Rate	Effective Date	
Rura	al Health Clinic							
Swii	ng-Bed Provider							
X Fede	erally Qualified Health Centers				129.55	157.27	10/01/2024	
Hos	pice Provider							
#	#0651 / H51 Routine Home Care	(1-60)						
#	#0651a / H5L Routine Home Care	e (61 +)						
#	#0652 / H52 Continuous Home C	are						
#	#0551 / 0561 Continuous Home C	Care - SIA						
#	#0655 / H55 Inpatient Respite Ca	re						
#	#0656 / H56 General Inpatient Ca	re						
#	#0658 Room and Board							
Basis :		Rate	Тур	e :				
	 Budget		Х	P	rospecti	ve		
	Unaudited costs			Т	otal Pro	spective		
	Desk audited costs			P	rospecti	ve Adjusted for	New costs	
	Field audited costs							
	Medicare - Prospective			Ir	nterim			
X	Payment System Rate			T	otal Inte	rim		
	Average Nursing Home Rate			s	ettleme	nt based on cost	s	
	Seminole							
Distribution	<u>on:</u>	T. K. Feehrer,					AV. A	
Fiscal Agen	Fiscal Agent			nt Analy	st Supe	visor	2K2	
Contract Ma	anagement	Medicaid Prog	ıram	Finance)			
Permanent	File							
Program De	evelopment:							



029551513 - 2024/10

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

	Medicaid Reimbursement Per	r Diem Rates	for No	<u>on-Ins</u>	titutional	<u>Providers</u>	
Central Florida Fa	amily Health Center - Forsyth		Pro	ovider	Number :	029551513	
			Da	ite : 10	0/16/2024		
930 E. Lake Mar	y Blvd		Fis	scal Ye	ear End : N	I/A	
Sanford, FL 3277	71		Au	ıdit Sta	atus : N/A		
Provider Type:				Curr	ent Rate	New Rate	Effective Date
Rural	Health Clinic						
Swin	g-Bed Provider						
X Fede	rally Qualified Health Centers				129.55	157.27	10/01/2024
Hosp	ice Provider						
#(0651 / H51 Routine Home Care ((1-60)					1
#(0651a / H5L Routine Home Care	e (61 +)					
#(0652 / H52 Continuous Home Ca	are					
#(0551 / 0561 Continuous Home C	Care - SIA					
#(#0655 / H55 Inpatient Respite Care						
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis :	$\overline{}$	Ra	te Typ	oe:	7		
	 Budget		Х		Prospect	ive	
	Unaudited costs	-			– Total Pro	spective	
	Desk audited costs				– Prospect	ive Adjusted for	New costs
	Field audited costs				_		
	Medicare - Prospective				- Interim		
X	Payment System Rate				– Total Inte	erim	
	Average Nursing Home Rate				_ Settleme	nt based on cost	is
	Orange				_		
Distributio	<u>n:</u>	T. K. Feehre	er.				A V . A
Fiscal Agent		Senior Mana		ent An	alyst Supe	rvisor	4
Contract Mai	nagement	Medicaid Pr	ogram	Finar	nce		
Permanent F	File						
Program Dev	velopment:						



029551515 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	<u>r No</u>	n-Institu	<u>ıtional l</u>	<u>Providers</u>		
entral Florida F	amily Health Center - Silver Star		Pro	rovider Number : 029551515				
			Dat	te : 10/16	6/2024			
930 E Lake Mar	ry Blvd		Fise	scal Year End : N/A				
anford, FL 327	716012		Aud	dit Status	s : N/A			
rovider Type:				Current	Rate	New Rate	Effective Date	
Rura	al Health Clinic							
Swir	ng-Bed Provider							
X Fede	erally Qualified Health Centers				129.55	157.27	10/01/2024	
Hos	pice Provider							
#	40651 / H51 Routine Home Care (1-60)						
#	40651a / H5L Routine Home Care	(61 +)						
#	40652 / H52 Continuous Home Ca	are						
#	40551 / 0561 Continuous Home C	are - SIA						
#	40655 / H55 Inpatient Respite Car	·e						
#	40656 / H56 General Inpatient Ca	re						
#	0658 Room and Board							
Basis :		Rate	Тур	e:				
	Budget		Χ	P	rospecti	ve		
	Unaudited costs			T	otal Pro	spective		
	Desk audited costs			P	rospecti	ve Adjusted for	New costs	
	Field audited costs							
	Medicare - Prospective			In	terim			
Χ	Payment System Rate			T	otal Inte	rim		
	Average Nursing Home Rate			s	ettleme	nt based on cost	is	
	Orange							
Distribution	on:	T. K. Feehrer,					AV A	
Fiscal Agent		Senior Manag	eme	nt Analys	st Super	visor	2h2	
Contract Ma	Contract Management			Finance				
Permanent	File							
Program De	evelopment:							



029551517 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center	Provider Number : 029551517		
True Health#2	Date: 10/16/2024		
4930 E Lake Mary Blvd	Fiscal Year End : N/A		
Sanford, FI 32771	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	129.55	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029551518 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Hlth Ctr	Provider Number : 029551518				
True Health	Date: 10/16/2024				
4930 E Lake Mary Blvd	Fiscal Year End : N/A				
Sanford, FI 32771	Audit Status : N/A				

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	129.55	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029551521 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center	Provider Number : 029551521
True Health - Airport Blvd	Date: 10/16/2024
4930 E. Lake Mary Blvd.	Fiscal Year End : N/A
Sanford, FL 32771-5003	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	129.55	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





029551526 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Ctr	Provider Number : 029551526
True Health	Date : 10/16/2024
225 Harvest Time Dr	Fiscal Year End : N/A
Sanford, FL 32771-8814	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	129.55	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





029551528 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Ctr	Provider Number: 029551528
True Health	Date : 10/16/2024
905 Historic Goldsboro Blvd	Fiscal Year End : N/A
Sanford, FL 32771-2415	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	129.55	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029551532 - 2024/10

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

Central Florida Family Health Ctr True Health 4930 E Lake Mary Blvd Sanford, FL 32771-5003 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H51 Routine Home Care (61 +) #0652 / H55 Inpatient Respite Care #0655 / H56 General Inpatient Care #0658 Room and Board Rate Type: Sanford, FL 32771-5003			Medicaid Reimbursement Per	Diem Ra	ates for N	on-Ins	titutional	<u>Providers</u>		
Ag30 E Lake Mary Blvd Sanford, FL 32771-5003 Provider Type: Current Rate Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651 / H52 Continuous Home Care #0655 / H55 Inpatient Rospite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Seminole Pistribution: Fiscal Agent Contract Management Permanent File Fiscal Agent Contract Management Permanent File Current Rate New Rate Fifective Date Fiscal Year End: N/A Audit Status: N/A Audit Status: N/A	Се	ntral Florida Fan	nily Health Ctr	Provider Number : 029551532						
Audit Status : N/A Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Desk audited costs Desk audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Seminole Pistribution: Fiscal Agent Contract Management Permanent File	Tru	ue Health			D	Date : 10/16/2024				
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0655 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0556 / H56 General Inpatient Care #0658 Room and Board Rate Type:	49	30 E Lake Mary	Blvd		Fi	iscal Y	ear End : N	I/A		
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 129.55 157.27 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective Total Prospective Total Prospective Adjusted for New costs	Sa	nford, FL 32771	-5003		A	udit St	atus : N/A			
Swing-Bed Provider X Federally Qualified Health Centers 129.55 157.27 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective Total Prospective Total Prospective Adjusted for New costs	Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:		Rural I	Health Clinic							
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :		Swing	-Bed Provider							
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :		X Federa	ally Qualified Health Centers				129.55	157.27	10/01/2024	
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Hospic	ce Provider							
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		#06	551 / H51 Routine Home Care (1-60)						
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	651a / H5L Routine Home Care	(61 +)						
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	552 / H52 Continuous Home Ca	are						
#0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		#05	551 / 0561 Continuous Home C	are - SIA	\					
#0658 Room and Board Basis :		#0655 / H55 Inpatient Respite Ca								
Basis: Budget		#06	556 / H56 General Inpatient Car	re						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Seminole Distribution: Fiscal Agent Contract Management Permanent File Runder X Prospective Total Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#06	558 Room and Board							
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Seminole Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Basis :			Rate Ty	pe :	1			
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Seminole Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Budget		Х		⊐ Prospect	ive		
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Seminole Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Medicare - Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Unaudited costs				– Total Pro	spective		
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Seminole Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Desk audited costs				– Prospect	ive Adjusted for	New costs	
X Payment System Rate Average Nursing Home Rate Seminole Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs Settlement based on costs Medicaid Program Finance	•		Field audited costs				_			
Average Nursing Home Rate Settlement based on costs Distribution: Fiscal Agent Contract Management Permanent File Settlement based on costs Medicaid Program Finance Medicaid Program Finance	•		Medicare - Prospective				_ Interim			
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	X Payment System Rate					Total Inte	erim			
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance			_	-			Settleme	nt based on cost	s	
Contract Management Medicaid Program Finance Permanent File		·	<u>:</u>			ent An	alyst Supe	rvisor	1X.F	
Permanent File	•		Medica	id Prograr	n Fina	nce				
Program Development:										
		Program Deve	elopment:							



029551534 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Ctr	Provider Number : 029551534
True Health	Date: 10/16/2024
4930 E Lake Mary Blvd	Fiscal Year End : N/A
Sanford, FL 32771-5003	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	129.55	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





029552300 - 2024/10

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

		-	Medicaid Reimbursement Per	<u>r Diem Ra</u>	tes for	<u>Non</u>	<u>-Institutional</u>	<u>Providers</u>			
Fa	mily Hea	Ith Cente	er of Columbia County, Inc.	Provider Number : 029552300							
						Date	: 10/16/2024				
Р.С). Box 24	49				Fisca	iscal Year End : N/A				
Lal	ke City, F	FL 3205	6			Audi	t Status : N/A				
Pro	ovider T	уре:				C	Current Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				115.68	157.27	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
	#0655 / H55 Inpatient Respite Ca										
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate 1	Туре	:				
'			Budget		>	X	Prospect	ive			
•			Unaudited costs	-			Total Pro	spective			
•			Desk audited costs	-			Prospect	ive Adjusted for	New costs		
•			Field audited costs	-							
•			Medicare - Prospective				Interim				
)	X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	ts		
-			Columbia								
	Distri	bution:		 T. K. Fe	ehrer.				Λ\/ Λ		
	Fiscal	Agent				ement	t Analyst Supe	rvisor	2/42		
	Contra	act Mana	gement	Medicai	d Progra	am F	inance				
	Perma	nent File	e								
	Progra	am Deve	lopment:								



029554000 - 2024/10

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

		=	<u>Medicaid Reimbursement Per</u>	r Diem Rate	es for l	Non-In	<u>stitutional</u>	<u>Providers</u>			
Во	rinquen	Health C	are Center, Inc.	Provider Number : 029554000							
						Date : 1	ate : 10/16/2024				
360	01 Fede	ral Highw	ay 3rd Floor		F	iscal Y	ear End : N	I/A			
Mia	ami, FL	33137			A	Audit St	tatus : N/A				
Pro	ovider T	уре:				Cur	rent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				146.66	157.27	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		55 / H55 Inpatient Respite Ca	re								
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Ва	sis :]		Rate T	ype :					
'			Budget		Х		Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs								
•			Medicare - Prospective				 Interim				
		Χ	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cost	ts		
-			Dade				_				
	Distr	ibution:		T. K. Fee	hrer.				Λ\/ Λ		
	Fiscal	Agent				nent Ar	nalyst Supe	rvisor	2/42		
	Contra	act Mana	gement	Medicaid	Progra	m Fina	ince				
	Perma	anent File	•								
	Progra	am Deve	lopment:								



029554002 - 2024/10

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

		Medicaid Reimbursement Pe	r Diem R	lates for	· Noi	n-Institutional I	<u>Providers</u>	
Bori	inquen l	Health Care - Federal Hwy		Provider Number : 029554002				
				Date : 10/16/2024				
360	1 Feder	al Highway 3rd Floor			Fisc	cal Year End : N	/A	
Mia	mi, FL	33137			Auc	lit Status : N/A		
Pro	vider T	уре:				Current Rate	New Rate	Effective Date
		Rural Health Clinic						
		Swing-Bed Provider						
	X	Federally Qualified Health Centers				146.66	157.27	10/01/2024
		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 - SI	A				
		#0655 / H55 Inpatient Respite Ca	re					
		#0656 / H56 General Inpatient Ca	are					
		#0658 Room and Board						
Γ	Bas	sis:		Rate	Тур	e:		
-		Budget		,	X	Prospecti	ve	
_		Unaudited costs	-			 Total Pro	spective	
_		Desk audited costs	-			Prospect	ve Adjusted for	New costs
_		Field audited costs	-					
_		Medicare - Prospective	-			Interim		
	>	C Payment System Rate	-			Total Inte	rim	
		Average Nursing Home Rate	-			Settleme	nt based on cost	s
		Dade						
	Dietri	<u>bution:</u>	T 1/ F					N. / A
	Fiscal			⁻ eehrer, · Manage	emer	nt Analyst Supe	rvisor	N.Z
		act Management	Medic	aid Progi	ram	Finance		
		nent File						
		am Development:						
	3.5	'						



029554003 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	<u>Medicald Reimbursement Per L</u>							
Borinque	en Health Care Center, SW 8th Street	P	Provider Number : 029554003					
		D	Date: 10/16/2024					
3601 Fed	deral Highway, 3rd Floor Finance	F	Fiscal Year End : N/A					
Miami, F	L 331373795	A	Audit Status : N/A					
Provider	r Type:		Current Rate	New Rate	Effective Date			
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers		146.66	157.27	10/01/202			
	Hospice Provider							
	#0651 / H51 Routine Home Care (1-60							
	#0651a / H5L Routine Home Care (61 +)						
	#0652 / H52 Continuous Home Car	е						
	#0551 / 0561 Continuous Home Ca	re - SIA						
	#0655 / H55 Inpatient Respite Care							
	#0656 / H56 General Inpatient Care	,						
	#0658 Room and Board							
E	Basis :	Rate Ty	/pe:					
	Budget	X	Prospect	ive				
	Unaudited costs		Total Pro	spective				
	Desk audited costs		Prospect	ive Adjusted for	New costs			
· 		<u> </u>						

		·
	Field audited costs	
	Medicare - Prospective	Interim
Χ	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs
	 Dade	
X	Average Nursing Home Rate	

 $\underline{\textbf{Distribution:}}$

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





029554016 - 2024/10

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

Borinquen Health Care Center Provider Number : 029554016 Date : 101/16/2024 Fiscal Year End : N/A Audit Status : N/A Provider Type:	Medicaid Reimbursement	Per Diem Ra	ates for	Nor	ı-Institutional I	<u>Providers</u>		
3601 Federal Hwy, 6th Floor Miami, FL 331373795 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #6651 / H51 Routine Home Care (1-60) #6051 / H52 Routine Home Care (61 +) #6052 / H52 Continuous Home Care #0656 / H56 General Inpatient Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Field audited costs Medicare - Prospective Average Nursing Home Rate Dade Pistribution: Fiscal Agent Contract Management Permanent File Fiscal Agent Contract Management Permanent File	Borinquen Health Care Center		Provider Number : 029554016					
Miami, FL 331373795 Provider Type: Rural Health Clinic Swing-Bad Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 9561 Continuous Home Care #0565 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Pistributtion: Fiscal Agent Contract Management Permanent File Provider Rural Health Clinic Current Rate New Rate Fifective Date Effective Date Effective Date Effective Date Effective Date Fifective Date Effective Date Effective Date Effective Date Fifective Date Effective Date Fifective Date Effective Date Fifective Date Effective Date Fifective Date			Date : 10/16/2024					
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0555 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective Unaudited costs Desk audited costs Field audited costs Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Formanent File Current Rate Rute Rate Current Rate New Rate Effective Date Effective Date Effective Date Effective Date Effective Date Effective Date Interior Total Interior Total Interior Settlement based on costs Settlement Analyst Supervisor Medicaid Program Finance Medicaid Program Finance Medicaid Program Finance Contract Management Medicaid Program Finance Contract Management Medicaid Program Finance Contract Management Contract	3601 Federal Hwy, 6th Floor			Fisc	al Year End : N	/A		
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 146.66 157.27 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	Miami, FL 331373795			Aud	it Status : N/A			
Swing-Bed Provider X Federally Qualified Health Centers 146.66 157.27 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :	Provider Type:			(Current Rate	New Rate	Effective Date	
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:	Rural Health Clinic							
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Basis :	Swing-Bed Provider							
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Basis :	X Federally Qualified Health Center	rs			146.66	157.27	10/01/2024	
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X	Hospice Provider							
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	#0651 / H51 Routine Home Ca	re (1-60)						
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :	#0651a / H5L Routine Home C	are (61 +)						
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :	#0652 / H52 Continuous Home	e Care						
#0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	#0551 / 0561 Continuous Hom	ne Care - SIA						
#0658 Room and Board Basis :	#0655 / H55 Inpatient Respite	Care						
Basis: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	#0656 / H56 General Inpatient	Care						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Runder X Prospective X Prospective Interim Total Interim Settlement based on costs Total Interim Total Interim Settlement based on costs Medicaid Program Finance	#0658 Room and Board							
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	Basis:		Rate	Туре	:			
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	Budget		>	X	Prospecti	ve		
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Medicare - Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	Unaudited costs	_			Total Pro	spective		
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	Desk audited costs	-			Prospecti	ve Adjusted for	New costs	
X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	Field audited costs	_						
Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Average Nursing Home Rate Dade T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	Medicare - Prospective				Interim			
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	X Payment System Rate				Total Inte	rim		
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	Average Nursing Home Ra	ate			Settleme	nt based on cost	s	
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance	Dade							
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance	Distribution:	 T K F=	ehrer				A \	
Permanent File				men	t Analyst Supe	visor	JK4	
Permanent File		Medicai	id Progr	am F	inance			
Program Development:	•							
	Program Development:							



029554019 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates f	or	<u>Non</u>	-Institutional I	<u>Providers</u>	
Во	rinquen He	ealth Care Center - 19			Prov	vider Number :	029554019	
			Date : 10/16/2024					
360	01 Federal	Highway			Fisc	al Year End : N	/A	
Mia	ami, FL 33	1373795			Audi	it Status : N/A		
Pro	ovider Typ	e:			C	Current Rate	New Rate	Effective Date
	F	tural Health Clinic						
	S	wing-Bed Provider						
	X F	ederally Qualified Health Centers				146.66	157.27	10/01/2024
	F	lospice Provider						
		#0651 / H51 Routine Home Care (1	I-60)					
		#0651a / H5L Routine Home Care	(61 +)					
		#0652 / H52 Continuous Home Ca	re					
		#0551 / 0561 Continuous Home Ca	are - SIA					
		#0655 / H55 Inpatient Respite Care	9					
		#0656 / H56 General Inpatient Car	е					
		#0658 Room and Board						
	Basis):	Rat	еТ	Гуре):		
'		Budget		Х	(Prospecti	ve	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospecti	ve Adjusted for	New costs
•		Field audited costs						
•		Medicare - Prospective				Interim		
	Х	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate				Settleme	nt based on cost	S
		Dade						
	Distrib	<u>ution:</u>	T. K. Feehre	r,				۸٧.٨
	Fiscal A	gent	Senior Mana	gei	men	t Analyst Supei	visor	2/1/2
	Contract	Management	Medicaid Pro	gra	am F	inance		
	Perman	ent File						
	Program	Development:						



029554021 - 2024/10

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

Medicaid Reimbursement Pe	er Diem Rates for	Non-	Institutional I	<u>Providers</u>			
Borinquen Health Care Center - 21		Provi	der Number :	029554021			
		Date	: 10/16/2024				
3601 Federal Highway, 6th Floor		Fiscal Year End : N/A					
Miami, FL 331373795		Audit	Status : N/A				
Provider Type:		С	urrent Rate	New Rate	Effective Date		
Rural Health Clinic							
Swing-Bed Provider							
X Federally Qualified Health Centers			146.66	157.27	10/01/2024		
Hospice Provider							
#0651 / H51 Routine Home Care	(1-60)						
#0651a / H5L Routine Home Car	re (61 +)						
#0652 / H52 Continuous Home C	Care						
#0551 / 0561 Continuous Home	Care - SIA						
#0655 / H55 Inpatient Respite Ca	are						
#0656 / H56 General Inpatient Ca	are						
#0658 Room and Board							
Basis :	Rate	Туре	:				
Budget)	X	 Prospecti	ve			
Unaudited costs			 Total Pro	spective			
Desk audited costs			Prospecti	ve Adjusted for	New costs		
Field audited costs	-						
Medicare - Prospective			Interim				
X Payment System Rate			Total Inte	rim			
Average Nursing Home Rate			Settleme	nt based on cost	is		
Dade							
Distribution:	T V Fachrar				A > / A		
Fiscal Agent	T. K. Feehrer, Senior Manage	ment	Analyst Super	visor	1/1/2		
Contract Management	Medicaid Progr	am Fi	inance		•		
Permanent File							
Program Develonment:							



029554023 - 2024/10

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

Medicaid Reimbursement Per	Diem Rates for	r No	on-Institutional	<u>Providers</u>	
Borinquen Health Care Center - 23		Pr	ovider Number :	029554023	
		Da	ate: 10/16/2024		
3601 Federal Highway		Fis	scal Year End : N	I/A	
Miami, FL 331373795		Αu	ıdit Status : N/A		
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic				,	,
Swing-Bed Provider					
X Federally Qualified Health Centers			146.66	157.27	10/01/2024
Hospice Provider					
#0651 / H51 Routine Home Care (1-60)				
#0651a / H5L Routine Home Care	(61 +)				
#0652 / H52 Continuous Home Ca	are				
#0551 / 0561 Continuous Home C	are - SIA				
#0655 / H55 Inpatient Respite Car	е				
#0656 / H56 General Inpatient Car	re				
#0658 Room and Board					
Basis:	Rate	Туј	pe:		
Budget		X	Prospect	ive	
Unaudited costs			 Total Pro	spective	
Desk audited costs			Prospect	ive Adjusted for	New costs
Field audited costs					
Medicare - Prospective			Interim		
X Payment System Rate			Total Inte	erim	
Average Nursing Home Rate			Settleme	nt based on cost	s
Dade					
<u>Distribution:</u>	T. K. Feehrer,				۸٧.٨
Fiscal Agent	Senior Manage		ent Analyst Supe	rvisor	1/4 L
Contract Management	Medicaid Prog	ram	n Finance		
Permanent File					
Program Development:					



029554041 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for	Non	ı-Institutional I	<u>Providers</u>		
Во	rinquen Healt	Provider Number : 029554041							
			Date: 10/16/2024						
360	01 Federal Hi			Fiscal Year End : N/A					
Mia	ami, FL 3313	Audit Status : N/A							
Pro	ovider Type:			(Current Rate	New Rate	Effective Date		
	Rur	al Health Clinic						,	
	Swi	ng-Bed Provider							
X Federally Qualified Health Centers Hospice Provider						146.66	157.27	10/01/2024	
	;	(1-60) (61 +) are							
	;								
	;								
	;	#0551 / 0561 Continuous Home C	are - SIA						
	;	е							
	;	е							
	:	#0658 Room and Board							
ſ	Basis :	Basis :		Rate Ty		:			
١.		Budget		>	<	 Prospecti	ve		
-	Unaudited costs Desk audited costs					Total Pro	Total Prospective Prospective Adjusted for New costs		
-						Prospecti			
•		Field audited costs							
•		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	rim		
-		Average Nursing Home Rate				Settleme	nt based on cost	s	
•		Dade							
<u>Distribution:</u> Fiscal Agent Contract Management			T. K. Feehre	er.				A)/ A	
			Senior Management Analyst Supervisor						
			Medicaid Program Finance						
	Permanent								
	Program D								



029554043 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center	Provider Number : 029554043				
Kendall Regional	Date : 10/16/2024				
3601 Federal Highway	Fiscal Year End : N/A				
Miami, FL 331373795	Audit Status : N/A				

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	146.66	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029554045 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	n-Institut	ional F	<u>Providers</u>	
Во	rinquen Health (Care Center North Miami			Pro	ovider Nun	nber : (029554045	
					Da	te: 10/16/	2024		
126	303 NE 7th Aver	nue			Fis	cal Year E	End : N	/A	
No	rth Miami, FL 3	3161			Au	dit Status	: N/A		
Pro	ovider Type:					Current I	Rate	New Rate	Effective Date
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				1	146.66	157.27	10/01/2024
	Hospi	ce Provider							
	#00	651 / H51 Routine Home Care (1-60)						
	#00	651a / H5L Routine Home Care	(61 +)						
	#00	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SI	Α					
	#00	655 / H55 Inpatient Respite Car	e e						
	#00	656 / H56 General Inpatient Ca	re						
	#00	658 Room and Board							
	Basis :	7		Rate	Тур	oe:			
<u></u>		 Budget	'		X	Pro	ospecti	ve	
-		Unaudited costs	'			To	tal Pro	spective	
-		Desk audited costs	-			Pro	ospecti	ve Adjusted for	New costs
-		Field audited costs							
-		Medicare - Prospective				Inte	erim		
	Χ	Payment System Rate				To	tal Inte	rim	
-		Average Nursing Home Rate	'			Se	ttleme	nt based on cost	is
-		 Dade							
	District (1								- 2.6
	<u>Distribution</u>	· <u>·</u>		Feehrer, r Manage	eme	nt Analyst	t Super	visor	N4
	Fiscal Agent					Finance			
	Contract Mana Permanent Fil		-	9					
	Program Deve	ыортеп:							



029557400 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	Non-Ir	nstitutional	<u>Providers</u>	
Suncoast Community HCC - Ruskin					Provid	er Number :	029557400	
			I	Date :	10/16/2024			
P.O. Box 1349					iscal	Year End : N	I/A	
Ru	skin, FL 3357	70			Audit S	Status : N/A		
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date
	Rura	al Health Clinic						
	Swi	ng-Bed Provider						
	X Fed	erally Qualified Health Centers				168.77	176.54	10/01/2024
	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 - SI	A				
	;	#0655 / H55 Inpatient Respite Car	re					
	;	#0656 / H56 General Inpatient Ca	re					
	i	#0658 Room and Board						
	Basis :			Rate T	ype :	$\overline{}$		
		Budget	'	Х		— Prospect	ive	
•		Unaudited costs	-			— Total Pro	spective	
•		Desk audited costs	-			— Prospect	ive Adjusted for	New costs
•		Field audited costs	-					
•		Medicare - Prospective	-			 Interim		
	Χ	Payment System Rate	-			— Total Inte	erim	
•		Average Nursing Home Rate	-			 Settleme	nt based on cost	ts
•		Hillsborough	-					
	Diotributi	on:						
	<u>Distribution</u> Fiscal Ager			Feehrer, r Manager	nent A	nalyst Supe	rvisor	1111
	Contract Ma			aid Progra				
	Permanent	_		J				
		evelopment:						
	i rogrami Di	очоюринени.						



029557402 - 2024/10

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

		-	Medicaid Reimbursement Per	r Diem Rate	es for No	<u>on-Institution</u>	<u>al Provi</u>	<u>ders</u>		
Suncoast Community HCC- Plant City			Provider Number: 029557402							
					Da	ate : 10/16/2024				
P.O.Box 2096					Fis	scal Year End	: N/A			
Pla	nt City,	FI 33566	3		Αι	ıdit Status : N/	A			
Pro	ovider T	уре:				Current Rate	New	Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers			168.	77	176.54	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Car	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate Ty _l	pe:				
٠			Budget		Х	Prospe	ective			
•			Unaudited costs			Total F	rospect	ive		
•			Desk audited costs			Prospe	ective A	djusted for l	New costs	
•			Field audited costs							
•			Medicare - Prospective			Interim	1			
	2	X	Payment System Rate			Total I	nterim			
•			Average Nursing Home Rate			Settler	nent bas	sed on cost	s	
•			_ Hillsborough							
	Distri	bution:		T. K. Fee	hrer.				A \	
	Fiscal	Agent				ent Analyst Su	pervisor		2/h2+	
	Contra	act Mana	gement	Medicaid	Program	Finance				
	Perma	nent File	е							
	Progra	am Deve	lopment:							



029557403 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	r No	on-Institutio	onal F	<u>Providers</u>	
Su	ncoast Commu	nity HCC - Mobley Street			Pro	ovider Num	ber : (029557403	
				Date : 10/16/2024					
P.C	D. Box 1349				Fis	scal Year Er	nd : N	/A	
Ru	skin, FL 33575				Au	ıdit Status :	N/A		
Pro	ovider Type:					Current R	ate	New Rate	Effective Date
	Rural	Health Clinic							
	Swing	g-Bed Provider							
	X Feder	ally Qualified Health Centers				16	8.77	176.54	10/01/2024
	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 - S	IA					
	#0	655 / H55 Inpatient Respite Car	е						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
ſ	Basis :			Rate	Тур	pe:			
ָ 		 Budget			X	Pros	specti	ve	
-		Unaudited costs				Tota	al Pro	spective	
-		Desk audited costs				Pros	specti	ve Adjusted for	New costs
•		Field audited costs							
-		Medicare - Prospective				Inte	rim		
	Χ	Payment System Rate				 Tota	al Inte	rim	
-		Average Nursing Home Rate				Sett	lemer	nt based on cost	s
-		— Hillsborough							
	Distribution	.		- .					
	Fiscal Agent	<u>I.</u>		Feehrer, r Manage	eme	ent Analyst S	Super	visor	1/1/2
	Contract Man	nagement				Finance			
	Permanent F								
	Program Dev								
	i logialli Dev	olopillont.							



029557408 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number : 029557408
Suncoast Mobile Dental Van	Date : 10/16/2024
PO Box 1349	Fiscal Year End : N/A
Ruskin, FL 33575	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.77	176.54	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029557409 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PO Box 40	Provider Number : 029557409
Brandon Community Health Center	Date : 10/16/2024
PO Box 40	Fiscal Year End : N/A
Dover, FL 33527	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.77	176.54	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029557414 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number : 029557414
Oakfield Community Dental Care	Date: 10/16/2024
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.77	176.54	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029557416 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers, Inc.	Provider Number : 029557416
SCHC Womens Care of Lakeland	Date : 10/16/2024
13110 Elk Mountain Dr.	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.77	176.54	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

Supervisor <u>J</u>



029557417 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Center	Provider Number : 029557417
Suncoast Mobile Medical Bus	Date: 10/16/2024
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	168.77	176.54	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029557420 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number : 029557420
Wimauma Community Health Center	Date : 10/16/2024
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.77	176.54	10/01/2024
	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
	— Hillsborough		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029557422 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number : 029557422
Palm River Community Health Center	Date : 10/16/2024
13110 Elk Mountain Drive	Fiscal Year End : N/A
Riverview, FL 33579	Audit Status : N/A

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	168.77	176.54	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029557424 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number : 029557424		
Thonotosassa Community Health Center	Date: 10/16/2024		
9555 E Fowler Avenue	Fiscal Year End : N/A		
Thonotasassa, FL 33592	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.77	176.54	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029561200 - 2024/10

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

Medicaid Reimbursement Per	Diem Rates for	Non-Institutional	<u>Providers</u>			
Manatee County Rural Health Services	Provider Number : 029561200					
		Date: 10/16/2024				
700 8th Ave W	I	Fiscal Year End : N	I/A			
Palmetto, FL 34221	/	Audit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		142.95	157.27	10/01/2024		
Hospice Provider						
#0651 / H51 Routine Home Care (1-60)					
#0651a / H5L Routine Home Care	(61 +)					
#0652 / H52 Continuous Home Ca	are					
#0551 / 0561 Continuous Home C	are - SIA					
#0655 / H55 Inpatient Respite Car	re					
#0656 / H56 General Inpatient Ca	re					
#0658 Room and Board						
Basis:	Rate T	ype :				
Budget	X	Prospect	ive			
Unaudited costs		Total Pro	spective			
Desk audited costs		Prospect	ive Adjusted for	New costs		
Field audited costs						
Medicare - Prospective		Interim				
X Payment System Rate		Total Inte	erim			
Average Nursing Home Rate		Settleme	nt based on cost	ts		
Manatee						
<u>Distribution:</u>	T. K. Feehrer,			AV 1		
Fiscal Agent		ment Analyst Supe	rvisor			
	Medicaid Progra	am Finance				
Contract Management						
Contract Management Permanent File						



029561201 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	es for N	on-Institutional	<u>Providers</u>	
Ma	natee County R	ural Health Services- Bayshore	Provider Number: 029561201				
				Da	ate : 10/16/2024		
70	0 8th Ave W			Fi	scal Year End : N	I/A	
Pa	lmetto, FL 3422	1		Αι	udit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	Rural I	lealth Clinic					
	Swing	-Bed Provider					
	X Federa	Illy Qualified Health Centers			142.95	157.27	10/01/2024
	Hospic	ce Provider					
	#06	651 / H51 Routine Home Care (1-60)				
	#06	651a / H5L Routine Home Care	(61 +)				
	#06	652 / H52 Continuous Home Ca	are				
	#05	551 / 0561 Continuous Home C	are - SIA				
	#06	655 / H55 Inpatient Respite Car	е				
	#06	656 / H56 General Inpatient Car	re				
	#06	558 Room and Board					
	Basis :]		Rate Ty	pe:		
,		Budget		Х	Prospect	iive	
•		Unaudited costs			Total Pro	spective	
•		Desk audited costs			Prospect	ive Adjusted for	New costs
•		Field audited costs					
•		Medicare - Prospective			Interim		
	X	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cos	s
		Manatee					
	Distribution	<u>.</u>	T. K. Fee	hrer,			AV 1
	Fiscal Agent				ent Analyst Supe	rvisor	1/4 ²
	Contract Mana	agement	Medicaid	Progran	n Finance		
	Permanent Fil	е					
	Program Deve	elopment:					



029561202 - 2024/10

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

	i Dicili Rates for	Non-	Institutional I	<u>Providers</u>			
Manatee County Rural Health Svcs Hwy 301	Provider Number : 029561202						
		Date: 10/16/2024					
700 8th Ave W		Fisca	l Year End : N	/A			
Palmetto, FL 34221		Audit	Status : N/A				
Provider Type:		С	urrent Rate	New Rate	Effective Date		
Rural Health Clinic							
Swing-Bed Provider							
X Federally Qualified Health Centers			142.95	157.27	10/01/2024		
Hospice Provider							
#0651 / H51 Routine Home Care	(1-60)						
#0651a / H5L Routine Home Care	e (61 +)						
#0652 / H52 Continuous Home C	are						
#0551 / 0561 Continuous Home (Care - SIA						
#0655 / H55 Inpatient Respite Ca	re						
#0656 / H56 General Inpatient Ca	ire						
#0658 Room and Board							
Basis:	Rate	Туре	:				
Budget	>	X	Prospect	ve			
Unaudited costs			 Total Pro	spective			
Desk audited costs			Prospect	ve Adjusted for	New costs		
Field audited costs							
Medicare - Prospective			Interim				
X Payment System Rate			Total Inte	rim			
Average Nursing Home Rate Manatee			Settleme	nt based on cost	ds		
<u>Distribution:</u> Fiscal Agent	T. K. Feehrer, Senior Manage	ement	Analyst Supe	visor	NA		
Contract Management	Medicaid Program Finance						
Permanent File							



029561203 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	r No	n-Ins	<u>titutional l</u>	<u>Providers</u>	
anatee County	Rural Health Ser Lawton Chiles	Provider Number : 029561203					
		Date: 10/16/2024					
0 8th Ave W			Fis	cal Ye	ear End : N	I/A	
Ilmetto, FL 342	221		Au	dit Sta	itus : N/A		
ovider Type:				Curre	ent Rate	New Rate	Effective Date
Rura	al Health Clinic						
Swir	ng-Bed Provider						
X Fede	erally Qualified Health Centers				142.95	157.27	10/01/2024
Hos	pice Provider						
#	90651 / H51 Routine Home Care (1-60)					
#	0651a / H5L Routine Home Care	(61 +)					
#	10652 / H52 Continuous Home Ca	are					
#	10551 / 0561 Continuous Home C	are - SIA					
#	¹ 0655 / H55 Inpatient Respite Car	re ·					
#	¹ 0656 / H56 General Inpatient Ca	re					
#	60658 Room and Board						
Basis :		Rate	Тур	e :]		
	Budget		Х		Prospecti	ive	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospective Adjusted for New costs		
	Field audited costs				_		
	Medicare - Prospective				Interim		
X	Payment System Rate				Total Inte	erim	
	Average Nursing Home Rate Manatee				Settleme	nt based on cost	ts
Distributio		T. K. Feehrer, Senior Manage	eme	nt Ana	alvst Supe	rvisor	184
Fiscal Agent Contract Management		Medicaid Prog			<u> </u>		
Permanent	•	0					
Program De	veiopinent.						



029561204 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	r No	n-Institutiona	<u>l Providers</u>		
Ма	natee County R	ural Health Ser - Southeast FHC	Provider Number : 029561204						
					Date: 10/16/2024				
700	8th Ave W				Fis	cal Year End :	N/A		
Pa	metto, FL 3422	1			Aud	dit Status : N/A			
Pro	ovider Type:					Current Rate	New Rate	Effective Date	
	Rural I	Health Clinic					'	·	
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				142.9	5 157.27	10/01/2024	
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	ire						
	#05	551 / 0561 Continuous Home C	are - S	IA					
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Car	·e						
	#06	658 Room and Board							
ſ	Basis :	7		Rate	Тур	e:			
L		∟ Budget			X	——— Prospe	ctive		
-		Unaudited costs				Total P	rospective		
-		Desk audited costs				Prospe	ctive Adjusted for	New costs	
•		Field audited costs							
-		– Medicare - Prospective				Interim			
	Χ	Payment System Rate				 Total In	terim		
-		Average Nursing Home Rate				Settlem	ent based on cos	ts	
-		 Manatee							
	Dinduit4!								
	Distribution	<u>:</u>		Feehrer, r Manage	eme	nt Analyst Sup	ervisor	11/1	
	Fiscal Agent	agament		caid Prog					
	Contract Mana Permanent Fil			3					
	Program Deve	вюртеп:							



029561205 - 2024/10

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</u>	<u>Providers</u>				
Ма	natee C	County R	ural Health Ser - East Manatee H	lealth	Pr	rovider	Number :	029561205				
					Da	Date : 10/16/2024						
700	8th Av	e W			Fi	Fiscal Year End : N/A						
Pa	metto, l	FL 3422	1	A		udit Sta	atus : N/A					
Pro	ovider 1	Гуре:			Curr	ent Rate	New Rate	Effective Date				
		Rural I	Health Clinic									
		Swing	-Bed Provider									
	X	Federa	ally Qualified Health Centers				142.95	157.27	10/01/2024			
		Hospic	ce Provider									
		#06	651 / H51 Routine Home Care (1-60)								
		#06	651a / H5L Routine Home Care	(61 +)								
		#06	652 / H52 Continuous Home Ca	re								
		#05	551 / 0561 Continuous Home C	are - SIA								
		#06	655 / H55 Inpatient Respite Car	е								
		#06	656 / H56 General Inpatient Car	е								
		#06	658 Room and Board									
	Ва	ısis :	7	Ra	ate Ty	pe:	7					
'			Budget		Х		Prospect	ive				
•			Unaudited costs				Total Pro	spective				
•			Desk audited costs				- Prospect	ive Adjusted for	New costs			
•			Field audited costs				_					
•			Medicare - Prospective				- Interim					
		Χ	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate				Settleme	nt based on cost	is			
-			Manatee				_					
	Distr	ibution	<u>:</u>	T. K. Feehr	er.				AV 1			
	Fisca	l Agent		Senior Man		ent Ana	alyst Supe	rvisor	2K2			
	Contr	act Mana	agement	Medicaid P	rogran	n Finar	nce					
	Perm	anent Fil	е									
	Progr	am Deve	elopment:									



029561206 - 2024/10

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

		=	<u>Medicaid Reimbursement Per</u>	r Diem Ra	ates for	Non-lı	<u>nstitutional</u>	<u>Providers</u>					
Ма	natee County Rural Hith Svc-Myakka FHCC					Provid	er Number :	029561206					
						Date :	ate : 10/16/2024						
700	8th Ave	e W				Fiscal	Fiscal Year End : N/A						
Pa	metto, F	T 34221				Audit 9	udit Status : N/A						
Pro	ovider T	ype:				Cu	rrent Rate	New Rate	Effective Date				
		Rural H	lealth Clinic										
		Swing-	Bed Provider										
	X	Federa	lly Qualified Health Centers				142.95	157.27	10/01/2024				
		Hospic	e Provider										
		#06	51 / H51 Routine Home Care ((1-60)									
		#06	51a / H5L Routine Home Care	(61 +)									
		#06	52 / H52 Continuous Home Ca	are									
		#05	51 / 0561 Continuous Home C	are - SIA	1								
		#06	55 / H55 Inpatient Respite Car	re									
		#06	56 / H56 General Inpatient Ca	re									
		#06	58 Room and Board										
	Bas	sis :]		Rate 1	ype :							
'			Budget		Х	(Prospect	ive					
•			Unaudited costs	_			Total Pro	spective					
•			Desk audited costs				Prospect	ive Adjusted for	New costs				
•			Field audited costs										
•			Medicare - Prospective				Interim						
)	X	Payment System Rate				Total Inte	erim					
•			Average Nursing Home Rate				Settleme	nt based on cost	ts				
-			Manatee										
	Distri	bution:		l T. K. Fe	eehrer.				AV 1				
	Fiscal	Agent				ment A	Analyst Supe	rvisor	2K2				
	Contra	act Mana	gement	Medicai	id Progra	am Fin	nance						
	Permanent File												
	Progra	am Deve	lopment:										



029561207 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates f	or I	Non	<u>-Institutional l</u>	<u>Providers</u>			
Mana	atee County R	ural Hlth Svc-Infectious Disease	Ctr	F	Prov	vider Number :	029561207			
				Г	Date	e : 10/16/2024				
700 8	8th Ave W			F	Fisc	al Year End : N	I/A			
Palm	etto, FI 3422	1		F	Audi	udit Status : N/A				
Prov	rider Type:				(Current Rate	New Rate	Effective Date		
	Rural	Health Clinic						1		
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				142.95	157.27	10/01/2024		
	Hospi	ce Provider								
	#00	651 / H51 Routine Home Care (1	l - 60)							
	#00	651a / H5L Routine Home Care	(61 +)							
	#00	652 / H52 Continuous Home Ca	re							
	#0	551 / 0561 Continuous Home Ca	are - SIA							
	#00	655 / H55 Inpatient Respite Care	9							
	#00	656 / H56 General Inpatient Car	е							
	#00	658 Room and Board								
	Basis :	7	Rat	e T	уре	• :				
-		⊒ Budget	<u> </u>	Х		——J Prospecti	ive			
		Unaudited costs				 Total Pro	spective			
		Desk audited costs				Prospect	ive Adjusted for	New costs		
		Field audited costs								
		— Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
-		— Average Nursing Home Rate	-			Settleme	nt based on cost	is		
		— Manatee								
	Di-4!l4!									
	Distribution	<u>i</u>	T. K. Feehre Senior Mana		nen	t Analyst Supe	rvisor	N/4		
	Fiscal Agent	agamant	Medicaid Pro							
	Contract Man	•		J	•					
	Permanent Fil									
	Program Deve	eiopment:								



029561210 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	r Nor	n-Institution	<u>al Providers</u>	
lanatee County F	Rural Health Ser North CHC Me	edical	Pro	vider Numbei	: 029561210	
			Dat	e : 10/16/202	4	
00 8th Ave W			Fisc	al Year End	N/A	
almetto, FL 342	21		Aud	lit Status : N//	4	
rovider Type:				Current Rate	New Rate	Effective Date
Rural	Health Clinic				'	
Swin	g-Bed Provider					
X Feder	rally Qualified Health Centers			142.	95 157.27	10/01/2024
Hosp	ice Provider					
#(0651 / H51 Routine Home Care ((1-60)				
#(0651a / H5L Routine Home Care	(61 +)				
#(0652 / H52 Continuous Home Ca	are				
#(0551 / 0561 Continuous Home C	are - SIA				
#(0655 / H55 Inpatient Respite Ca	re				
#(0656 / H56 General Inpatient Ca	re				
#(0658 Room and Board					
Basis:		Rate	Тур	e:		
	 Budget		Χ	Prospe	ective	
	Unaudited costs			Total F	rospective	
	Desk audited costs			Prospe	ctive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
X	Payment System Rate			Total I	nterim	
	Average Nursing Home Rate			Settlen	nent based on cos	ts
	 Manatee					
Distribution	<u>n:</u>	T. K. Feehrer,				AV 1
Fiscal Agent		Senior Manage	emer	nt Analyst Su	pervisor	1/4 ²
Contract Mar	nagement	Medicaid Prog	ıram	Finance		
Permanent F	ile					
Program Dev	velopment:					



029561214 - 2024/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for N	<u>lon-Insti</u>	tutional I	<u>Providers</u>			
Ма	natee County R	ural Health Ser - Palametto FHC		Р	rovider N	Number : (029561214			
				D	ate : 10/16/2024 iscal Year End : N/A					
70	0 8th Ave W			F						
Pa	lmetto, FL 3422	1	Au		udit Stat	us : N/A				
Pro	ovider Type:				Curre	nt Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				142.95	157.27	10/01/2024		
	Hospid	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SIA	\						
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
	Basis :]		Rate Ty	pe:					
١		⊐ Budget	-	Х		Prospecti	ve			
•		Unaudited costs	_			Total Pro	spective			
•		Desk audited costs				Prospecti	ve Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
		Average Nursing Home Rate				Settleme	nt based on cost	s		
		Manatee								
	Distribution	<u>.</u>	T. K. F	eehrer,				1V.1		
	Fiscal Agent		Senior	Managem	ent Anal	yst Supei	visor	2/12		
	Contract Mana	agement	Medica	id Prograr	m Financ	e				
	Permanent Fil	е								
	Program Deve	elopment:								



029561218 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates f	or	Non	<u>ı-Institutional l</u>	<u>Providers</u>				
Ма	natee County R	ural Health Services - Westgate			Prov	vider Number :	029561218				
			C			Date : 10/16/2024					
700	0 8th Ave W		Fiscal Year End : N/A								
Pa	lmetto, FL 3422	1			Aud	it Status : N/A					
Pro	ovider Type:					Current Rate	New Rate	Effective Date			
	Rural	Health Clinic			\Box						
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				142.95	157.27	10/01/2024			
	Hospi	ce Provider									
	#00	651 / H51 Routine Home Care (1-60)								
	#00	651a / H5L Routine Home Care	(61 +)								
	#00	652 / H52 Continuous Home Ca	re								
	#0	551 / 0561 Continuous Home Ca	are - SIA								
	#00	655 / H55 Inpatient Respite Car	e								
	#00	656 / H56 General Inpatient Car	е								
	#00	658 Room and Board									
ſ	Basis :	7	Rat	e 1	Гуре	e :					
١.		 Budget		X	<	Prospecti	ve				
-		Unaudited costs				 Total Pro	spective				
-		Desk audited costs				Prospect	ve Adjusted for	New costs			
•		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	rim				
-		Average Nursing Home Rate				Settleme	nt based on cost	S			
•		 Manatee									
	Distribution	<u>:</u>	T. K. Feehre	r.				A \			
	Fiscal Agent	_			men	t Analyst Supe	visor	JKJ -			
	Contract Mana	agement	Medicaid Pro	gra	am F	inance					
	Permanent Fil	le									
	Program Deve	elopment:									



029561220 - 2024/10

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

		Medicaid Reimbursement Per	Diem R	ates for	r No	n-Institution	al P	<u>roviders</u>			
Ма	natee County R	ural Health Services - Communit	y Care ⊦	IC	Pro	vider Numbe	: 0	29561220			
						Date : 10/16/2024					
700	0 8th Ave W					cal Year End	: N/	Ą			
Pa	lmetto, FL 3422	1			Aud	dit Status : N/	4				
Pro	ovider Type:					Current Rate) I	New Rate	Effective Date		
	Rural I	Health Clinic									
	Swing	-Bed Provider									
	X Federa	Illy Qualified Health Centers				142.	95	157.27	10/01/2024		
	Hospic	ce Provider									
	#06	651 / H51 Routine Home Care (1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
	#06	652 / H52 Continuous Home Ca	ire								
	#05	551 / 0561 Continuous Home C	are - SIA	4							
	#06	655 / H55 Inpatient Respite Car	е								
	#06	656 / H56 General Inpatient Car	·e								
	#06	658 Room and Board									
	Basis :]		Rate	Тур	e:					
ָ 		ப Budget			X	Prospe	ectiv	е			
-		Unaudited costs	-			Total F	ros	pective			
-		Desk audited costs	-			Prospe	ectiv	e Adjusted for I	New costs		
•		Field audited costs	-								
-		Medicare - Prospective	-			Interim					
	Χ	Payment System Rate	-			Total I	nteri	im			
•		Average Nursing Home Rate	-			Settler	nen	t based on cost	s		
		_ Manatee									
	Distribution		 	eehrer,					A>/ A		
	Fiscal Agent	<u>-</u>			eme	nt Analyst Su	perv	risor			
	Contract Mana	agement	Medica	aid Prog	ram	Finance		<u> </u>	V		
	Permanent Fil										
	Program Deve	elopment:									
	-	•									



029561224 - 2024/10

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

		=	<u>Medicaid Reimbursement Per</u>	Diem Rat	es for	Non	<u>-Institutional</u>	<u>Providers</u>				
Ма	natee Rural County Health Services - Riverv					Prov	ider Number :	029561224				
						Date	ate: 10/16/2024					
700	8th Ave	e W		F			iscal Year End : N/A					
Pa	metto, F	L 3422				Audi	udit Status : N/A					
Pro	ovider T	уре:					Current Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				142.95	157.27	10/01/2024			
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care (1-60)								
		#06	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home Ca	are								
		#05	51 / 0561 Continuous Home C	are - SIA								
		#06	55 / H55 Inpatient Respite Car	·e								
		#06	56 / H56 General Inpatient Ca	re								
		#06	58 Room and Board									
	Bas	sis :]		Rate 1	Туре	:					
'			Budget		×	X	Prospect	ive				
•			Unaudited costs				Total Pro	spective				
•			Desk audited costs				Prospect	ive Adjusted for	New costs			
•			Field audited costs									
•			Medicare - Prospective				Interim					
	2	X	Payment System Rate				Total Inte	erim				
•			Average Nursing Home Rate				Settleme	nt based on cost	ts			
-			Manatee									
	<u>Dist</u> ri	ibution:		T. K. Fee	ehrer.				AV 1			
	Fiscal	Agent				ment	t Analyst Supe	rvisor	2K2			
	Contra	act Mana	gement	Medicaid	Progra	am F	inance					
	Permanent File											
	Progra	am Deve	lopment:									



029561228 - 2024/10

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>				
Ма	natee Rural He	alth Center - Whole Child Pediatr	ics	Pro	vider Number :	029561228				
				Dat	ate : 10/16/2024					
70	0 8th Ave W			Fisc	cal Year End : N	I/A				
Ра	lmetto, FL 3422	21		Auc	dit Status : N/A					
Pro	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Feder	ally Qualified Health Centers			142.95	157.27	10/01/2024			
	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 :	7	Rate	Тур	e :					
,		 Budget		Х	Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for	New costs			
		Field audited costs								
•		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate Manatee			Settleme	nt based on cost	s			
	Distribution	<u>ı:</u>	T. K. Feehrer,	emer	nt Analyst Supe	rvisor	NX 1			
	Fiscal Agent		Medicaid Prog			111001				
	Contract Man		oaioaia i 10g	, 4111						
	Permanent Fi									
	Program Dev	eiopment:								



029561236 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services	Provider Number : 029561236
North County Family Vision Center	Date : 10/16/2024
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	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
	 Sarasota		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029561238 - 2024/10

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

Medicaid Reimbursement P	Per Diem Rates for	<u>r Non</u>	-Institutional I	<u>Providers</u>		
Manatee County Rural Health Services, Inc.		Prov	Provider Number : 029561238			
		Date	Date : 10/16/2024			
700 8th Ave W		Fisca	al Year End : N	/A		
Palmetto, FL 34221		Audi	t Status : N/A			
Provider Type:		C	Current Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers	•		142.95	157.27	10/01/2024	
Hospice Provider						
#0651 / H51 Routine Home Car	e (1-60)					
#0651a / H5L Routine Home Ca	ıre (61 +)					
#0652 / H52 Continuous Home	Care					
#0551 / 0561 Continuous Home	e Care - SIA					
#0655 / H55 Inpatient Respite C	Care					
#0656 / H56 General Inpatient C	Care					
#0658 Room and Board						
Basis :	Rate	Туре	:			
Budget		Χ	Prospecti	ve		
Unaudited costs			Total Pro	spective		
Desk audited costs			Prospecti	ve Adjusted for	New costs	
Field audited costs						
Medicare - Prospective			Interim			
X Payment System Rate			Total Inte	rim		
Average Nursing Home Rate	e		Settleme	nt based on cost	S	
Manatee						
<u>Distribution:</u>	T. K. Feehrer,				٨٧.٨	
Fiscal Agent			t Analyst Supe	visor	2ht	
Contract Management	Medicaid Prog	ıram F	inance			
Permanent File						
Program Development:						



029561240 - 2024/10

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

Rural Health Clinic Swing-Bed Provider			Medicaid Reimbursement Per	· Diem Rates fo	<u>or No</u>	n-Institutional	<u>Providers</u>		
Fiscal Year End : N/A Audit Status : N/A Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Pistribution: Fiscal Agent Contract Management Permanent File Current Rate New Rate Fifective Date Effective Date Effective Date Effective Date Effective Date Effective Date Fiscal Year End : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Pew Rate Fifective Date Effective Date Effective Date Effective Date Fiscal Year End : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Current Rate New Rate Fifective Date F	Ма	Manatee County Rural Health Services Pro			Pro	ovider Number : 029561240			
Palmetto, FL 34221 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 10561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective	Bra	adenton Family	Medical		Dat	ate : 10/16/2024			
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61+) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H56 General Inpatient Care #0658 Room and Board Rate Type:	700	0 8th Ave W			Fisc	cal Year End : N	I/A		
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 142.95 157.27 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:	Pa	lmetto, FL 3422	21		Auc	lit Status : N/A			
Swing-Bed Provider X Federally Qualified Health Centers 142.95 157.27 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	Pro	ovider Type:				Current Rate	New Rate	Effective Date	
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:		Rural	Health Clinic				,		
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Swing	-Bed Provider						
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :		X Feder	ally Qualified Health Centers			142.95	157.27	10/01/2024	
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Hospi	ce Provider						
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#0	651 / H51 Routine Home Care (1-60)			,		
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#0	651a / H5L Routine Home Care	(61 +)					
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#0	652 / H52 Continuous Home Ca	are					
#0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :		#0	551 / 0561 Continuous Home C	are - SIA					
#0658 Room and Board Basis :		#0	655 / H55 Inpatient Respite Car	re					
Basis: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#0	656 / H56 General Inpatient Ca	re					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File X Prospective Total Prospective Prospective Adjusted for New costs Prospective Adjusted for New costs Settlement Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#0	658 Room and Board						
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	[Basis :	7	Rat	е Тур	e :			
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	ι		∟ Budget		Х	——— Prospect	ive		
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Medicare - Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		— Unaudited costs	-		 Total Pro	spective		
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Desk audited costs			Prospect	ive Adjusted for	New costs	
X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		— Field audited costs						
Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Average Nursing Home Rate Manatee T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Medicare - Prospective			Interim			
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Χ	Payment System Rate			 Total Inte	erim		
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Average Nursing Home Rate			Settleme	nt based on cost	ts	
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance	•		 Manatee						
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance		Distribution	·	T V Cash				A . / A	
Contract Management Medicaid Program Finance Permanent File			<u>L</u>			nt Analyst Supe	rvisor	N.Z	
Permanent File		•	agement	Medicaid Pro	gram	Finance			
			_						



029561242 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services	Provider Number : 029561242
Arcadia Childrens Health Care	Date: 10/16/2024
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029561249 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	<u>for</u>	Nor	n-Institutional	<u>Providers</u>	
Mana	atee County R	ural Health Services-Riverside Dr	r Provider Number : 029561249					
				Date : 10/16/2024				
700 8	8th Ave W				Fisc	al Year End : N	I/A	
Palm	etto, FL 3422	21			Aud	lit Status : N/A		
Prov	ider Type:					Current Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				142.95	157.27	10/01/2024
	Hospi	ce Provider						
	#0	651 / H51 Routine Home Care (1	l -6 0)				,	
	#0	651a / H5L Routine Home Care	(61 +)					
	#0	652 / H52 Continuous Home Ca	re					
	#0	551 / 0561 Continuous Home Ca	are - SIA					
	#0	655 / H55 Inpatient Respite Card	9					
	#0	656 / H56 General Inpatient Car	е					
	#0	658 Room and Board						
	Basis :	7	Ra	ite	Туре	e :		
		⊒ Budget)	X	——I Prospect	ive	
		— Unaudited costs				 Total Pro	spective	
		Desk audited costs	-			Prospect	ive Adjusted for	New costs
		— Field audited costs						
		Medicare - Prospective				Interim		
	X	Payment System Rate				 Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
		— Manatee						
	Distribution	,						
Fiscal Agent		T. K. Feehre Senior Mana		emer	nt Analyst Supe	rvisor	184	
	Contract Man	agement	Medicaid Pr					
	Permanent Fi	•		-				
	Program Deve							
	i rogram Deve	оюриюні.						



029561251 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Svc-DeSoto	Provider Number : 029561251
Community Care Family Healthcare Ctr	Date: 10/16/2024
700 8th Ave W	Fiscal Year End : N/A
Palmetto , FI 34221	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029561254 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hith Svc	Provider Number : 029561254
Comm Care Family Clinic Counseling Svc	Date: 10/16/2024
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FI 34221	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

JK.J



029561255 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hith Svc	Provider Number : 029561255	
Manatee Village Dental Ctr	Date: 10/16/2024	
700 8th Ave W	Fiscal Year End : N/A	
Palmetto, FI 34221	Audit Status : N/A	

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029561257 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Hith Svc	Provider Number : 029561257		
Twin Rivers Medical Ctr	Date : 10/16/2024		
700 8th Ave W	Fiscal Year End : N/A		
Palmetto, FI 34221	Audit Status : N/A		

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1X4



029561262 - 2024/10

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>		
Manatee County Rural Hith Svc-SCMC			Pi	Provider Number : 029561262					
So	outh County Medi	cal Ctr		D	ate : 10/16/2024				
70	0 8th Ave W			Fi	scal Ye	ear End : N	I/A		
Pa	lmetto, FI 34221			Aı	udit Sta	itus : N/A			
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural I	Health Clinic							
	Swing-	Bed Provider							
	X Federa	Illy Qualified Health Centers				142.95	157.27	10/01/2024	
	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 Ty	pe:]			
•		Budget		Х		Prospecti	ive		
		Unaudited costs	Ī	-		Total Pro	spective		
		Desk audited costs				Prospecti	ive Adjusted for	New costs	
		Field audited costs				_			
		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	ts	
		Desoto							
	Distribution	<u>.</u>	L T. K.	Feehrer,				AV 1	
	Fiscal Agent			r Managem	ent Ana	alyst Supe	rvisor	2K2	
	Contract Mana	agement	Medio	caid Progran	n Finar	nce			
	Permanent File	е							
Program Development:									



029561268 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Daniel de la Transce	Oursell Date New Date Effective Date				
Palmetto, Fl 34221	Audit Status : N/A				
700 8th Ave W	Fiscal Year End : N/A				
North Tuttle Family Hlth Ctr	Date : 10/16/2024				
Manatee County Rural Hlth Svc	Provider Number : 029561268				

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029561271 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County	Rural Health Services		Provide	er Number :	029561271		
			Date : 10/16/2024				
12271 US Highwa				ate : 10/16/2024 scal Year End : N/A			
				rear ⊑nd . N status : N/A	W/A		
Pallisti, FL 3421	9		Audit 3	olalus . IN/A			
Provider Type:			Cui	rrent Rate	New Rate	Effective Date	
Rura	l Health Clinic						
Swin	g-Bed Provider						
X Fede	erally Qualified Health Centers			142.95	157.27	10/01/202	
Hosp	pice Provider						
#	0651 / H51 Routine Home Care (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 1	ype :	7			
	Budget	>		— Prospect	ive		
	Unaudited costs			— Total Pro	spective		
	Desk audited costs			— Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			 Interim			
X	Payment System Rate			— Total Inte	erim		
-	Average Nursing Home Rate			— Settleme	nt based on cost	ts	

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

Manatee

T. K. Feehrer, Senior Management Analyst Supervisor





Permanent File

Program Development:

_____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029561280 - 2024/10

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

	Medicaid Reimbursement Pei	r Diem Rates foi	r No	n-Institutional	Providers			
Manatee C	ounty Rural Health Services-Arcadia		Provider Number : 029561280					
			Da	Date : 10/16/2024				
425 Nursin	425 Nursing Home Drive			cal Year End : N	I/A			
Arcadia, Fl	_ 34266		Au	dit Status : N/A				
Provider T	уре:			Current Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers			142.95	157.27	10/01/2024		
	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							
	#0655 / H55 Inpatient Respite Car							
	#0656 / H56 General Inpatient Ca	re						
	#0658 Room and Board							
Ва	sis:	Rate	Тур	oe:				
	Budget		Χ	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for l	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		
	Manatee							
<u>Distr</u>	ibution:	T. K. Feehrer,				٨٧.٨		
Fiscal	Agent			nt Analyst Supe	rvisor	1/4 <u> </u>		
Contra	act Management	Medicaid Prog	ram	Finance				



029561282 - 2024/10

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 Pate New Pate Effective Da			
Bradenton, FL 34205	Audit Status : N/A			
701 Manatee Ave West Suite 101	Fiscal Year End : N/A			
	Date: 10/16/2024			
Manatee County Rural Health Services -Manatee Ave West	Provider Number : 029561282			

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029561284 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services University Parkway	Provider Number : 029561284		
	Date: 10/16/2024		
2415 University Parkway Bldg 3 Suite 111	Fiscal Year End : N/A		
Sarasota, FL 34243	Audit Status : N/A		

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	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	<u> </u>		Prospective Adjusted for New costs
	Field audited costs	_		_
	Medicare - Prospective	_		 Interim
X	Payment System Rate	_		Total Interim
	Average Nursing Home Rate	_		Settlement based on costs
	— Manatee	_		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

or JXJ



029561287 - 2024/10

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

		Medicaid Reimbursement Per	Diem R	<u>Rates for l</u>	Non-In	stitutional	<u>Providers</u>			
Ма	natee County R	tural Health Services	Provider Number : 029561287							
				Date : 10/16/2024						
508	3 South 6th Ave									
Wa	uchula, FL 338	373		A	Audit Status : N/A					
Pro	ovider Type:				Cui	rent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Feder	ally Qualified Health Centers				142.95	157.27	10/01/2024		
	Hospi	ce Provider								
	#0	651 / H51 Routine Home Care (1-60)							
	#0	651a / H5L Routine Home Care	(61 +)							
	#0	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - Sl	A						
	#0	655 / H55 Inpatient Respite Car	re							
	#0	656 / H56 General Inpatient Ca	re							
	#0	658 Room and Board								
	Basis :	7	Г	Rate T	ype :					
ָ י		 Budget		X		— Prospect	ive			
•		Unaudited costs	-			— Total Pro	spective			
•		Desk audited costs	-			— Prospect	ive Adjusted for	New costs		
•		Field audited costs	-							
•		Medicare - Prospective	-			 Interim				
	Χ	Payment System Rate	-			Total Inte	erim			
•		Average Nursing Home Rate	-			 Settleme	nt based on cost	ts		
•		 Manatee	-			_				
	Distribution	1.						N. ()		
	Fiscal Agent	<u>ı.</u>		⁻ eehrer, ⁻ Manager	nent A	nalyst Supe	rvisor	N.A		
	Contract Man	agement	Medica	aid Progra	m Fina	ance				
	Permanent Fi									
	Program Dev									
		-:								



029561295 - 2024/10

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

	Medicaid Reimbursement Per	r Diem Rates fo	<u>r No</u>	<u>n-Ins</u>	titutional l	<u>Providers</u>	
lanatee County F	Rural Health Services		Provider Number : 029561295				
		Date : 10/16/2024					
305 State Road	64 East		Fiscal Year End : N/A				
radenton, FL 34	208		Aud	udit Status : N/A			
rovider Type:				Curr	ent Rate	New Rate	Effective Date
Rural	Health Clinic						
Swing	g-Bed Provider						
X Feder	rally Qualified Health Centers				142.95	157.27	10/01/2024
Hosp	ice Provider						
#(0651 / H51 Routine Home Care ((1-60)					
#(0651a / H5L Routine Home Care	(61 +)					
#(0652 / H52 Continuous Home Ca	are					
#(0551 / 0561 Continuous Home C	are - SIA					
#(0655 / H55 Inpatient Respite Ca	re					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis :		Rate	Тур	e :	7		
	Budget		Х		Prospecti	ve	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospecti	ve Adjusted for	New costs
	Field audited costs				_		
	Medicare - Prospective				- Interim		
X	Payment System Rate				Total Inte	rim	
	Average Nursing Home Rate				Settleme	nt based on cost	S
	 Manatee				_		
Distribution	<u>n:</u>	T. K. Feehrer,					ΛV. Λ
Fiscal Agent		Senior Manag			<u> </u>	visor	1/h
Contract Mar	nagement	Medicaid Prog	ram	Finar	nce		
Permanent F	ïle						
Program Dev	velopment:						



029565500 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers	Provider Number : 029565500
Johnnie Ruth Clarke Health Center	Date: 10/16/2024
1344 22nd Street S.	Fiscal Year End : N/A
St. Petersburg, FL 33705	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	131.46	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029565501 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	· No	on-Ins	titutional I	<u>Providers</u>		
Со	mmunity Health	Centers - Clearwater			Pr	ovide	Number :	029565501		
				Date : 10/16/2024						
707 Druid Rd E					Fis	scal Y	ear End : N	/A		
Clearwater, FL 337563951					Αι	ıdit St	atus : N/A			
Pro	vider Type:					Curr	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers					131.46	157.27	10/01/2024	
	Hospi	ce Provider								
	#0	651 / H51 Routine Home Care (1-60)							
	#0	651a / H5L Routine Home Care	(61 +)							
	#0	652 / H52 Continuous Home Ca	ire							
	#0	551 / 0561 Continuous Home C	are - S	IA						
	#0	655 / H55 Inpatient Respite Car	е							
	#0	656 / H56 General Inpatient Car	·e							
	#0	658 Room and Board								
ſ	Basis :	7		Rate	Ту	pe :				
ן נ		∟ 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	ts	
-		— Pinellas					_			
	Distribution	<u>.</u> -		Feehrer,	-me	ent ∆n	alyst Supe	visor	NA	
	Fiscal Agent			caid Prog				11301		
	Contract Man	•		1 10g	. जा					
	Permanent Fi									
	Program Deve	elopment:								



029565503 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for N	on-Institutional	<u>Providers</u>					
Communi	ty Health Center at Pinellas Park	P	rovider Number :	029565503					
		D	ate : 10/16/2024						
550 43rd	Street N	F	Fiscal Year End : N/A						
inellas P	ark, FL 337813601	A	udit Status : N/A						
rovider	Туре:		Current Rate	New Rate	Effective Dat				
	Rural Health Clinic								
	Swing-Bed Provider								
X	Federally Qualified Health Centers		131.46	157.27	10/01/202				
	Hospice Provider								
	#0651 / H51 Routine Home Care (1-60)							
	#0651a / H5L Routine Home Care	(61 +)							
	#0652 / H52 Continuous Home Ca	re							
	#0551 / 0561 Continuous Home C	are - SIA							
	#0655 / H55 Inpatient Respite Car	e							
	#0656 / H56 General Inpatient Car	е							
	#0658 Room and Board								
Ва	asis:	Rate Ty	rpe :						
	 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				
	Pinellas								
	ribution:	T. K. Feehrer,	ent Analyst Supe	rvisor	184				
FISC	al Agent				ンバマ				

Medicaid Program Finance

Contract Management

Permanent File

Program Development:



029565512 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic							
Provider Type:	Current Rate New Rat	e Effective Date					
Largo, FL 337741950	Audit Status : N/A						
12420 - 130th Ave	Fiscal Year End : N/A						
	Date: 10/16/2024						
Community Health Center - Largo	Provider Number : 029565512						

Provider 1	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	131.46	157.27	10/01/2024
	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	e Type :	
	 Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	Average Nursing Home Rate			Settlement based on costs
	— Pinellas			_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029565514 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	r No	n-Inst	titutional I	<u>Providers</u>	
ommunity Health	n Centers @ Tarpon		Pro	vider	Number :	029565514	
			Date : 10/16/2024				
7 S. Huey Aver	nue		Fisc	Fiscal Year End : N/A			
rpon Springs, F	L 346894205		Aud	Audit Status : N/A			
ovider Type:				Curre	ent Rate	New Rate	Effective Date
Rural	Health Clinic						
Swin	g-Bed Provider						
X Fede	rally Qualified Health Centers				131.46	157.27	10/01/2024
Hosp	ice Provider						
#(0651 / H51 Routine Home Care (1-60)					
#(0651a / H5L Routine Home Care	(61 +)					
#(0652 / H52 Continuous Home Ca	are					
#(0551 / 0561 Continuous Home C	are - SIA					
#(0655 / H55 Inpatient Respite Car	·e					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis :		Rate	Тур	e:]		
	 Budget		Χ		Prospecti	ive	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospecti	ive Adjusted for	New costs
	Field audited costs				-		
	Medicare - Prospective				Interim		
Χ	Payment System Rate				Total Inte	erim	
	Average Nursing Home Rate				Settleme	nt based on cost	ts
	— Pinellas				-		
Distribution	<u>n:</u>	T. K. Feehrer,					A V . A
Fiscal Agent		Senior Manage	emeı	nt Ana	alyst Supe	rvisor	1/4×
Contract Mar	nagement	Medicaid Prog	ram	Finan	ice		
Permanent F	ile						
Program Dev	velopment:						



029565516 - 2024/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for	Non-I	nstitutional I	<u>Providers</u>		
Community Health Centers at Bayfront			Provider Number : 029565516						
			Date : 10/16/2024						
РС	Box 10549			I	Fiscal Year End : N/A				
St.	Petersburg, FL	337330549			Audit	udit Status : N/A			
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date	
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				131.46	157.27	10/01/2024	
	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SIA						
	#06	655 / H55 Inpatient Respite Car	·e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
[Basis :	7		Rate T	ype :				
٠		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 Pinellas	-			Settleme	nt based on cos	ts	
	Distribution	<u>. </u>	T. K. Fe		ment	Analyst Supe	rvisor	NY 1	
	Fiscal Agent			id Progra			1 V 13 O 1		
	Contract Mana		modioa	.a i rogic	4111 I II				
	Permanent Fil								
	Program Deve	eiopment:							



029565519 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers of Pinellas	Provider Number : 029565519
Clearwater Dental	Date: 10/16/2024
PO Box 10549	Fiscal Year End : N/A
St Petersburg, FL 337330549	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	131.46	157.27	10/01/2024
	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
	– Pinellas		-

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029565521 - 2024/10

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

	Medicaid Reimbursement P	Per Diem Rates	s for No	on-Institutional	<u>Providers</u>				
Community	Health Centers of Pinellas- St Peters	burg	Provider Number : 029565521						
			Da	Date : 10/16/2024					
O Box 10	549		Fiscal Year End : N/A						
t Petersbu	urg, FL 337330549		Αι	ıdit Status : N/A					
rovider T	ype:			Current Rate	New Rate	Effective Date			
	Rural Health Clinic								
	Swing-Bed Provider								
X	Federally Qualified Health Centers	1		131.46	157.27	10/01/2024			
	Hospice Provider								
	#0651 / H51 Routine Home Card	e (1-60)							
	#0651a / H5L Routine Home Ca	re (61 +)							
	#0652 / H52 Continuous Home	Care							
	#0551 / 0561 Continuous Home	Care - SIA							
	#0655 / H55 Inpatient Respite C	are							
	#0656 / H56 General Inpatient C	Care							
	#0658 Room and Board								
Bas	sis:	R	ate Ty _l	pe:					
	Budget		Х	Prospect	ive				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
	X Payment System Rate			Total Inte	erim				
'	Average Nursing Home Rate	e		Settleme	nt based on cost	ts			
'	Pinellas								
Distr	<u>ibution:</u>	T. K. Feeh	rer,			1V.1			
Fiscal	Agent			ent Analyst Supe	rvisor	1/h/2			
Contra	act Management	Medicaid F	Program	n Finance					
Perma	anent File								
Progra	am Development:								



029565523 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates f	<u>or Nor</u>	n-Institutional	<u>Providers</u>			
Со	mmunity Health	Centers-Dunedin		Pro	vider Number :	029565523			
			Date : 10/16/2024						
РС	Box 10549			Fisc	cal Year End : N	I/A			
St	Petersburg, FI 3	33733		Aud	lit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers			131.46	157.27	10/01/2024		
	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	Rat	е Тур	e :				
		 Budget		Х	Prospect	ive			
•		Unaudited costs			 Total Pro	spective			
•		Desk audited costs			Prospect	ive Adjusted for	New costs		
•		Field audited costs							
		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate Pinellas			Settleme	nt based on cos	ts		
	Distribution	<u>.</u> <u>:</u>	T. K. Feehrer				NV A		
	Fiscal Agent				nt Analyst Supe	rvisor	2/1/2		
	Contract Man	agement	Medicaid Pro	gram	Finance				
	Permanent Fi	le							
	Program Deve	elopment:							



Permanent File

Program Development:

_____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029565525 - 2024/10

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>		
ommuni	ity Health	Center of Pinellas-St.Petersburg	l		Prov	vider Number :	029565525		
					Date	e: 10/16/2024			
950 34th	n Street N	orth		Fiscal Year End : N/A					
t. Peters	sburg , FL	33714			Aud	it Status : N/A			
rovider	Туре:					Current Rate	New Rate	Effective Date	
	Rural I	Health Clinic					1		
	Swing	-Bed Provider							
X	Federa	ally Qualified Health Centers				131.46	157.27	10/01/2024	
	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	are							
	#0	are - SIA							
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
В	asis :	7	R	ate 1	Гуре	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 cos	ts	
		Pinellas							
Dist	tribution	<u>:</u>	T. K. Feeh	rer				A \	
	al Agent	_			men	nt Analyst Supe	rvisor	JKJ-	
Cont			Medicaid F	rogra	am I	Finance			



029565527 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center of Pinellas Inc.	Provider Number : 029565527				
Community Health Centers at Mobile Health Center	Date: 10/16/2024				
PO Box 268938	Fiscal Year End : N/A				
Oklahoma City, OK 73126	Audit Status : N/A				

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	131.46	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029565529 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem Rate	s for No	on-Institu	<u>utional l</u>	<u>Providers</u>	
Со	mmunity	y Hlth Ctr	of Pinellas	Provider Number : 029565529 Date : 10/16/2024 Fiscal Year End : N/A					
РС	Box 26	8938							
Ok	lahoma	City, OK	73126		Au	ıdit Statu	s : N/A		
Pro	vider 1	ype:				Curren	t Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				131.46	157.27	10/01/2024
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care (1-60)					
		#06	51a / H5L Routine Home Care	(61 +)					
		#06	52 / H52 Continuous Home Ca	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Car	re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
ſ	Ва	sis :]	F	Rate Ty _l	pe:			
٠			Budget		Х	F	Prospecti	ve	
-			Unaudited costs			T	otal Pro	spective	
-			Desk audited costs			F	Prospecti	ve Adjusted for	New costs
-			Field audited costs						
-			Medicare - Prospective			Ir	nterim		
		Χ	Payment System Rate			T	otal Inte	rim	
			Average Nursing Home Rate			S	Settleme	nt based on cost	s
			Pinellas						
	Distr	ibution:		T. K. Feeh	nrer,				1V.1
	Fisca	l Agent		Senior Ma	nageme			visor	1/h
	Contr	act Mana	gement	Medicaid I	⊃rogram	n Finance)		
	Perm	anent File	е						
	Progr	am Deve	lopment:						



029565532 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	r No	on-Ins	titutional I	<u>Providers</u>	
Со	mmunity Health	Center of Pinellas	Provider Number : 029565532						
				Date : 10/16/2024					
72 <i>′</i>	I East Lime Stre	et			Fis	scal Ye	ear End : N	/A	
Taı	pon Springs, FL	. 34689			Au	ıdit Sta	itus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers					131.46	157.27	10/01/2024
	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SI	Α					
	#06	655 / H55 Inpatient Respite Car	·e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
	Basis :	7		Rate	Тур	pe:	1		
<u></u>		 Budget	'		X		∟ Prospecti	ve	
-		Unaudited costs	-				- Total Pro	spective	
-		Desk audited costs					- Prospecti	ve Adjusted for	New costs
-		Field audited costs	-				_		
-		Medicare - Prospective	-				Interim		
	Χ	Payment System Rate					Total Inte	rim	
-		Average Nursing Home Rate					Settleme	nt based on cost	s
_		 Pinellas					_		
	Dietuikusties								
	Distribution	<u>.</u>		Feehrer, r Manage	eme	ent Ana	alyst Super	visor	1114
	Fiscal Agent	agement		aid Prog					
	Contract Mana Permanent Fil	_		J					
	Permanent Fil								
	i logialli Deve	эоршен.							



029565534 - 2024/10

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

		-	Medicaid Reimbursement Pe	<u>r Diem</u>	Rates fo	r No	on-Ins	titutional	<u>Providers</u>	
Со	mmunity	Health	Centers of Pinellas Inc			Pr	ovider	Number :	029565534	
				Date: 10/16/2024						
70	1 16th St	Bldg 7				Fis	scal Y	ear End : N	I/A	
Sa	int Peters	sburg, F	L 33705-2135			Αι	ıdit St	atus : N/A		
Pro	ovider Ty	ype:					Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						,	
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					131.46	157.27	10/01/2024
		Hospic	e Provider							
		#06	551 / H51 Routine Home Care	(1-60)						
		#06	551a / H5L Routine Home Care	e (61 +)						
		#06	552 / H52 Continuous Home C	are						
		#05	551 / 0561 Continuous Home (Care - S	IA					
		#06	555 / H55 Inpatient Respite Ca	re						
		#06	556 / H56 General Inpatient Ca	re						
		#06	558 Room and Board							
	Bas	sis :			Rate	Ту	pe:	7		
•			Budget			Χ		Prospect	ive	
			Unaudited costs					Total Pro	spective	
			Desk audited costs					Prospect	ive Adjusted for	New costs
			Field audited costs							
			Medicare - Prospective				Interim			
	>	(Payment System Rate					 Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cost	ts
			Pinellas							
	Distri	bution:	<u>.</u>	I T. K.	Feehrer,					٨٧٨
	Fiscal	Agent				eme	ent An	alyst Supe	rvisor	1/h
	Contra	ct Mana	agement	Medi	caid Pro	gram	n Fina	nce		
	Perma	nent File	е							
	Progra	m Deve	elopment:							



029565536 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Communi	ty Health Centers Of Pinellas Inc.	P	rovider Number :	029565536	
		D	ate : 10/16/2024		
14100 581	14100 58th St N # MHC2 Fisc			I/A	
Clearwater, FI 33760-9900 Aud			udit Status : N/A		
Provider	Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic				
	Swing-Bed Provider				
Х	Federally Qualified Health Centers		131.46	157.27	10/01/2024
	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				
В	asis:	Rate Ty	rpe :		
	Budget	Х	Prospect	tive	
	Unaudited costs		Total Pro	spective	
	Desk audited costs		Prospect	tive Adjusted for	New costs
	Field audited costs				
	Medicare - Prospective		Interim		
	X Payment System Rate		Total Inte	erim	
	Average Nursing Home Rate		Settleme	ent based on cos	ts

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

Pinellas

T. K. Feehrer, Senior Management Analyst Supervisor





Program Development:

__ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029565538 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates for	N	lon-l	Institutional F	<u>Providers</u>		
Comn	nunity Hea	alth Centers of Pinellas, Inc		Р	rovio	rovider Number : 029565538			
				D)ate	: 10/16/2024			
5523	Roosevelt	Blvd		F	iscal	l Year End : N	/A		
Clear	water, FL	33760-3425		Α	ιudit	Status : N/A			
Provi	der Type:				Cı	urrent Rate	New Rate	Effective Date	
	Rui	ral Health Clinic							
	Sw	ing-Bed Provider							
>	(Fed	derally Qualified Health Centers				131.46	157.27	10/01/2024	
	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	e						
		#0658 Room and Board							
	Basis :		Rate	Ту	ype :	:]			
		Budget		X		 Prospecti	ve		
		Unaudited costs				Total Pros	spective		
		Desk audited costs				Prospecti	ve Adjusted for	New costs	
		Field audited costs							
		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	rim		
		Average Nursing Home Rate				Settlemer	nt based on cost	s	
		Pinellas							
	Distributi	ion:	T. K. Feehrer,					A)/ A	
Fiscal Agent		Senior Manage	m	nent.	Analyst Super	visor	JK.		
	•	Management (Medicaid Progr	ar	m Fi	nance			
	Permanen	_							



029565539 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community	Health Centers of Pinellas, Inc	P	ovider Number : 029565539			
	Date		ate: 10/16/2024			
1260 S Martin Luther King Jr Ave		scal Year End : N	I/A			
Clearwater,	FL 33756-4172	A	udit Status : N/A			
Provider T	уре:		Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers		131.46	157.27	10/01/2024	
	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					
Bas	sis:	Rate Ty	pe:			
	Budget	X	Prospect	ive		
	Unaudited costs		Total Pro	spective		
	Desk audited costs		Prospect	ive Adjusted for	New costs	
	Field audited costs					
	Medicare - Prospective		Interim			
	X Payment System Rate		Total Inte	erim		
	Average Nursing Home Rate		Settleme	nt based on cost	s	
	Pinellas					

 $\underline{\textbf{Distribution:}}$

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor





029565542 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem I	Rates fo	r No	on-Ins	titutional l	<u>Providers</u>		
Со	Community Health Centers of Pinellas Inc				Pr	Provider Number : 029565542				
					Da	Date : 10/16/2024				
MC	BILE HEALTH (CENTER #3			Fis	scal Y	ear End : N	/A		
Cle	earwater, FL 337	760-9900			Αu	ıdit Sta	atus : N/A			
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date	
	Rural I	lealth Clinic								
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers					131.46	157.27	10/01/2024	
	Hospid	e Provider								
	#06	51 / H51 Routine Home Care (1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	552 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - S	IA						
	#06	555 / H55 Inpatient Respite Car	е							
	#06	556 / H56 General Inpatient Car	re							
	#06	58 Room and Board								
	Basis :]		Rate	Туј	pe:	7			
,		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	ts	
		Pinellas								
	Distribution	<u>:</u>	 Т. К.	Feehrer,					۸٧.٨	
	Fiscal Agent						alyst Supe	visor	1/ht	
	Contract Management			caid Prog	ram	ı Finaı	nce			
	Permanent File	е								
Program Development:										



029568000 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

				<u> </u>		
North Fl. Medic	al Ctr., Inc Wewahitchka Medical Ctr	F	Provide	r Number :	029568000	
			Date : 1	10/16/2024		
2804 Remingto	2804 Remington Green circle Fisc			∕ear End : N	I/A	
Tallahassee, Fl	_ 32308	,	Audit S	tatus : N/A		
Provider Type:	:		Cur	rent Rate	New Rate	Effective Date
Ru	ral Health Clinic					1
Sw	ing-Bed Provider					
X Fed	derally Qualified Health Centers			128.62	157.27	10/01/2024
Но	spice Provider					
	#0651 / H51 Routine Home Care (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 T	ype :	7		
	Budget	X		ー Prospect	ive	
	Unaudited costs			— Total Pro	spective	
	Desk audited costs			— Prospect	ive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			 Interim		
Х	Payment System Rate			— Total Inte	erim	
	Average Nursing Home Rate			 Settleme	nt based on cost	ts
	—— Gulf					

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer, Senior Management Analyst Supervisor





029568001 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctr. Inc Wakulla Medical Ctr	Provider Number : 029568001
Wakulla Medical Center	Date: 10/16/2024
2804 Remington Green circle	Fiscal Year End : N/A
Tallahassee, FL 32308	Audit Status : N/A

Provider	r Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	128.62	157.27	10/01/2024
	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
	— Wakulla		-

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029568009 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc Mayo	Provider Number : 029568009
Mayo Health Services	Date: 10/16/2024
2804 Remington Green circle	Fiscal Year End : N/A
Tallahassee, FL 32308	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	128.62	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029568010 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Center	Provider Number : 029568010
Madison Medical Center	Date: 10/16/2024
2804 Remington Green Cir Ste 2	Fiscal Year End : N/A
Tallahassee, FL 323081550	Audit Status : N/A

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	128.62	157.27	10/01/2024
	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
	— Madison	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029568012 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

medicala Reimbarsement i el Biem Ra	100 101 140	m motitutionar	TOVIGOIS			
Dai		Provider Number: 029568012				
		Date: 10/16/2024				
		Fiscal Year End : N/A				
Tallahassee, FL 32308		udit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		128.62	157.27	10/01/2024		

#0651 / H51 Routine Home Care (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

Hospice Provider

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029568013 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc Gadsden Medical Center	Provider Number : 029568013
Gadsden Medical Center	Date: 10/16/2024
2804 Remington Green circle	Fiscal Year End : N/A
Tallahassee, FL 32308	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	128.62	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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





029568017 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Centers-Tallahassee		Pr	Provider Number: 029568017				
		Da	ate: 10/16/2024				
2804 Remington Green Circle Suite #2		Fiscal Year End : N/A					
Tallahassee, FL 32308			Audit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date		
	Rural Health Clinic						
	Swing-Bed Provider						
X	Federally Qualified Health Centers		128.62	157.27	10/01/2024		
	Hospice Provider						

#0651a / H5L Routine Home Care (61 +)
#0652 / H52 Continuous Home Care
#0551 / 0561 Continuous Home Care - SIA
#0655 / H55 Inpatient Respite Care
#0656 / H56 General Inpatient Care
#0658 Room and Board

#0651 / H51 Routine Home Care (1-60)

Basis :			Rate Type :]
	 Budget	Ι.	Х	Prospective
	Unaudited costs	•		Total Prospective
	Desk audited costs	•		Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			- Interim
Х	Payment System Rate	'		Total 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,

Senior Management Analyst Supervisor



029568019 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Centers, Inc.	Provider Number : 029568019	
Health Force One	Date : 10/16/2024	
2804 Remington Green Cir Ste 2	Fiscal Year End : N/A	
Tallahassee, FL 32308	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	128.62	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



029568030 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North FL. Medical Center - Eastpoint Medical Center	Provider Number : 029568030		
Eastpoint Medical Center	Date: 10/16/2024		
2804 Remington Green circle	Fiscal Year End : N/A		
Tallahassee, FL 32308	Audit Status : N/A		

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	128.62	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1



029570100 - 2024/10

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
1 t. Myc16, 1 E 00002	, tu	dit Otatas : 14/7 (
Ft. Myers, FL 33902	Audit Status : N/A			
P.O. Box 1588	Fiscal Year End : N/A			
	Da	te: 10/16/2024		
Family Health Centers of SW Florida - Downtown Ft Myers	Provider Number: 029570100			

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	128.67	157.27	10/01/2024
	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	e 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
	 Lee			_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





029570101 - 2024/10

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

		Medicaid Reimbursement Per	Diem	Rates for	· No	on-Ins	titutional	<u>Providers</u>			
Fa	mily Health Cent	ers of SW Florida - Labelle			Pro	Provider Number : 029570101					
					Da	Date : 10/16/2024					
Р.0	D. Box 1588				Fiscal Year End : N/A						
Ft.	Myers, FL 3390	2			Au	ıdit Sta	itus : N/A				
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date		
	Rural I	lealth Clinic									
	Swing	-Bed Provider									
	X Federa	Illy Qualified Health Centers					128.67	157.27	10/01/2024		
	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								
	#0551 / 0561 Continuous Home Care - SIA										
	#06	655 / H55 Inpatient Respite Car	е								
	#06	656 / H56 General Inpatient Car	е								
	#06	558 Room and Board									
	Basis :]		Rate	Тур	pe:]				
'		Budget			X		Prospect	ive			
•		Unaudited costs					- Total Pro	spective			
		Desk audited costs					- Prospect	ive Adjusted for	New costs		
•		Field audited costs					_				
•		Medicare - Prospective					Interim				
	X	Payment System Rate					Total Inte	erim			
•		Average Nursing Home Rate					Settleme	nt based on cost	is		
•		Lee					-				
	Distribution	<u>.</u>	 T. K.	Feehrer,					ΛV.Λ		
	Fiscal Agent				eme	ent Ana	alyst Supe	rvisor	2/42		
	Contract Mana	agement	Medio	caid Prog	ram	r Finar	ice				
	Permanent Fil	е									
	Program Deve	elopment:									



029570103 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	Non-I	nstitutional	<u>Providers</u>			
Fa	mily Health Cent	ers of SW Florida - East Ft Myer	s	Provider Number : 029570103						
					Date :	10/16/2024				
Р.(D. Box 1588			Fiscal Year End : N/A						
Ft.	Myers, FL 3390)2			Audit S	Status : N/A				
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				128.67	157.27	10/01/2024		
	Hospid	ce Provider								
	#00	651 / H51 Routine Home Care (1-60)							
	#00	651a / H5L Routine Home Care	(61 +)							
	#00	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - SI	A						
	#00	655 / H55 Inpatient Respite Car	e							
	#00	656 / H56 General Inpatient Ca	re							
	#00	658 Room and Board								
	Basis :	7		Rate 1	уре :					
'		Budget	'	×	(Prospect	ive			
•		Unaudited costs	-			 Total Pro	spective			
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
•		Lee								
	Distribution	<u>.</u>	I T. K. F	eehrer,				A)/ /		
	Fiscal Agent				ment A	Analyst Supe	rvisor	1/4 ²		
	Contract Mana	agement	Medic	aid Progra	am Fin	ance				
	Permanent Fil	e								
	Program Deve	elopment:								



029570105 - 2024/10

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

	<u>Medicaid Reimbursement Per</u>	Diem Rates for	NO	<u>on-institutionai</u>	<u>Providers</u>				
Family Health Center	ers of SW Florida - Leigh Acres		Pro	ovider Number :	029570105				
			Da	ite: 10/16/2024					
P.O. Box 1588			Fis	iscal Year End : N/A					
Ft. Myers, FL 33902	2		Au	dit Status : N/A					
Provider Type:				Current Rate	New Rate	Effective Date			
Rural H	ealth Clinic								
Swing-l	Bed Provider								
X Federal	lly Qualified Health Centers			128.67	157.27	10/01/2024			
Hospice	e Provider								
#06	51 / H51 Routine Home Care ((1-60)							
#06	51a / H5L Routine Home Care	e (61 +)							
#06	52 / H52 Continuous Home Ca	are							
#05	51 / 0561 Continuous Home C	are - SIA							
#06	55 / H55 Inpatient Respite Car	re							
#06	56 / H56 General Inpatient Ca	re							
#06	58 Room and Board								
Basis :]	Rate -	Тур	pe:					
	Budget)	X	Prospect	ive				
	- Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
_	Field audited costs								
_	Medicare - Prospective			Interim					
X	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	ts			
	Lee								
<u>Distribution:</u>		T. K. Feehrer,				LVA			
Fiscal Agent		Senior Manage	me	ent Analyst Supe	rvisor	2)1/2			

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

_____ For information Only (No Change in rate)

Medicaid Program Finance





029570106 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem	Rates for	· No	<u>n-Inst</u>	itutional I	<u>Providers</u>				
Fa	mily Health Cent	ers of SW Florida - North Ft Mye	ers		Pro	vider	Number :	029570106				
					Dat	e : 10	/16/2024					
Р.(D. Box 1588				Fisc	Fiscal Year End : N/A						
Ft.	Myers, FL 3390	2			Auc	dit Sta	tus : N/A					
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date			
	Rural H	lealth Clinic										
	Swing-	Bed Provider										
	X Federa	lly Qualified Health Centers					128.67	157.27	10/01/2024			
	Hospic	e Provider										
	#06	51 / H51 Routine Home Care (1-60)									
	#06	51a / H5L Routine Home Care	(61 +)									
	#06	52 / H52 Continuous Home Ca	are									
	#05	51 / 0561 Continuous Home C	are - S	IA								
	#06	555 / H55 Inpatient Respite Car	е									
	#06	56 / H56 General Inpatient Car	re									
	#06	58 Room and Board										
	Basis :	1		Rate	Тур	e :						
'		Budget			X		Prospecti	ve				
		Unaudited costs					Total Pro	spective				
•		Desk audited costs					Prospecti	ve Adjusted for	New costs			
		Field audited costs					-					
		Medicare - Prospective					Interim					
	X	Payment System Rate					Total Inte	rim				
		Average Nursing Home Rate					Settleme	nt based on cost	s			
		Lee										
	Distribution:		_ T. K	Feehrer,					A \			
	•				emer	nt Ana	ılyst Supeı	visor	4			
	Contract Mana	gement	Medic	caid Prog	ram	Finan	ce					
	Permanent File	е										
	Program Deve	lopment:										



029570107 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	Non-l	<u>nstitutional</u>	<u>Providers</u>			
amily Health Cer	ters of S.W. Florida - Paul Lawre	nce	Provid	der Number :	029570107			
			Date :	10/16/2024				
O. Box 1588		Fiscal Year End : N/A						
. Myers, FL 339	02		Audit	Status : N/A				
ovider Type:			Cı	urrent Rate	New Rate	Effective Date		
Rural	Health Clinic							
Swing	g-Bed Provider							
X Feder	ally Qualified Health Centers			128.67	157.27	10/01/2024		
Hospi	ice Provider							
#0	651 / H51 Routine Home Care (1-60)						
#0	651a / H5L Routine Home Care	(61 +)						
#0	are							
#0	551 / 0561 Continuous Home C	are - SIA						
#0	655 / H55 Inpatient Respite Car	е						
#0	656 / H56 General Inpatient Ca	re						
#0	658 Room and Board							
Basis :		Rate -	Type :	$\overline{}$				
	 Budget	,	X	 Prospect	ive			
	Unaudited costs			Total Prospective				
	Desk audited costs			— Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			 Interim				
Χ	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	 Lee							
Distribution		T. K. Feehrer,				A\/ /\		
Fiscal Agent	_	Senior Manage	ment /	Analyst Supe	rvisor	JKJ -		
Contract Mar	nagement	Medicaid Progr	am Fir	nance		-		
Permanent F								
Program Dev	elopment:							



029570109 - 2024/10

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

		Medicaid Reimbursement Per	r Diem Ra	<u>ates foi</u>	r No	n-Inst	<u>itutional l</u>	<u>Providers</u>	
Fa	mily Health Cen	ters of S.W. Florida - Metro Park	way		Pro	vider	Number :	029570109	
					Dat	e : 10	/16/2024		
Р.(D. Box 1588				Fisc	cal Ye	ar End : N	/A	
Ft.	Myers, FL 339	02			Auc	dit Sta	tus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Feder	ally Qualified Health Centers					128.67	157.27	10/01/2024
	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	١					
	#0	655 / H55 Inpatient Respite Car	re						
	#0	656 / H56 General Inpatient Ca	re						
	#0	658 Room and Board							
	Basis :	7		Rate	Тур	e :]		
,		 Budget			Χ		Prospecti	ve	
		Unaudited costs	<u> </u>				Total Pro	spective	
		Desk audited costs	-				Prospecti	ve Adjusted for	New costs
·		Field audited costs					•		
•		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	rim	
		Average Nursing Home Rate					Settleme	nt based on cost	ts
		Lee							
	Distribution	<u>ı:</u>	I T. K. Fe	eehrer,					٨٧.٨
Fiscal Agent		Senior	Manage	emer	nt Ana	ılyst Supeı	visor	2K2	
	Contract Man	agement	Medica	id Prog	ıram	Finan	ce		
	Permanent Fi	le							
	Program Dev	elopment:							



029570110 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Devel Health Office			-				
Provider Type:	Current Rate	New Rate	Effective Date				
Ft. Myers, FL 33902	Audit Status : N/A						
P.O. Box 1588	Fiscal Year End : N/A						
	Date : 10/16/2024						
Family Health Centers. of S.W. Florida - Cape Coral	Provider Number : 029570110						

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	128.67	157.27	10/01/2024
	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 1	Гуре :]
	 Budget	X	<	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
X	Payment System Rate			 Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Lee	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029570111 - 2024/10

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

	Medicaid Reimbursen	<u>nent Per Diem l</u>	Rates for	Non-I	<u>nstitutional</u>	<u>Providers</u>				
amily He	alth Centers of S.W. Florida - Bro	adway Dental		Provid	ler Number :	029570111				
				Date :	10/16/2024					
P.O. Box	1588			Fiscal	Fiscal Year End : N/A					
t. Myers	FL 33902			Audit	udit Status : N/A					
Provider	Туре:			Cı	irrent Rate	New Rate	Effective Date			
	Rural Health Clinic									
	Swing-Bed Provider									
X	Federally Qualified Health Co	enters			128.67	157.27	10/01/2024			
	Hospice Provider									
	#0651 / H51 Routine Hom	e Care (1-60)								
	#0651a / H5L Routine Hor	me Care (61 +)								
	#0652 / H52 Continuous F	lome Care								
	#0551 / 0561 Continuous Home C #0655 / H55 Inpatient Respite Car									
	#0656 / H56 General Inpat	tient Care								
	#0658 Room and Board									
В	asis:		Rate 1	ype :						
•	Budget		×		Prospective					
	Unaudited costs				Total Pro	spective				
	Desk audited costs				Prospect	ive Adjusted for	New costs			
	Field audited costs									
	Medicare - Prospectiv	e			Interim					
	X Payment System Rate				Total Inte	erim				
	Average Nursing Hom	e Rate			Settleme	nt based on cost	ts			
	Lee									
Dist	ribution:	I T. K.	Feehrer,				٨٧.٨			
Fisca	Fiscal Agent		Senior Management Analyst Supervisor							
Cont	ract Management	Medio	caid Progra	am Fir	nance					

Permanent File **Program Development:**



029570112 - 2024/10

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

<u>Medicaid Reimbursement Per</u>	Diem Rates for	Non-Institutional	<u>Providers</u>				
amily Health Centers of SW Florida Inc - Port Cha	Provider Number : 029570112						
		Date: 10/16/2024					
.O. Box 1588	Fiscal Year End : N/A						
t. Myers, FL 33902		Audit Status : N/A					
rovider Type:		Current Rate	New Rate	Effective Date			
Rural Health Clinic							
Swing-Bed Provider							
X Federally Qualified Health Centers		128.67	157.27	10/01/2024			
Hospice Provider							
#0651 / H51 Routine Home Care ((1-60)						
#0651a / H5L Routine Home Care	(61 +)						
#0652 / H52 Continuous Home Ca	are						
#0551 / 0561 Continuous Home C	are - SIA						
#0655 / H55 Inpatient Respite Car	re						
#0656 / H56 General Inpatient Car	re						
#0658 Room and Board							
Basis :	Rate 1	Гуре :					
Budget	>	Prospec	tive				
Unaudited costs		Total Pro	ospective				
Desk audited costs		Prospec	tive Adjusted for	New costs			
Field audited costs							
Medicare - Prospective		Interim					
X Payment System Rate		Total Int	erim				
Average Nursing Home Rate		Settleme	ent based on cos	ts			
Lee							
<u>Distribution:</u>	T. K. Feehrer,			1 V 1			
Fiscal Agent	Senior Manage	ment Analyst Supe	ervisor	2/1/2			
5	Madianid Draws	C:					
Contract Management	Medicaid Progra	am Finance					
	Medicald Progra	am Finance					



029570115 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	r No	<u>n-Ins</u>	titutional	<u>Providers</u>		
amily Hlth Ctr of S	SW Florida - Pine Island		Pro	ovider	Number :	029570115		
			Da	te : 10	0/16/2024			
P.O. Box 1588			Fiscal Year End : N/A					
t. Myers, FL 3390)2		Au	dit Sta	atus : N/A			
Provider Type:				Curr	ent Rate	New Rate	Effective Date	
Rural I	Health Clinic					ı		
Swing	-Bed Provider							
X Federa	ally Qualified Health Centers				128.67	157.27	10/01/2024	
Hospic	ce Provider							
#06	651 / H51 Routine Home Care (1-60)						
#06	651a / H5L Routine Home Care	(61 +)						
#06	652 / H52 Continuous Home Ca	are						
#05	551 / 0561 Continuous Home C	are - SIA						
#06	655 / H55 Inpatient Respite Car	re						
#06	656 / H56 General Inpatient Ca	re						
#06	658 Room and Board							
Basis :]	Rate	Тур	oe :	7			
	Budget		Χ		Prospect	ve		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				- Prospect	ve Adjusted for	New costs	
	Field audited costs				_			
	Medicare - Prospective				- Interim			
X	Payment System Rate				Total Inte	rim		
	Average Nursing Home Rate				Settleme	nt based on cost	S	
	Lee				_			
Distribution	<u>.</u>	T. K. Feehrer,					AV 1	
Fiscal Agent		Senior Manage	eme	nt An	alyst Supe	visor	2K#	
Contract Mana	agement	Medicaid Prog	ram	Finar	nce			
Permanent Fil	e							
Program Deve	elopment:							



029570117 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rat	<u>es for</u>	r No	n-Institutional	<u>Providers</u>			
Fa	mily Health Cen	il	Provider Number : 029570117							
				Date : 10/16/2024						
PC	Box 1357		Fiscal Year End : N/A							
Fo	rt Myers, FL 339	9021357			Aud	dit Status : N/A				
Pro	ovider Type:		Current Rate				New Rate	Effective Date		
	Rural	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				128.67	157.27	10/01/2024		
	Hospi	ce Provider								
	#0	651 / H51 Routine Home Care (1-60)							
	#0	651a / H5L Routine Home Care	(61 +)							
	#0	652 / H52 Continuous Home Ca	re							
	#0	551 / 0561 Continuous Home Ca	are - SIA							
	#0	655 / H55 Inpatient Respite Car								
	#0	656 / H56 General Inpatient Car	'e							
	#0	658 Room and Board								
	Basis :	7		Rate	Тур	e :				
'		 Budget			X	Prospect	ive			
•		Unaudited costs				 Total Pro	spective			
•		Desk audited costs				Prospect	ive Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cost	s		
-		Lee								
	Distribution	<u>.</u>	T. K. Fee	ehrer.				AV A		
	Fiscal Agent				emei	nt Analyst Supe	rvisor	1/4 ²		
	Contract Man	agement	Medicaid	Prog	ram	Finance				
	Permanent Fi	le								
	Program Deve	elopment:								



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029570120 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	Non	<u>ı-Institutional l</u>	<u>Providers</u>			
Family HI	th Centers of SW FL - Bonita Springs		Prov	ider Number : 029570120				
			Date	ate : 10/16/2024				
P.O. Box	1588		Fisc	al Year End : N	I/A			
Ft. Myers	, FL 33902		Aud	it Status : N/A				
Provider	Type:			Current Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers			128.67	157.27	10/01/2024		
	Hospice Provider							
	#0651 / H51 Routine Home Care (1-60)						
	#0651a / H5L Routine Home Care	(61 +)						
	#0652 / H52 Continuous Home Ca	are						
	#0551 / 0561 Continuous Home C	are - SIA						
	#0655 / H55 Inpatient Respite Car	е						
	#0656 / H56 General Inpatient Car	re						
	#0658 Room and Board							
В	asis:	Rate -	Туре	:				
	Budget	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	—— Prospect	tive			
	Unaudited costs			 Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
	X Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	Lee							
<u>Dist</u>	tribution:	T. K. Feehrer,				AV 1		
	al Agent	Senior Manage	men	t Analyst Supe	rvisor	1/4×		
Con	tract Management	Medicaid Progr	am F	inance				
Perr	manent File							



029570125 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida	Provider Number : 029570125			
Cape Coral Health Center	Date: 10/16/2024			
PO Box 1357	Fiscal Year End : N/A			
Fort Myers, FL 33902	Audit Status : N/A			

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	128.67	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029570127 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem	Rates for	r No	n-Inst	itutional I	<u>Providers</u>				
Fa	mily Health Cente	ers of SW Florida - Kings Hwy #	210		Pro	vider	Number : (029570127				
					Dat	e : 10	/16/2024					
PC	Box 1357				Fisc	Fiscal Year End : N/A						
Fo	rt Myers, FL 339	021357			Aud	dit Sta	tus : N/A					
Pr	ovider Type:			Current Rate				New Rate	Effective Date			
	Rural F	lealth Clinic							,			
	Swing-	Bed Provider										
	X Federa	lly Qualified Health Centers					128.67	157.27	10/01/2024			
	Hospic	e Provider										
	#06	51 / H51 Routine Home Care (1-60)									
	#06	51a / H5L Routine Home Care	(61 +)									
	#06	52 / H52 Continuous Home Ca	are									
	#05	51 / 0561 Continuous Home C	are - S	IA								
	#06	55 / H55 Inpatient Respite Car	е									
	#06	56 / H56 General Inpatient Car	re									
	#06	58 Room and Board										
	Basis :]		Rate	Тур	e :]					
'		Budget			X		Prospecti	ve				
'		Unaudited costs	Ī				Total Pro	spective				
		Desk audited costs					Prospecti	ve Adjusted for	New costs			
		Field audited costs					-					
		Medicare - Prospective					Interim					
	X	Payment System Rate					Total Inte	rim				
		Average Nursing Home Rate					Settleme	nt based on cost	ts			
		Charlotte										
	<u>Distribution:</u>		l T. K.	Feehrer,					1V.1			
	Fiscal Agent				emei	nt Ana	alyst Super	visor	1/4°			
	Contract Mana	gement	Medio	caid Prog	ram	Finan	ce					
	Permanent File											
	Program Deve	lopment:										



029570133 - 2024/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for	Non-Ir	stitutional	<u>Providers</u>		
Fa	mily Health Cent	ters of Southwest Florida	Provider Number : 029570133						
					Date :	10/16/2024			
192	26 Victoria Aven	ue			-iscal	Year End : N	I/A		
Fo	rt Myers, FL 339	901			Audit S	Status : N/A			
Pro	ovider Type:		Current Rate				New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				128.67	157.27	10/01/2024	
	Hospid	ce Provider							
	#00	651 / H51 Routine Home Care (1-60)						
	#00	651a / H5L Routine Home Care	(61 +)						
	#06	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	ype:				
		Budget		Х	,	 Prospect	ive		
•		Unaudited costs				— Total Pro	spective		
•		Desk audited costs				Prospect	ive Adjusted for	New costs	
•		Field audited costs							
•		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate Lee	-			Settleme	nt based on cos	s	
	Distribution	<u>.</u> <u>-</u>	T. K. Fe		ment Δ	ınalyst Supe	rvisor	181	
	Fiscal Agent			id Progra			111501		
	Contract Mana		54.54						
	Permanent Fil								
	Program Deve	eiopment:							



029570136 - 2024/10

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

		=	<u>Medicaid Reimbursement Per</u>	Diem Rate	s for N	on-Ins	titutional	<u>Providers</u>		
Fa	mily Hea	Ith Cente	er of SW Florida	Provider Number : 029570136						
P.C	D. Box 9	19771			Fi	iscal Ye	ear End : N	I/A		
Orl	ando, Fl	32891			Α	udit Sta	atus : N/A			
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				128.67	157.27	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Car	·e						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]	F	Rate Ty	pe :	1			
,			Budget		Х		Prospect	ive		
•			Unaudited costs				Total Pro	spective		
•			Desk audited costs				- Prospect	ive Adjusted for	New costs	
•			Field audited costs				_			
•			Medicare - Prospective				Interim			
)	X	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cost	s	
-			Lee							
	Distri	bution:		T. K. Feel	nrer,				ΛV. Λ	
	Fiscal	Agent				ent Ana	alyst Supe	rvisor	1/2t	
	Contra	act Mana	gement	Medicaid I	Progran	n Finar	nce			
	Perma	anent File	•							
	Program Development:									



029570137 - 2024/10

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

		=	<u>Medicaid Reimbursement Pe</u>	<u>r Diem Rat</u>	es for	Non	<u>-Institutional</u>	<u>Providers</u>				
Ме	tropolita	n Chariti	es	Provider Number : 029570137								
						Date	: 10/16/2024	/16/2024				
PC	Box 919	9771		Fiscal Year End : N/A								
Orl	ando, FL	32891				Audi	t Status : N/A					
Pro	ovider T	уре:				C	Current Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				128.67	157.27	10/01/2024			
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care	(1-60)								
		#06	51a / H5L Routine Home Care	e (61 +)								
		52 / H52 Continuous Home C	are									
		#05	51 / 0561 Continuous Home C	Care - SIA								
		#06	55 / H55 Inpatient Respite Ca									
		#06	56 / H56 General Inpatient Ca	re								
		#06	58 Room and Board									
	Bas	sis :]		Rate 1	Туре	:					
'			Budget		×	X	Prospec	tive				
•			Unaudited costs				Total Pro	ospective				
•			Desk audited costs				Prospec	tive Adjusted for	New costs			
•			Field audited costs									
•			Medicare - Prospective				Interim					
	>	<	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	ent based on cos	ts			
-			Hendry									
	Distri	bution:		T. K. Fee	ehrer,				AV 1			
Fiscal Agent					ment	t Analyst Supe	ervisor	2/42				
	Contra	ict Mana	gement	Medicaid	l Progra	am F	inance					
	Perma	nent File	•									
	Program Development:											



Program Development:

_____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029572800 - 2024/10

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

		Medicaid Reimbursem	<u>ent Per Diem Rates f</u>	or	No	<u>n-Institutional l</u>	<u>Providers</u>					
Со	mmunity	Health of South Florida			Pro	ovider Number : 029572800						
					Dat	te: 10/16/2024						
10	300 S.W	. 216th Street		Fiscal Year End : N/A								
Mia	ami, FL	33190			Auc	udit Status : N/A						
Pro	ovider T	ype:				Current Rate	New Rate	Effective Date				
		Rural Health Clinic										
		Swing-Bed Provider										
	X	Federally Qualified Health Cer	nters			173.63	181.62	10/01/2024				
		Hospice Provider										
		#0651 / H51 Routine Home	e Care (1-60)									
		#0651a / H5L Routine Hom	ne Care (61 +)									
		#0652 / H52 Continuous H	ome Care									
		#0551 / 0561 Continuous F	Home Care - SIA									
		#0655 / H55 Inpatient Resp	oite Care									
		#0656 / H56 General Inpati	ient Care									
		#0658 Room and Board										
	Ва	sis:	Rat	te -	Тур	e :						
,		Budget		>	X	Prospect	ve					
		Unaudited costs				Total Pro	spective					
·		Desk audited costs				Prospect	ve Adjusted for l	New costs				
·		Field audited costs										
•		Medicare - Prospective	•			Interim						
		X Payment System Rate				Total Inte	rim					
		Average Nursing Home	e Rate			Settleme	nt based on cost	s				
		Dade										
		ibution: Agent	T. K. Feehre Senior Mana		emer	nt Analyst Supe	visor	1X.F				
			Medicaid Pro	ogr	am	Finance	-					
		anent File										



029572801 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates fo	r N	Non-	<u>-Institutional I</u>	<u>Providers</u>		
Со	mmunity Health	of South Florida		F	Prov	ider Number : (029572801		
			Date: 10/16/2024						
810) West Mowry S	Street	Fiscal Year End : N/A						
Но	mestead, FL 33	3030		Δ	∖udi	t Status : N/A			
Pro	ovider Type:					Surrent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Feder	ally Qualified Health Centers				173.63	181.62	10/01/2024	
	Hospi	ce Provider							
	#0	651 / H51 Routine Home Care (1-60)						
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	re						
	#0	551 / 0561 Continuous Home C	are - SIA						
	#0	655 / H55 Inpatient Respite Car	е						
	#0	656 / H56 General Inpatient Car	e						
	#0	658 Room and Board							
	Basis :	7	Rate	T	уре	:			
.		 Budget		Χ		Prospecti	ve		
-		Unaudited costs				 Total Pro	spective		
-		Desk audited costs				Prospecti	ve Adjusted for	New costs	
-		Field audited costs							
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	rim		
-		Average Nursing Home Rate Dade				Settlemei	nt based on cost	S	
	Distribution	<u>ı:</u>	T. K. Feehrer			A		NY L	
	Fiscal Agent					Analyst Super	VISOF	אוכ	
	Contract Man		Medicaid Pro	yı a	IIII 1	mance			
	Permanent Fi								
	Program Dev	elopment:							



029572804 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem I	Rates for	r No	on-Ins	titutional I	<u>Providers</u>		
Со	mmunity Health	of South Florida			Pr	ovider	Number :	029572804		
W.	Perrine Health C	tr								
170	623 Homestead A	Avenue	Fiscal Year End : N/A							
Ре	rrine, FL 33157			Audit Status : N/A						
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date	
	Rural F	lealth Clinic							,	
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers					173.63	181.62	10/01/2024	
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	re							
	#05	51 / 0561 Continuous Home C	are - S	IA						
	#06	55 / H55 Inpatient Respite Car	е							
	#06	56 / H56 General Inpatient Car	е							
	#06	58 Room and Board								
	Basis :]		Rate	Туј	pe:]			
,		Budget			X		Prospecti	ve		
•		Unaudited costs					Total Pro	spective		
•		Desk audited costs					Prospect	ve Adjusted for	New costs	
•		Field audited costs					_			
•		Medicare - Prospective					_ Interim			
_	X	Payment System Rate					 Total Inte	rim		
		Average Nursing Home Rate					Settleme	nt based on cost	ts	
		Dade								
	<u>Distribution:</u>		L Т. К.	Feehrer,					1V.1	
	Fiscal Agent						alyst Supe	visor	1/h	
	Contract Mana	gement	Medicaid Program Finance							
	Permanent File	9								
	Program Deve	lopment:								



029572805 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number : 029572805
Naranja Health Center	Date: 10/16/2024
13890 S.W. 264 Street	Fiscal Year End : N/A
Homestead, FL 33030	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





029572809 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida- Everglades	Provider Number : 029572809
Everglades Health Ctr	Date: 10/16/2024
19200 SW 380th St	Fiscal Year End : N/A
Florida City, Fl 33030	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



029572810 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Comm HIth of S. Florida-S Dade	Provider Number : 029572810
South Dade Health Center	Date : 10/16/2024
13600 SW 312th St	Fiscal Year End : N/A
Homestead, FI 33090	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



Program Development:

__ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029572819 - 2024/10

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

		Medicaid Reimbursement Per I	Diem Rates for	N	<u>lon-Ir</u>	nstitutional I	<u>Providers</u>	
Community Health of South Florida - Cope South			Ρ	rovid	er Number :	029572819		
				D	ate :	10/16/2024		
10300 SW 216 St				F	iscal	Year End : N	/A	
Mia	ami, FL	33190		Α	udit S	Status : N/A		
Pro	ovider T	ype:			Cu	rrent Rate	New Rate	Effective Date
		Rural Health Clinic						
		Swing-Bed Provider						
	X	Federally Qualified Health Centers				173.63	181.62	10/01/2024
		Hospice Provider						
		#0651 / H51 Routine Home Care (1	-60)					
		#0651a / H5L Routine Home Care (61 +)					
		#0652 / H52 Continuous Home Car	е					
		#0551 / 0561 Continuous Home Ca	re - SIA					
		#0655 / H55 Inpatient Respite Care	•					
		#0656 / H56 General Inpatient Care)					
		#0658 Room and Board						
	Ва	sis :	Rate	Тy	ype :	$\overline{}$		
,		 Budget	,	X		 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
•		 Dade						
		ibution:	T. K. Feehrer, Senior Manage	m	nent <i>L</i>	Analyst Sunei	visor	184
		Agent	Medicaid Progr				1.501	
		act Management	ouioulu i 10gi	uI	111			
	Perma	anent File						



029572824 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Marathon Health Center	Provider Number : 029572824
	Date : 10/16/2024
10300 S.W. 216th Street	Fiscal Year End : N/A
Miami, FL 33190	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	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	<u> </u>		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
	 Dade	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029572826 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Moton Elementary Sch	Provider Number : 029572826	
	Date : 10/16/2024	
10300 S.W. 216th Street	Fiscal Year End : N/A	
Miami, FL 33190	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	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	F	Rate Type :	
	 Budget	'	Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Dade			_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029572832 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

nt Rate	New Rate	Effective Date		
tus : N/A				
Fiscal Year End : N/A				
/16/2024				
Number :	029572832			
2	16/2024 ar End : N	ar End : N/A		

Provider	r Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029572859 - 2024/10

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

	edicaid Reimbursement Per	Dieili Nates it	/1 14	Jii-iii3titutioiiai	FIOVIUEIS	
Community Health of	Community Health of S Florida - Redondo Elem Prov		ovider Number : 029572859			
			Da	ate: 10/16/2024		
10300 SW 216th Street Fisc			scal Year End : N	I/A		
Miami, FL 331901003	3		Αι	ıdit Status : N/A		
Provider Type:				Current Rate	New Rate	Effective Date
Rural He	alth Clinic					
Swing-Be	ed Provider					
X Federally	Qualified Health Centers			173.63	181.62	10/01/2024
Hospice	Provider					
#0651	I / H51 Routine Home Care (1-60)				
#0651	la / H5L Routine Home Care	(61 +)				
#0652	2 / H52 Continuous Home Ca	ire				
#0551	I / 0561 Continuous Home C	are - SIA				
#065	5 / H55 Inpatient Respite Car	е				
#0656	6 / H56 General Inpatient Car	е				
#0658	B Room and Board					
Basis :		Rate	y Ty∣	pe:		
E	Budget		Х	Prospect	ive	
	Jnaudited costs			Total Pro	spective	
	Desk audited costs			Prospect	ive Adjusted for	New costs
F	Field audited costs					
	Medicare - Prospective			Interim		
X F	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	s
	Dade					
Distribution:		T. K. Feehrer				AV.1

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

Senior Management Analyst Supervisor

Medicaid Program Finance





029572875 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number : 029572875
South Miami Health Center	Date: 10/16/2024
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029572895 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number : 029572895
West Kendall Health Center	Date: 10/16/2024
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	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
	<u> </u>	_		_

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



029572897 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number : 029572897
Coconut Grove Health Center	Date: 10/16/2024
10300 SW 216th Street	Fiscal Year End : N/A
Miami, FL 331901003	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	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
	 Dade	_		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029574400 - 2024/10

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

		Medicaid Reimbursement Per	Diem Ra	tes for	Non-Ir	nstitutional	<u>Providers</u>	
FL	Community Hea	Provider Number: 029574400						
			Date: 10/16/2024					
44	50 South Tiffany	/ Drive		ı	Fiscal	Year End : N	I/A	
We	est Palm Beach,	, FL 33407			Audit S	Status : N/A		
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	X Feder	ally Qualified Health Centers				142.52	157.27	10/01/2024
	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 :	7		Rate T	ype :	$\overline{}$		
ָ 		 Budget	<u> </u>	X		— Prospect	ive	
•		— Unaudited costs				— Total Pro	spective	
•		Desk audited costs	-			— Prospect	ive Adjusted for	New costs
•		Field audited costs						
•		— Medicare - Prospective				 Interim		
	Χ	Payment System Rate				— Total Inte	erim	
•		Average Nursing Home Rate				 Settleme	nt based on cost	ts
•		Okeechobee						
	Distribution	n:	T. K. Fe	ehrer				A \ / A
Fiscal Agent					ment A	nalyst Supe	rvisor	
	Contract Man	agement	Medicai	d Progra	am Fin	ance		•
	Permanent Fi	_						
	Program Dev	elopment:						
	=							



029574402 - 2024/10

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

		Medicaid Reimbursement Per	Diem	Rates for	r Noı	n-Inst	itutional l	<u>Providers</u>		
FL Community Health Ctrs- Clewiston				Provider Number : 029574402						
				Date : 10/16/2024						
44	4450 South Tiffany Drive					cal Ye	ar End : N	I/A		
We	est Palm Beach,	, FL 33407			Auc	lit Sta	tus : N/A			
Pr	Provider Type:					Curre	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers					142.52	157.27	10/01/2024	
	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 - S	IA						
	#00	655 / H55 Inpatient Respite Ca	re							
	#00	656 / H56 General Inpatient Ca	re							
	#00	658 Room and Board								
	Basis :	7		Rate	Тур	e :]			
		Budget			Χ		Prospecti	ive		
•		Unaudited costs				 Total Pro		rospective		
•		Desk audited costs				Prospective Adjusted for New cos			New costs	
•		Field audited costs					-			
•		Medicare - Prospective					Interim			
	Χ	Payment System Rate					Total Inte	erim		
		Average Nursing Home Rate Okeechobee					Settleme	nt based on cost	s	
	<u>Distribution:</u> Fiscal Agent			Feehrer, or Manage	emer	nt Ana	alyst Supe	rvisor	184	
Contract Management			Medicaid Program Finance							
	Permanent Fil									
	Program Development:									



029574403 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for	<u>Nor</u>	n-Institutional I	<u>Providers</u>	
FL	Community He	Provider Number: 029574403						
			Date : 10/16/2024					
44	50 South Tiffar	ny Drive			Fisc	cal Year End : N	I/A	
We	est Palm Beach	n,, FL 33407			Aud	lit Status : N/A		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	Rura	l Health Clinic						
	Swin	g-Bed Provider						
	X Fede	rally Qualified Health Centers				142.52	157.27	10/01/2024
	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						
ſ	Basis :		Ra	ate '	Тур	e :		
ן		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
-		Okeechobee						
	Distributio	<u>on:</u>	T. K. Feehr	er.				A \
——— Fiscal Agent					emer	nt Analyst Supe	rvisor	1K2
	Contract Ma	nagement	Medicaid Pi	rogr	am	Finance		
	Permanent F	File						
	Program De	velopment:						



029574404 - 2024/10

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

		Medicaid Reimbursement Pe	r Diem Rates fo	or N	lon-l	Institutional I	<u>Providers</u>			
FL Community Health Ctrs- Ft. Pierce					Provid	der Number :	029574404			
			С	Date	ate : 10/16/2024					
445	4450 South Tiffany Drive Fis					l Year End : N	/A			
We	st Palm Bea	ch,, FL 33407		Δ	Audit	Status : N/A				
Pro	vider Type:	:			Cı	urrent Rate	New Rate	Effective Date		
	Ru	ral Health Clinic								
	Sw	ing-Bed Provider								
	X Fed	derally Qualified Health Centers				142.52	157.27	10/01/2024		
	Ho	spice Provider								
		#0651 / H51 Routine Home Care	(1-60)							
		#0651a / H5L Routine Home Care	e (61 +)							
		#0652 / H52 Continuous Home C	are							
		#0551 / 0561 Continuous Home C	Care - SIA							
		#0655 / H55 Inpatient Respite Ca	re							
		#0656 / H56 General Inpatient Ca	re							
		#0658 Room and Board								
	Basis :		Rate	e Ty	ype :	:]				
		Budget		Х		Prospecti	ve			
-		Unaudited costs				Total Pro	Prospective			
-		Desk audited costs				Prospecti	ve Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Х	Payment System Rate				Total Inte	rim			
-		Average Nursing Home Rate				Settleme	nt based on cost	ts		
-		Okeechobee								
	Distribut	<u>ion:</u>	T. K. Feehrer					A \		
Fiscal Agent					nent .	Analyst Supe	rvisor	2/42		
	Contract M	/lanagement	Medicaid Pro	gra	m Fi	nance				
	Permanen	t File								
	Program D	Development:								



029574406 - 2024/10

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

	Medicaid Reimbursement Per	<u>r Diem Rates for </u>	Non-Ir	nstitutional	<u>Providers</u>				
. Community He	ealth Ctrs- Lakeshore Medical		Provider Number : 029574406						
			Date : 10/16/2024						
50 South Tiffan	y Drive		Fiscal `	Year End : N	I/A				
est Palm Beach	ı,, FL 33407		Audit S	Status : N/A					
ovider Type:			Cu	rrent Rate	New Rate	Effective Date			
Rura	Health Clinic								
Swin	g-Bed Provider								
X Fede	rally Qualified Health Centers			142.52	157.27	10/01/2024			
Hosp	ice Provider								
#(0651 / H51 Routine Home Care ((1-60)							
#(0651a / H5L Routine Home Care	(61 +)							
#(0652 / H52 Continuous Home Ca	are							
#(0551 / 0561 Continuous Home C	are - SIA							
#(0655 / H55 Inpatient Respite Car	re							
#(0656 / H56 General Inpatient Ca	re							
#(0658 Room and Board								
Basis :		Rate 1	уре :						
	 Budget	>	(Prospect	ive				
	Unaudited costs			— Total Pro	Total Prospective				
	Desk audited costs			— Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			 Interim					
Χ	Payment System Rate			— Total Inte	erim				
	Average Nursing Home Rate			— Settleme	nt based on cost	ts			
	Okeechobee								
Distributio	<u>n:</u>	T. K. Feehrer,				٨٧.٨			
Fiscal Agent		Senior Manage			rvisor	1/ht			
Contract Management		Medicaid Progra	am Fin	ance					
Permanent F	File								
Program Dev	velopment:								



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

029574418 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	No	on-Institutional	<u>Providers</u>			
FL Comm	unity Health Centers - Pahokee		Pr	ovider Number :	029574418			
			Da	ate : 10/16/2024				
4450 S. Ti	ffany Drive		Fis	scal Year End : N	I/A			
West Paln	n Beach, FL 33407		Αι	ıdit Status : N/A				
Provider [*]	Туре:			Current Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers			142.52	157.27	10/01/2024		
	Hospice Provider							
	#0651 / H51 Routine Home Care (1-60)						
	#0651a / H5L Routine Home Care	(61 +)						
	#0652 / H52 Continuous Home Ca	ire						
	#0551 / 0561 Continuous Home C	are - SIA						
	#0655 / H55 Inpatient Respite Car	е						
	#0656 / H56 General Inpatient Car	е						
	#0658 Room and Board							
Ва	asis :	Rate	Туј	pe:				
	Budget		X	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
	X Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	s		
	Okeechobee							
Dist	ribution:	T. K. Feehrer,				A \		
·	ıl Agent		eme	ent Analyst Supe	rvisor	JKJ-		
Conti	ract Management	Medicaid Progr	am	n Finance				
Perm	anent File							



029574420 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	r No	<u>n-Inst</u>	<u>itutional l</u>	<u>Providers</u>	
. Community He	ealth Center - Moore Haven		Pro	vider	Number :	029574420	
			Dat	te : 10	/16/2024		
50 S. Tiffany D	rive		Fisc	Fiscal Year End : N/A			
est Palm Beach	ı, FL 334073241		Aud	Audit Status : N/A			
ovider Type:				Curre	ent Rate	New Rate	Effective Date
Rural	l Health Clinic						
Swin	g-Bed Provider						
X Fede	rally Qualified Health Centers				142.52	157.27	10/01/2024
Hosp	ice Provider						
#(0651 / H51 Routine Home Care (1-60)					
#(0651a / H5L Routine Home Care	(61 +)					
#(0652 / H52 Continuous Home Ca	are					
#(0551 / 0561 Continuous Home C	are - SIA					
#(0655 / H55 Inpatient Respite Car	re					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis :		Rate	Тур	e :]		
	 Budget		Χ		Prospecti	ve	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospect	ve Adjusted for	New costs
	Field audited costs				-		
	Medicare - Prospective				Interim		
Χ	Payment System Rate				Total Inte	rim	
	Average Nursing Home Rate				Settleme	nt based on cost	ts
	Glades				_		
Distributio	<u>n:</u>	T. K. Feehrer,					A V A
Fiscal Agent		Senior Manag	emei	nt Ana	alyst Super	visor	1/4 ²
Contract Mai	nagement	Medicaid Prog	ıram	Finan	ce		
Permanent F	File						
Program Dev	velopment:						



029574422 - 2024/10

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

	Medicaid Reimbursement Per	r Diem Rates for	<u>r No</u>	<u>n-Ins</u>	titutional l	<u>Providers</u>	
lorida Communit	y Health Centers - Stuart		Pro	vider	Number :	029574422	
		Date : 10/16/2024					
450 South Tiffan	y Drive		Fise	cal Ye	ear End : N	I/A	
/est Palm Beach	, FL 334073241		Aud	udit Status : N/A			
rovider Type:				Curr	ent Rate	New Rate	Effective Date
Rural	Health Clinic					,	
Swin	g-Bed Provider						
X Fede	rally Qualified Health Centers				142.52	157.27	10/01/2024
Hosp	ice Provider						
#(0651 / H51 Routine Home Care ((1-60)				,	
#(0651a / H5L Routine Home Care	(61 +)					
#(0652 / H52 Continuous Home Ca	are					
#(0551 / 0561 Continuous Home C	are - SIA					
#(0655 / H55 Inpatient Respite Ca	re					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis :		Rate	Тур	e :]		
	Budget		Х		Prospecti	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
	 Martin				_		
Distribution	<u>n:</u>	T. K. Feehrer,					AV. A
Fiscal Agent		Senior Manage				rvisor	1/4°
Contract Mar	nagement	Medicaid Prog	ram	Finar	nce		
Permanent F	ile						
Program Dev	velopment:						



029574424 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Center	Provider Number : 029574424
Ft. Pierce OB	Date: 10/16/2024
4450 South Tiffany Drive	Fiscal Year End : N/A
West Palm Beach, FL 334073241	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.52	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



029574426 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Ctr	Provider Number : 029574426
Darwin Square Center	Date : 10/16/2024
4450 South Riffany Dr	Fiscal Year End : N/A
West Palm Beach, FI 33407	Audit Status : N/A

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	142.52	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



029574429 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 142.52 157.27 10/01/20 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: Budget X Prospective Unaudited costs Total Prospective Desk audited costs Field audited costs Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate Settlement based on costs		Medicaid Reimbursement Per D	iem Rates for	NOII-III	Sututional	<u>Providers</u>		
Firstal Year End : N/A Audit Status : N/A Provider Type: Current Rate New Rate Effective Date	Florida Communit	lorida Community Health Centers Prov			ovider Number : 029574429			
Fort Pierce, FL 34947 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	Okeechobee Com	Okeechobee Community Health Center			0/16/2024			
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H56 General Inpatient Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Desk audited costs Prospective Prospective Adjusted for New costs	3090 Ave G			Fiscal Year End : N/A				
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 142.52 157.27 10/01/20 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: Sudget X Prospective Unaudited costs Total Prospective Desk audited costs Field audited costs Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate Settlement based on costs	Fort Pierce, FL 3	4947		Audit Status : N/A				
Swing-Bed Provider X Federally Qualified Health Centers 142.52 157.27 10/01/20 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:	Provider Type:			Cur	rent Rate	New Rate	Effective Date	
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:	Rura	l Health Clinic						
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Basis:	Swin	g-Bed Provider						
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	X Fede	rally Qualified Health Centers			142.52	157.27	10/01/2024	
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	Hosp	ice Provider						
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	#(0651 / H51 Routine Home Care (1-6	60)					
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :	#(0651a / H5L Routine Home Care (6	1 +)					
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :	#(0652 / H52 Continuous Home Care	•					
#0656 / H56 General Inpatient Care #0658 Room and Board Basis :	#(0551 / 0561 Continuous Home Car	e - SIA					
#0658 Room and Board Basis :	#(0655 / H55 Inpatient Respite Care						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Prospective Prospective Adjusted for New costs Interim X Payment System Rate Average Nursing Home Rate Rate Type: X Prospective Total Prospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs	#(0656 / H56 General Inpatient Care						
Budget X Prospective Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate X Prospective Total Prospective Prospective Interim Total Interim Settlement based on costs	#(0658 Room and Board						
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Total Prospective Prospective Interim Total Interim Settlement based on costs	Basis :		Rate T	ype :				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Prospective Adjusted for New costs Interim Total Interim Settlement based on costs		Budget	X		⊐ Prospect	ive		
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Field audited costs Interim Total Interim Settlement based on costs		Unaudited costs			— Total Pro	spective		
Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs		Desk audited costs			— Prospect	ive Adjusted for	New costs	
X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs		Field audited costs			_			
Average Nursing Home Rate Settlement based on costs		Medicare - Prospective			 Interim			
	X	Payment System Rate			Total Inte	erim		
Stlucie		Average Nursing Home Rate			Settleme	nt based on cost	ts	
St Lucie		St Lucie			_			

 $\underline{\textbf{Distribution:}}$

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





029574430 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers	Provider Number : 029574430
Okeechobee Community Health Center	Date: 10/16/2024
5827 Corporate Way	Fiscal Year End : N/A
West Palm Beach, FL 33407	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.52	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1



037527610 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	r No	n-Institu	<u>tional F</u>	<u>Providers</u>		
Premier Community Healthcare Group, Inc					Pro	Provider Number : 037527610				
	Da				Da	te: 10/16	3/2024			
РО	Box 232				Fis	cal Year	End : N	/A		
Da	de City, FL 335	26			Au	dit Status	: N/A			
Pro	ovider Type:					Current	Rate	New Rate	Effective Date	
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers					169.63	177.43	10/01/2024	
	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						
#0655 / H55 Inpatient Respite Care										
	#0	656 / H56 General Inpatient Car	re							
	#0	658 Room and Board								
ſ	Basis :	7		Rate	Тур	oe:				
<u></u>		 Budget			Χ	Pr	ospecti	ve		
-		Unaudited costs	İ			Tc	otal Pro	spective		
-		Desk audited costs				Pr	ospecti	ve Adjusted for	New costs	
-		Field audited costs								
-		Medicare - Prospective				In:	terim			
	Χ	Payment System Rate				<u></u> Тс	otal Inte	rim		
-		Average Nursing Home Rate				S	ettlemer	nt based on cost	S	
-		Pasco								
	Diotribution									
	Distribution	<u>.</u>		Feehrer, r Manage	eme	ent Analys	st Super	visor	N/4	
Fiscal Agent Contract Management						Finance	•			
	Permanent Fi			J						
	Program Deve									
	i logialli Devi	оориви.								



060207813 - 2024/10

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

		-	Medicaid Reimbursement Per	r Diem Rate	es for l	Non-In	stitutional	<u>Providers</u>		
MCR Health, Inc - Hudson			Provider Number : 060207813							
					Date : 10/16/2024					
700	8th Av	e W			F	iscal `	Year End : N	I/A		
Pa	metto, F	FL 3422	1		A	Audit S	Status : N/A			
Pro	vider T	уре:				Cui	rrent Rate	New Rate	Effective Date	
		Rural H	Health Clinic							
		Swing-	-Bed Provider							
	X	Federa	Illy Qualified Health Centers				142.95	157.27	10/01/2024	
		Hospic	ce Provider							
		#06	651 / H51 Routine Home Care ((1-60)						
		#06	651a / H5L Routine Home Care	(61 +)						
		#06	652 / H52 Continuous Home Ca	are						
		#05	551 / 0561 Continuous Home C	are - SIA						
#0655 / H55 Inpatient Respite Care				re						
		#06	656 / H56 General Inpatient Ca	re						
		#06	558 Room and Board							
	Ва	sis :]		Rate T	ype :				
,			Budget		Х		Prospect	ive		
•			Unaudited costs				Total Pro	spective		
•			Desk audited costs				Prospect	ive Adjusted for	New costs	
•			Field audited costs							
•			Medicare - Prospective				Interim			
		Χ	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	ts	
-			Pasco							
	Distr	ibution		T. K. Fee	hrer.				A \	
		Agent				ment A	nalyst Supe	rvisor	1/4/L	
	Contra	act Mana	agement	Medicaid	Progra	m Fin	ance			
	Perma	anent File	е							
	Progra	am Deve	elopment:							



060207815 - 2024/10

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

	Medicaid Reimbursement Pe	<u>r Diem Rates fo</u>	<u>or No</u>	<u>n-Institutional l</u>	<u>Providers</u>				
MCR Health	ICR Health Pro			vider Number :	060207815				
Health and	ealth and Wellness Land O'Lakes Date				ate : 10/16/2024				
PO Box 159	O Box 15949 Fis			cal Year End : N	I/A				
Belfast, ME	04915		Auc	dit Status : N/A					
Provider Ty	/pe:			Current Rate	New Rate	Effective Date			
	Rural Health Clinic								
	Swing-Bed Provider								
X	Federally Qualified Health Centers			142.95	157.27	10/01/2024			
	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 0	Care - SIA							
	#0655 / H55 Inpatient Respite Ca	re							
	#0656 / H56 General Inpatient Ca	re							
	#0658 Room and Board								
Bas	is:	Rate	Э 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					
×	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	ts			
	Pasco								
<u>Distri</u>	<u>bution:</u>	T. K. Feehrer,				1 AV. A			
Fiscal .	Agent			nt Analyst Supe	rvisor	1/4 ²			
Contra	ct Management	Medicaid Pro	gram	Finance					
Perma	nent File								
Progra	m Development:								



060207817 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

MCR Health, Inc.	Provider Number : 060207817
Health and Wellness Wesley Chapel	Date: 10/16/2024
700 8th Ave W	Fiscal Year End : N/A
Palmetto, FL 34221	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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



060207821 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

MCR Health	Provider Number : 060207821
MCR Health Venice Pediatrics	Date: 10/16/2024
PO Box 15949	Fiscal Year End : N/A
Belfast, ME 04915-4054	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	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
	– Sarasota		-

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

SKA



060207823 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		Medicald Relinbursement Fer Die	ziii ixat	.63 101	INUI	i-iiistitutioiiai	FIOVICEIS	
MCR Health, Inc.			ovider Number : 060207823					
MCR	Medical Exp	ress			Date	e: 10/16/2024		
РО В	ox 15949				Fisc	al Year End : I	N/A	
Belfas	st, ME 0491	5			Aud	it Status : N/A		
Provi	der Type:				(Current Rate	New Rate	Effective Date
	Rural	Health Clinic					'	
	Swing	g-Bed Provider						
>	(Feder	ally Qualified Health Centers				142.95	157.27	10/01/2024
	Hospi	ice Provider						
	#0	651 / H51 Routine Home Care (1-60	0)					
	#0	651a / H5L Routine Home Care (61	+)					
	#0	652 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#0	655 / H55 Inpatient Respite Care						
	#0	656 / H56 General Inpatient Care						
	#0	658 Room and Board						
	Basis :			Rate	Туре):		
_		 Budget			Χ	Prospec	tive	
		Unaudited costs				Total Pro	ospective	
Desk audited costs					Prospec	tive Adjusted for	New costs	
		Field audited costs						
		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	ent based on cos	ts
		— Manatee						

Senior Management Analyst Supervisor Fiscal Agent **Contract Management** Permanent File **Program Development:**

Distribution:

Medicaid Program Finance

T. K. Feehrer,



060207826 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

MCR Health, Inc	Provider Number : 060207826
MCR Health Southeast High School	Date: 10/16/2024
PO BOX 15949	Fiscal Year End : N/A
Belfast, ME 04915	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	140.01	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



060207828 - 2024/10

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
Deliast, ME 04913	Adult Status : IV/A
Belfast, ME 04915	Audit Status : N/A
PO BOX 15949	Fiscal Year End : N/A
AMA Health Heart and Vascular	Date : 10/16/2024
MCR Health, Inc	Provider Number : 060207828

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



060207832 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

MC	CR Health, Inc			Pro	Provider Number : 060207832					
				Da	pate: 10/16/2024					
				Fis	Fiscal Year End : N/A					
,				Au	Audit Status : N/A					
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural H	lealth Clinic								
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers				142.95	157.27	10/01/2024		
	Hospic	e Provider								
	#06	551 / H51 Routine Home Care (1-60)							
	#06	551a / H5L Routine Home Care	(61 +)							
	#06	552 / H52 Continuous Home Ca	re							
	#05	551 / 0561 Continuous Home C	are - SIA							
	#06	555 / H55 Inpatient Respite Car	е							
	#06	556 / H56 General Inpatient Car	е							
	#06	58 Room and Board								
ſ	Basis :	7	Rate	Тур	e :]				
ι		⊒ Budget	_	X		ม Prospect	ive			
-		Unaudited costs				- Total Pro	spective			
-		Desk audited costs				- Prospect	ive Adjusted for	New costs		
-		– Field audited costs	<u></u>			_				
-		– Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate	-			Settleme	nt based on cost	is		
•		 Manatee				-				
	Distribution		T. K. Feehrer,					A \		
	Fiscal Agent	-	Senior Manage	eme	nt Ana	lyst Supe	rvisor	JKJ		
	Contract Mana	agement	Medicaid Program Finance							
	Permanent File									
	Program Deve	elopment:								
	_	· nformation Only (No Change in ra	ate)							
	, ., .,		1							



060207835 - 2024/10

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

			<u>Medicaid Reimbursement Per</u>	Diem I	Rates for	<u>r No</u>	n-Ins	<u>titutional l</u>	<u>Providers</u>		
MC	R Health	n Inc			Provider Number : 060207835						
						Date : 10/16/2024					
РС	Box 159	949				Fis	cal Ye	ear End : N	I/A		
Ве	fast, ME	04915				Aud	dit Sta	itus : N/A			
Pro	ovider Ty	ype:					Curre	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic								
		Swing-l	Bed Provider								
	X	Federal	lly Qualified Health Centers					142.95	157.27	10/01/2024	
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SI	Α						
		#06	55 / H55 Inpatient Respite Car	e							
		#06	56 / H56 General Inpatient Car	re							
		#06	58 Room and Board								
ſ	Bas	sis :]		Rate	Тур	e:	1			
י			Budget	'		X		Prospect	ive		
-			Unaudited costs	į ·				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	rs	
			Manatee								
	Distri	bution:		l T. K. I	Feehrer,					1V.1	
	Fiscal	Agent		Senio	r Manage	eme	nt Ana	alyst Supe	rvisor	2/12	
	Contra	ct Mana	gement	Medic	aid Prog	ram	Finar	ice			
	Perma	nent File	•								
	Progra	m Devel	opment:								
		For in	formation Only (No Change in r	ate)							



060303122 - 2024/10

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

		Medicaid Reimbursement Per	Diem R	Rates for I	Non-Ir	nstitutional	<u>Providers</u>			
Со	mmunity He	alth of South FL	Provider Number : 060303122							
				Date : 10/16/2024						
103	300 SW 216	th Street		F	iscal	Year End : N	I/A			
Cu	tler Bay, FL	33190		,	Audit S	Status : N/A				
Pro	ovider Type	:			Cu	rrent Rate	New Rate	Effective Date		
	Ru	ral Health Clinic								
	Sw	ring-Bed Provider								
	X Fe	derally Qualified Health Centers				173.63	181.62	10/01/2024		
	Но	spice Provider								
		#0651 / H51 Routine Home Care (1-60)							
		#0651a / H5L Routine Home Care	(61 +)							
		#0652 / H52 Continuous Home Ca	are							
		#0551 / 0561 Continuous Home C	are - Sl	A						
		#0655 / H55 Inpatient Respite Car	·e							
		#0656 / H56 General Inpatient Car	re							
		#0658 Room and Board								
	Basis :		Γ	Rate T	ype :	$\overline{}$				
ָ י		Budget		X		— Prospect	ive			
•		Unaudited costs	-			 Total Pro	spective			
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs		
•		Field audited costs	-							
•		Medicare - Prospective	-			 Interim				
	X	Payment System Rate	-			 Total Inte	erim			
•		Average Nursing Home Rate	-			Settleme	nt based on cost	s		
•		Dade	-							
	Diate:b4	ion:								
	Distribut Fiscal Age			⁻ eehrer, ⁻ Manager	nent A	Analyst Supe	rvisor	1114		
	•			aid Progra						
	Permanen	Management		Ŭ						
	Flogram L	Development:								



060551401 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	· No	on-Ins	titutional	<u>Providers</u>		
Во	nd Community H	lealth Center			Pro	ovider	Number :	060551401		
					Date : 10/16/2024					
172	20 S. Gadsden S	St.			Fis	scal Ye	ear End : N	I/A		
Tal	lahassee, FL 32	2314			Au	ıdit Sta	itus : N/A			
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date	
	Rural I	Health Clinic						,		
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers					133.81	157.27	10/01/2024	
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SI	IA						
	#06	655 / H55 Inpatient Respite Car	e							
	#06	re								
	#06	658 Room and Board								
ſ	Basis :]		Rate	Тур	pe:]			
١.		⊐ Budget	'		X		Prospect	ive		
-		Unaudited costs					- Total Pro	spective		
-		Desk audited costs	'				- Prospect	ive Adjusted for	New costs	
-		Field audited costs					_			
-		– Medicare - Prospective	,				- Interim			
	Χ	Payment System Rate					Total Inte	erim		
•		Average Nursing Home Rate					Settleme	nt based on cost	s	
-		Leon					-			
	D 1.4.11.41								5.6	
	<u>Distribution</u>	· <u>-</u>		Feehrer, r Manage	eme	ent Ana	alyst Supe	rvisor	N/1	
	Fiscal Agent			aid Prog						
	Contract Mana Permanent Fil			3						
	Program Deve	нортпети.								



060551408 - 2024/10

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

Medicaid Reimbursement Per	r Diem Rates for No	on-Institutional	<u>Providers</u>				
Bond Specialty and Wellness Center	Provider Number : 060551408						
	Da	Date : 10/16/2024					
1720 S. Gadsden Street	Fi	scal Year End : N	I/A				
Tallahassee, FL 323015506	Audit Status : N/A						
Provider Type:		Current Rate	New Rate	Effective Date			
Rural Health Clinic							
Swing-Bed Provider							
X Federally Qualified Health Centers		133.81	157.27	10/01/2024			
Hospice Provider							
#0651 / H51 Routine Home Care ((1-60)						
#0651a / H5L Routine Home Care	e (61 +)						
#0652 / H52 Continuous Home Ca	are						
#0551 / 0561 Continuous Home C	Care - SIA						
#0655 / H55 Inpatient Respite Cal	re						
#0656 / H56 General Inpatient Ca	re						
#0658 Room and Board							
Basis :	Rate Ty	pe:					
Budget	X	Prospect	ive				
Unaudited costs		Total Pro	spective				
Desk audited costs		Prospect	ive Adjusted for	New costs			
Field audited costs							
Medicare - Prospective		Interim					
X Payment System Rate		Total Inte	erim				
Average Nursing Home Rate		Settleme	nt based on cost	is			
Leon							
<u>Distribution:</u>	T. K. Feehrer,			AV 1			
Fiscal Agent	Senior Manageme	ent Analyst Supe	rvisor	2/1/2			
Contract Management	Madianid Dunguron	Financo					
5 ····	Medicaid Progran	i Filiance					
Permanent File	Medicaid Program	i Filiance					



060551410 - 2024/10

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

		-	<u>Medicaid Reimbursement Per</u>	Diem Rate	es for No	on-Institutional	<u>Providers</u>			
Во	nd Comm	nunity H	ealth Associates	Provider Number : 060551410						
				Date : 10/16/2024						
220	00 Sountl	h Monro	е		Fis	scal Year End :	N/A			
Tal	lahassee	, FL 32	301		Au	idit Status : N/A				
Pro	ovider Ty	/pe:				Current Rate	New Rate	Effective Date		
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers			133.8	1 157.27	10/01/2024		
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Car	'e						
		#06	56 / H56 General Inpatient Car	re						
		#06	58 Room and Board							
[Bas	is:]		Rate Typ	pe:				
٠			Budget		Х	Prospec	ctive			
-			Unaudited costs			Total Pr	ospective			
-			Desk audited costs			Prospec	ctive Adjusted for	New costs		
•			Field audited costs							
•			Medicare - Prospective			Interim				
	X	(Payment System Rate			Total In	terim			
-			Average Nursing Home Rate			Settlem	ent based on cos	ts		
•			Leon							
	Distril	bution:		T. K. Fee	hrer,			ΛV.Λ		
	Fiscal A	Agent				ent Analyst Sup	ervisor	2/1/24		
	Contra	ct Mana	gement	Medicaid	Program	Finance				
	Perma	nent File	•							
	Progra	m Deve	lopment:							



060551414 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rat	es for l	Non-In	stitutional	<u>Providers</u>		
Во	nd Community H	lealth Center Inc	Provider Number : 060551414						
			Date : 10/16/2024						
28	13 Ridgeway St			F	iscal `	Year End : N	I/A		
Та	llahassee, FL 32	2310		-	Audit S	Status : N/A			
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date	
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				133.81	157.27	10/01/2024	
	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 T	ype :				
		Budget		Х		Prospect	ive		
•		Unaudited costs	<u> </u>			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	is	
		Leon							
	Distribution	<u>:</u>	T. K. Fee	ehrer,				ΛV.Λ	
	Fiscal Agent		Senior M	lanager		nalyst Supe	rvisor	1/4°	
	Contract Mana	agement	Medicaio	d Progra	ım Fin	ance			
	Permanent Fil	е							
	Program Deve	elopment:							



060638308 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers	Provider Number : 060638308
Johnnie Ruth Clarke Health Center	Date: 10/16/2024
PO Box 10549	Fiscal Year End : N/A
St Petersburg, FL 337330549	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	131.46	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



060826206 - 2024/10

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

		Medicaid Reimbursement Per	r Diem F	Rates for	r No	<u>n-Insti</u>	tutional l	<u>Providers</u>	
Jes	ssie Trice C	Community Health System, Inc.			Pro	vider N	lumber :	060826206	
					Dat	te : 10/	16/2024		
560	07 NW 27th	n AVE			Fisc	cal Yea	ar End : N	/A	
Mia	ami, FL 33	142			Aud	dit Stat	us : N/A		
Pro	ovider Typ	e:				Curre	nt Rate	New Rate	Effective Date
	R	ural Health Clinic							
	S	wing-Bed Provider							
	X F	ederally Qualified Health Centers					162.40	169.87	10/01/2024
	H	ospice Provider							
		#0651 / H51 Routine Home Care ((1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	are						
	essie Trice Community Health System, Inc. 607 NW 27th AVE fliami, FL 33142 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Center Hospice Provider #0651 / H51 Routine Home Ca #0652 / H52 Continuous Home #0655 / H55 Inpatient Respite #0656 / H56 General Inpatient #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate	are - SI	A						
		re							
		#0656 / H56 General Inpatient Ca	re						
		#0658 Room and Board							
	Basis	:		Rate	Тур	e :			
		Budget	'		X		Prospect	ve	
•		Unaudited costs	-				Total Pro	spective	
•		Desk audited costs	-				Prospect	ve Adjusted for	New costs
•		Field audited costs	-						
•		Medicare - Prospective	-				Interim		
	X	Payment System Rate	-				Total Inte	rim	
•		Average Nursing Home Rate					Settleme	nt based on cost	ts
•		Dade							
	Distribu	ution:	l T. K. F	eehrer,					A \
					emei	nt Anal	yst Supe	visor	2K2
	Contract	Management	Medic	aid Prog	ram	Financ	e		
	Permane	ent File							
	Program	Development:							



073194309 - 2024/10

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

	Medicaid Reimbursement Per Di	em Rates for	<u>non-institutional</u>	<u>Providers</u>		
Central FI	orida Health Care Inc.		Provider Number: 073194309			
Central FI	orida Health Care Inc.		Date : 10/16/2024			
1129 N. N	/lissouri Ave		Fiscal Year End : N	I/A		
Lakeland,	FL 33805-4411		Audit Status : N/A			
Provider	Туре:		Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers		173.63	181.62	10/01/2024	
	Hospice Provider					
	#0651 / H51 Routine Home Care (1-6	0)				
	#0651a / H5L Routine Home Care (61	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					
В	asis:	Rate 1		·		

Basis:			Rate Type :]
	 Budget	<u> </u>	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
	 Polk			=

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





100303100 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	es for N	lon-Ins	stitutional l	<u>Providers</u>	
Се	ntral Florida Hea	althcare- Lakeland		F	rovide	r Number :	100303100	
				С	ate : 1	0/16/2024		
700	O Galvin Dr			F	iscal Y	ear End : N	I/A	
Lal	keland, FL 3380)1		A	udit St	atus : N/A		
Pro	ovider Type:				Curi	rent Rate	New Rate	Effective Date
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	X Federa	ally Qualified Health Centers				173.63	181.62	10/01/2024
	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					
	Galvin Dr eland, FL 33801 vider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Center Hospice Provider #0651 / H51 Routine Home Ca #0652 / H52 Continuous Home #0551 / 0561 Continuous Home #0555 / H55 Inpatient Respite #0656 / H56 General Inpatient #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate	655 / H55 Inpatient Respite Car	·e					
		656 / H56 General Inpatient Car	re					
	#06	658 Room and Board						
	Basis :	7		Rate Ty	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		
	Χ	Payment System Rate				Total Inte	erim	
•		Average Nursing Home Rate Polk				Settleme —	nt based on cost	s
	· ·	<u>:</u>	T. K. Fee Senior Ma		nent Ar	nalyst Supe	rvisor	1X4
	•	agement	Medicaid	Progra	m Fina	nce		
		_						
	5	•						



100382300 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	r Nor	<u>n-Institutional</u>	<u>Providers</u>	
entral Florida He	ealth Care Inc. County Road 17		Pro	vider Number :	100382300	
			Date	e: 10/16/2024		
50 County Road	17A W		Fisc	al Year End : I	N/A	
von Park, FL 33	825		Aud	lit Status : N/A		
rovider Type:				Current Rate	New Rate	Effective Date
Rural	Health Clinic					
Swin	g-Bed Provider					
X Feder	rally Qualified Health Centers			173.60	181.62	10/01/2024
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	Туре	e :		
	 Budget		Χ	Prospec	tive	
	Unaudited costs			Total Pr	ospective	
	Desk audited costs			Prospec	tive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
X	Payment System Rate			 Total Int	erim	
	Average Nursing Home Rate			Settleme	ent based on cost	ts
	Polk					
Distribution	<u>n:</u>	T. K. Feehrer,				٨٧.٨
Fiscal Agent		Senior Manage			ervisor	1/h
Contract Mar	nagement	Medicaid Prog	ram l	Finance		
Permanent F	File					
Program Dev	velopment:					



100382303 - 2024/10

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

		_	Medicaid Reimbursement Per	<u> Diem F</u>	Rates for	N	on-Ins	titutional	<u>Providers</u>	
Се	ntral Flo	rida Hea	Ith Care, Inc.			Pı	rovider	Number :	100382303	
						Da	ate : 1	0/16/2024		
РС	Box 16	344				Fi	scal Y	ear End : N	I/A	
Ве	fast, ME	04915				Αι	udit St	atus : N/A		
Pro	vider T	уре:					Curr	ent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					173.63	181.62	10/01/2024
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - S	Α					
	#0652 / H52 Continuous Hom #0551 / 0561 Continuous Hor #0655 / H55 Inpatient Respite	55 / H55 Inpatient Respite Ca	re							
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate	Ту	pe :			
י			Budget	'		Χ		⊐ Prospect	ive	
-			Unaudited costs	,				– Total Pro	spective	
•			Desk audited costs					– Prospect	ive Adjusted for	New costs
-			Field audited costs					_		
-			Medicare - Prospective					_ Interim		
	2	X	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cost	ts
			Polk					_		
	Distri	bution:		T K I	Feehrer,					A \
		Agent				em	ent An	alyst Supe	rvisor	
		act Mana	gement	Medic	aid Prog	ran	n Fina	nce		
	Perma	anent File	e							
	Progra	am Deve	lopment:							



100382305 - 2024/10

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

		=	Medicaid Reimbursement Per	r Diem Ra	ates for	Non-	<u>-Institutional</u>	<u>Providers</u>	
Се	ntral Flo	rida Hea	lth Care, Inc.			Provi	ider Number :	100382305	
						Date	: 10/16/2024		
PC	Box 163	344				Fisca	al Year End : N	I/A	
Ве	fast, MA	04915				Audit	t Status : N/A		
Pro	ovider T	уре:				С	urrent Rate	New Rate	Effective Date
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
	X	Federa	lly Qualified Health Centers				173.63	181.62	10/01/2024
		Hospic	e Provider						
		#06	51 / H51 Routine Home Care	(1-60)					
		#06	51a / H5L Routine Home Care	e (61 +)					
		#06	52 / H52 Continuous Home C	are					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#06	55 / H55 Inpatient Respite Ca	re					
		#06	56 / H56 General Inpatient Ca	re					
		#06	58 Room and Board						
	Bas	sis :]		Rate 1	Туре	:		
,			Budget	-	X	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 Polk	-			Settleme	nt based on cost	ts
		bution:		T. K. Fe Senior		ment	Analyst Supe	rvisor	1X.F
		act Mana	gement	Medica	id Progra	am F	inance		
		anent File							
	Progra	am Deve	lopment:						



100654400 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc Highway 90 Pediatrics	Provider Number : 100654400
Highway 90 Pediatrics	Date: 10/16/2024
4435 Highway 90	Fiscal Year End : N/A
Pace, FL 32571	Audit Status : N/A

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	150.43	157.35	10/01/2024
	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
	— Santa Rosa			_

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



100654800 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics	Provider Number : 100654800
Century Adult Primary Care	Date: 10/16/2024
6021 Industrial Blvd	Fiscal Year End : N/A
Century, FL 32535	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	150.43	157.35	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



108944500 - 2024/10

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

		=	<u>Medicaid Reimbursement Pe</u>	Diem Rate	es for	Non-I	<u>nstitutional</u>	<u>Providers</u>		
Ме	tropolita	n Chariti	es		Provider Number : 108944500					
					1	Date :	10/16/2024			
325	51 3rd A	ve N			ı	Fiscal Year End : N/A				
St	Petersbu	urg, FL 3	33713		,	Audit	Audit Status : N/A			
Pro	vider T	ype:				Cı	irrent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				130.38	157.27	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Ca	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate T	ype :				
			Budget		Х	(Prospect	ive		
-			Unaudited costs	<u>-</u>			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 Pinellas				Settleme	nt based on cos	ts	
			Pillellas							
	Distri	ibution:		T. K. Fee					NYL	
	Fiscal	Agent					Analyst Supe	rvisor	7/M	
	Contra	act Mana	gement	Medicaid	Progra	am Fir	nance			
	Perma	anent File	9							
	Progra	am Deve	lopment:							



110069700 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

MENTAL HEALT	MENTAL HEALTH CARE, INC			ovider Number : 110069700			
GRACEPOINT			Dat	te : 10/16/2024			
5707 N 22ND ST			Fisc	scal Year End : N/A			
TAMPA, FL 336	10		Auc	Audit Status : N/A			
Provider Type:				Current Rate	New Rate	Effective Date	
Rura	ıl Health Clinic						
Swir	ng-Bed Provider						
X Fede	erally Qualified Health Centers			153.00	160.04	10/01/202	
Hos	pice Provider						
#	9651 / H51 Routine Home Care (1-60)					
#	60651a / H5L Routine Home Care (61	+)					
#0652 / H52 Continuous Home Care							
#	0551 / 0561 Continuous Home Care	- SIA					
#	60655 / H55 Inpatient Respite Care						
#	90656 / H56 General Inpatient Care						
#	0658 Room and Board						
Basis :		Rate	Тур	e :			
	Budget		Χ	——— Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
Χ	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	ts	
	—— Hillsborough						

<u>Distribution:</u>

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





Program Development:

__ For information Only (No Change in rate)

Florida Agency for Health Care Administration

110069703 - 2024/10

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

Medicaid Reimbursement Per	Diem Rates for	Non-Institutional	<u>Providers</u>			
Mental Health Care, Inc		Provider Number : 110069703				
		Date : 10/16/2024				
13601 Bruce B Downs Blvd, Ste131		Fiscal Year End : N	Fiscal Year End : N/A			
Tampa, FL 33613-4610		Audit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
X Federally Qualified Health Centers		153.00	160.04	10/01/2024		
Hospice Provider						
#0651 / H51 Routine Home Care ((1-60)					
#0651a / H5L Routine Home Care	(61 +)					
#0652 / H52 Continuous Home Ca	are					
#0551 / 0561 Continuous Home C	are - SIA					
#0655 / H55 Inpatient Respite Car	re					
#0656 / H56 General Inpatient Ca	re					
#0658 Room and Board						
Basis:	Rate 1	ype :				
Budget	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Prospect	ive			
Unaudited costs		Total Pro	spective			
Desk audited costs		Prospect	ive Adjusted for	New costs		
Field audited costs						
Medicare - Prospective		Interim				
X Payment System Rate		Total Inte	erim			
Average Nursing Home Rate		Settleme	nt based on cos	ts		
Hillsborough						
<u>Distribution:</u>	T. K. Feehrer,			1 / A		
Fiscal Agent		ment Analyst Supe	rvisor	1/4 ²		
Contract Management	Medicaid Progra	am Finance				
Permanent File						



112255000 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Atlantic University	Provider Number : 112255000
Community Health Center	Date: 10/16/2024
777 Glades Rd	Fiscal Year End : N/A
Boca Raton, FL 33431-6424	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



112255004 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Atlantic University	Provider Number : 112255004
Community Health Center	Date : 10/16/2024
720 8th St	Fiscal Year End : N/A
West Palm Beach, FI 33401	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	153.36	160.42	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



112812300 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem F	Rates for	· Nor	n-Institutional	<u>Providers</u>		
Ne	ighborhood Medi	ical Center		Provider Number : 112812300					
			Date: 10/16/2024						
438	8 W BREVARD S	ST			Fisc	cal Year End : N	I/A		
Tal	llahassee, FL 32	301-1004			Aud	lit Status : N/A			
Pro	ovider Type:					Current Rate	New Rate	Effective Date	
	Rural H	lealth Clinic							
	Swing-	Bed Provider							
	X Federa	lly Qualified Health Centers				133.81	157.27	10/01/2024	
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	52 / H52 Continuous Home Ca	are						
	#05	51 / 0561 Continuous Home C	are - SI	A					
	#06	555 / H55 Inpatient Respite Car	е						
	#06	56 / H56 General Inpatient Car	re						
	#06	58 Room and Board							
	Basis :	1		Rate	Тур	e:			
ָ י		∟ Budget	'		X	——— Prospect	ive		
•		Unaudited costs	-			Total Pro	spective		
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs	
•		Field audited costs	-						
•		– Medicare - Prospective	-			Interim			
	X	Payment System Rate	-			 Total Inte	erim		
•		Average Nursing Home Rate	-			Settleme	nt based on cost	is	
•		Leon							
	<u>Distribution:</u>		TKF	eehrer,				A \	
	Fiscal Agent	•			emer	nt Analyst Supe	rvisor	JKJ-	
	Contract Mana	agement	Medic	aid Progr	ram	Finance			
	Permanent File								
	Program Deve	lopment:							



112812500 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center	Provider Number : 112812500		
Neighborhood Medical Center	Date : 10/16/2024		
438 W Brevard St	Fiscal Year End : N/A		
Tallahassee, FL 32301-1004	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	129.15	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



112813300 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	N	on-Ins	stitutional	<u>Providers</u>		
Neighborhood Medical Center					Provider Number : 112813300					
				Da	Date : 10/16/2024					
438	3 W Brevard St				Fis	scal Y	ear End : N	I/A		
Tal	lahassee, FL 32	2301-1004			Αι	udit St	atus : N/A			
Pro	ovider Type:					Cur	rent Rate	New Rate	Effective Date	
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	Illy Qualified Health Centers					133.81	157.27	10/01/2024	
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SI	Α						
	#06	655 / H55 Inpatient Respite Car	e							
	#06	656 / H56 General Inpatient Car	e							
	#06	658 Room and Board								
	Basis :	7		Rate	Ту	pe:	1			
י		Budget	'		X		□ Prospect	ive		
-		Unaudited costs					_ Total Pro	spective		
•		Desk audited costs					Prospect	ive Adjusted for	New costs	
-		Field audited costs					_			
-		Medicare - Prospective					 Interim			
	Χ	Payment System Rate					Total Inte	erim		
		Average Nursing Home Rate					Settleme	nt based on cost	s	
		Leon					_			
	Distribution	:		eehrer,					A>/ A	
	Fiscal Agent	<u>.</u>			eme	ent Ar	alyst Supe	rvisor	JK.2+	
	Contract Mana	agement	Medic	aid Prog	ran	n Fina	nce	200	¥	
	Permanent Fil									
	Program Deve	elopment:								
	=									



112813302 - 2024/10

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

		-	Medicaid Reimbursement Per	r Diem	Rates for	r N	lon-In	<u>stitutional</u>	<u>Providers</u>		
Neighborhood Medical Center			Provider Number : 112813302								
					Date : 10/16/2024						
26	13 S.Moi	nroe St.				F	iscal Y	ear End : N	I/A		
Tal	lahasse	e, FL 32	301-6308			Α	udit St	tatus : N/A			
Pro	vider T	уре:					Cur	rent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers					133.81	157.27	10/01/2024	
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care	(1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home C	are							
		#05	51 / 0561 Continuous Home C	Care - S	IA						
		#06	55 / H55 Inpatient Respite Ca	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate	Ту	/pe :				
•			Budget			X		Prospect	ive		
-			Unaudited costs					Total Pro	spective		
-			Desk audited costs					Prospect	ive Adjusted for	New costs	
•			Field audited costs					_			
•			Medicare - Prospective					Interim			
)	X	Payment System Rate					Total Inte	erim		
			Average Nursing Home Rate					Settleme	nt based on cos	ts	
			Leon								
	Distri	bution:		I T. K.	Feehrer,					NV A	
	Fiscal	Agent				em	nent Ar	nalyst Supe	rvisor	21/24 <u> </u>	
	Contra	act Mana	gement	Medio	caid Prog	rar	m Fina	ince			
	Perma	nent File	e								
	Progra	am Deve	lopment:								



112813600 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	s for N	lon-Ins	stitutional	<u>Providers</u>		
Neighborhood Medical Center			Provider Number : 112813600						
			Date : 10/16/2024						
43	8 W Brevard St			F	iscal Y	ear End : N	I/A		
Та	llahassee, FL 3	2301-1004		A	udit St	atus : N/A			
Pro	ovider Type:				Curi	rent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				133.81	157.27	10/01/2024	
	Hospid	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	'e						
	#00	656 / H56 General Inpatient Car	re						
	#00	658 Room and Board							
	Basis :	7		Rate Ty	/pe :	1			
•		Budget		Х		Prospect	ive		
•		Unaudited costs				Total Pro	spective		
•		Desk audited costs				Prospect	ive Adjusted for	New costs	
•		Field audited costs				_			
•		Medicare - Prospective				 Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	s	
•		Leon				_			
	Distribution	<u>.</u>	T. K. Feel	hrer.				A\/ A	
	Fiscal Agent				nent An	alyst Supe	rvisor	2K2	
	Contract Mana	agement	Medicaid	Progra	m Fina	nce			
	Permanent Fil	е							
	Program Deve	elopment:							



112813700 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	es for l	Non-Ir	<u>istitutional</u>	<u>Providers</u>		
Ne	ighborhood Med	lical Center	Provider Number : 112813700						
			Date : 10/16/2024						
438	8 W Brevard St			F	-iscal	Year End : N	I/A		
Tal	llahassee, FL 3	2301-1004		/	Audit S	Status : N/A			
Pro	ovider Type:				Cu	rrent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				133.81	157.27	10/01/2024	
	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	ype :				
٠		Budget	_	Х		 Prospect	ive		
•		Unaudited costs				 Total Pro	spective		
•		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs							
		Medicare - Prospective				 Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	ts	
		Leon							
	Distribution	<u>:</u>	T. K. Fee	hrer,				ΛV./I	
	Fiscal Agent				nent A	nalyst Supe	rvisor	1/2×	
	Contract Man	agement	Medicaid	Progra	am Fin	ance			
	Permanent Fil	е							
	Program Deve	elopment:							



112934300 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Empower U, Inc.	Provider Number : 112934300		
Empower U Community Health Center	Date: 10/16/2024		
7900 NW 27th Ave, Ste E-12	Fiscal Year End : N/A		
Miami, FL 33147-4909	Audit Status : N/A		

Provide	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	163.91	171.45	10/01/2024
	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	F	Rate Type :	
	 Budget	'	Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Dade			_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

t Supervisor



113196300 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District	Provider Number : 113196300
Specialty Care Center	Date: 10/16/2024
1700 NW 49th St, Ste 125	Fiscal Year End : N/A
Fort Lauderdale, FL 33309-3750	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.80	176.57	10/01/2024
	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
	 Broward		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



113196310 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District	Provider Number : 113196310	
Specialty Care Center	Date: 10/16/2024	
1101 NW 1st St	Fiscal Year End : N/A	
Fort Lauderdale, FL 33311-8905	Audit Status : N/A	

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	168.80	176.57	10/01/2024
	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
	 Broward		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



113196311 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District	Provider Number : 113196311
Specialty Care Center	Date: 10/16/2024
3716 W Oakland Park Blvd	Fiscal Year End : N/A
Lauderdale Lakes, FL 33311-1134	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.80	176.57	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1



113196312 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District	Provider Number : 113196312	
Specialty Care Center	Date: 10/16/2024	
2011 NW 3rd Ave	Fiscal Year End : N/A	
Pompano Beach, FL 33060-4800	Audit Status : N/A	

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.80	176.57	10/01/2024
	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	_	Χ	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			_
	Medicare - Prospective			 Interim
Χ	Payment System Rate			_ Total Interim
	Average Nursing Home Rate			Settlement based on costs
	 Broward	_		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



113196315 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District	Provider Number : 113196315	
Specialty Care Center	Date: 10/16/2024	
200 NW 7th Ave	Fiscal Year End : N/A	
Fort Lauderdale, FL 33311-9026	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.80	176.57	10/01/2024
	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
	 Broward		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



113196317 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District	Provider Number : 113196317				
Specialty Care Center	Date: 10/16/2024				
1101 W Broward Blvd	Fiscal Year End : N/A				
Fort Lauderdale, FL 33312	Audit Status : N/A				

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.80	176.57	10/01/2024
	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
	— Broward		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

- AXA



113196320 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Margate, FL 33073-3453	Audit Status : N/A			
5430 W Sample Rd Margate El 33073-3453	Fiscal Year End : N/A			
•	First Nove For L. NI/A			
Specialty Care Center	Date: 10/16/2024			
North Broward Hospital District	Provider Number: 113196320			

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.80	176.57	10/01/2024
	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
	 Broward	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





113196321 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District	Provider Number : 113196321
Specialty Care Center	Date: 10/16/2024
1101 NW 1st St #2	Fiscal Year End : N/A
Fort Lauderdale, FL 33311-8905	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.80	176.57	10/01/2024
	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
	— Broward		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



113196328 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Ins	titutional I	<u>Providers</u>		
No	rth Broward Hos	pital District			Provider Number : 113196328					
					Da	Date : 10/16/2024				
60 ⁻	I W Atlantic Blvd				Fis	scal Ye	ear End : N	/A		
Ро	mpano Beach, F	L 33060-5916			Au	ıdit Sta	itus : N/A			
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date	
	Rural Health Clinic									
	Swing	-Bed Provider								
	X Federa	Illy Qualified Health Centers					168.80	176.57	10/01/2024	
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	ire							
	#05	551 / 0561 Continuous Home C	are - SI	IA						
#0655 / H55 Inpatient Respite Ca										
	#06	656 / H56 General Inpatient Car	е							
	#06	558 Room and Board								
	Basis :	7		Rate	Тур	pe:]			
י		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 Broward					Settleme	nt based on cost	S	
	Diotribution									
	Distribution			Feehrer, r Manage	eme	ent Ana	alyst Super	visor	1/4	
	Fiscal Agent Contract Mana	agament		aid Prog			<u> </u>			
	Permanent Fil			J						
	Permanent Fil									
	r Togram Deve	лоринент.								



114604600 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Space Coast Health Centers, Inc	Provider Number : 114604600
Space Coast Health Centers, Inc	Date: 10/16/2024
836 Century Medical Dr	Fiscal Year End : N/A
Titusville, FL 32796-2141	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	163.70	171.23	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



117609300 - 2024/10

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

		=	Medicaid Reimbursement Per	Diem Rate	es for	Non-l	<u>nstitutional</u>	<u>Providers</u>			
SMA Healthcare, Inc				Provider Number : 117609300							
					Date : 10/16/2024						
150) Magno	lia Ave			I	Fiscal	Year End : N	I/A			
Da	ytona Be	each, FL	32114-4304			Audit	Status : N/A				
Pro	Provider Type:					Cu	irrent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				138.47	157.27	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Ca	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate T	уре :					
'			Budget		Х	(Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs								
•			Medicare - Prospective				Interim				
	,	X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cos	ts		
-			Volusia								
	<u>Dist</u> ri	ibution:		T. K. Fee	hrer.				AV 1		
	Fiscal	Agent				ment A	Analyst Supe	rvisor	2/42		
	Contra	act Mana	gement	Medicaid	Progra	am Fir	nance				
	Perma	anent File	e								
	Progra	am Deve	lopment:								



117609302 - 2024/10

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>			
SN	1A Healthcare, In	С	Provider Number : 117609302						
			Date : 10/16/2024						
1220 Willis Ave					al Year End : N	I/A			
Da	ytona Beach, FL	32114-2810		Audit	t Status : N/A				
Pr	ovider Type:		С	urrent Rate	New Rate	Effective Date			
	Rural H	lealth Clinic							
	Swing-	Bed Provider							
	X Federa	lly Qualified Health Centers			138.47	157.27	10/01/2024		
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	555 / H55 Inpatient Respite Car	e						
	#06	556 / H56 General Inpatient Car	re						
	#06	58 Room and Board							
	Basis :	7	Rate	Туре	:				
		Budget	>	X	Prospect	ive			
•		Unaudited costs			 Total Pro	spective			
		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
•		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	S		
		Volusia							
	<u>Distribution:</u>	<u> </u>	T. K. Feehrer,				1V.1		
	Fiscal Agent		Senior Manage			rvisor	1/4 ²		
	Contract Mana	agement	Medicaid Progr	am F	inance				
	Permanent File	е							
	Program Deve	elopment:							



118722000 - 2024/10

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

	Medicaid Reimbursement Per Diem Rates	IOI NO	on-institutional	Providers		
Rural Health Network of Monroe County Florida, Inc			ovider Number : 118722000			
		Da	ate: 10/16/2024			
3706 N R	loosevelt Blvd Ste C	Fis	scal Year End : N	I/A		
Key Wes	t , FL 33040-4566	Αι	udit Status : N/A			
Provider	Type:		Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
X	Federally Qualified Health Centers		161.06	168.47	10/01/2024	
	Hospice Provider					
	#0651 / H51 Routine Home Care (1-60)					
	#0651a / H5L Routine Home Care (61 +)					
	#0652 / H52 Continuous Home Care					
	#0551 / 0561 Continuous Home Care - SIA					
	#0655 / H55 Inpatient Respite Care					
	#0656 / H56 General Inpatient Care					
	#0658 Room and Board					

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor





262263707 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center	Provider Number : 262263707
Havana Elementary School	Date: 10/16/2024
438 West Brevard Street	Fiscal Year End : N/A
Tallahassee, FL 32301	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	115.57	157.27	10/01/2024
	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 Typ	pe:
	 Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Gadsden	_	

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



680002500 - 2024/10

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

		=	<u>Medicaid Reimbursement Pe</u>	r Diem Rate	es for N	Non-Ins	stitutional	<u>Providers</u>		
Camillus Health Concern, Inc.				Provider Number : 680002500						
						Date : 1	0/16/2024	16/2024		
336	6 N.W. F	ifth Stree	et		F	iscal Y	ear End : N	I/A		
Mia	ami, FL	3312816	16		P	Audit St	atus : N/A			
Pro	ovider T	уре:				Cur	rent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				173.63	181.62	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Ca	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate T	ype :	7			
'			Budget		Х		Prospect	ive		
•			Unaudited costs				_ Total Pro	spective		
•			Desk audited costs				Prospect	ive Adjusted for	New costs	
•			Field audited costs				_			
•			Medicare - Prospective				 Interim			
	2	X	Payment System Rate				Total Inte	erim		
•			Average Nursing Home Rate				Settleme	nt based on cost	ts	
-			Dade				_			
	Distri	ibution:		T. K. Fee	ehrer.				AV 1	
	Fiscal	Agent				nent Ar	nalyst Supe	rvisor	2/42	
	Contra	act Mana	gement	Medicaid	Progra	m Fina	nce			
	Perma	anent File	•							
	Progra	am Deve	lopment:							



680002515 - 2024/10

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

		Medicaid Reimbursement Pe	er Diem F	Rates for	· No	n-Institutional	<u>Providers</u>		
Camillus Health Concern - 7th Ave				Provider Number : 680002515					
				Date : 10/16/2024					
336	NW 5t	h Street			Fisc	cal Year End : N	I/A		
Mia	ımi, FL	331281616			Aud	dit Status : N/A			
Pro	Provider Type:					Current Rate	New Rate	Effective Date	
		Rural Health Clinic							
		Swing-Bed Provider							
	X	Federally Qualified Health Centers				173.63	181.62	10/01/2024	
		Hospice Provider							
		#0651 / H51 Routine Home Care	(1-60)						
		#0651a / H5L Routine Home Car	e (61 +)						
		#0652 / H52 Continuous Home C	Care						
		#0551 / 0561 Continuous Home	Care - SI	Α					
		#0655 / H55 Inpatient Respite Ca	are						
		#0656 / H56 General Inpatient C	are						
		#0658 Room and Board							
	Ва	sis:		Rate	Тур	e :			
		Budget	'		X	Prospect	ive		
-		Unaudited costs				 Total Pro	spective		
-		Desk audited costs				Prospect	ive Adjusted for	New costs	
-		Field audited costs							
-		Medicare - Prospective				Interim			
		X Payment System Rate				 Total Inte	erim		
-		Average Nursing Home Rate				Settleme	nt based on cost	s	
_		 Dade							
	D: 1							5.6	
		ibution:		Feehrer, r Manage	emei	nt Analyst Supe	rvisor	184	
		Agent		aid Progr					
		act Management							
		anent File							
	Progr	am Development:							



680002517 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	s for No	on-Institutional	<u>Providers</u>				
Са	millus Health Co	ncern -38th Street	Provider Number : 680002517							
			Date : 10/16/2024							
190	07 NW 38th Stre	et	Fiscal Year End : N/A							
Mia	ami, FL 33142			Αι	ıdit Status : N/A					
Pro	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers			173.63	181.62	10/01/2024			
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - SIA							
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
ſ	Basis :]	R	ate Ty	pe:					
٠		⊐ Budget		Х	Prospect	ive				
•		Unaudited costs			 Total Pro	spective				
-		Desk audited costs			Prospect	ive Adjusted for	New costs			
-		Field audited costs								
-		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate Dade			Settleme	nt based on cost	S			
	Distribution	<u>:</u>	T. K. Feeh		ent Analyst Supe	nvicor	NY I			
	Fiscal Agent				r Finance	VISOI	71V			
	Contract Mana	Modicald I	Jogian	i i iliulioo						
	Permanent Fil									
	Program Deve	elopment:								



680005000 - 2024/10

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			
Fellsmere, FL 32948	Au	dit Status : N/A					
12196 CR 512	Fiscal Year End : N/A						
Fellsmere	Da	Date : 10/16/2024					
Treasure Coast Community Health	Pro	ovider Number :	680005000				

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	171.89	179.80	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

Basis:		R	ate Type :	
	 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
	 Indian River			_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



680005001 - 2024/10

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

		-	Medicaid Reimbursement Per	<u>r Diem Rat</u>	es for No	on-Institution	<u>al Provi</u>	<u>ders</u>			
Tre	asure C	Coast Cor	mmunity Health - Vero	Provider Number : 680005001							
					Da	ate: 10/16/202	4				
12 ⁻	196 CR	512			Fis	scal Year End : N/A					
Fel	Ismere,	FL 3294	18		Au	ıdit Status : N/	A				
Pro	ovider 1	ype:				Current Rate	New	Rate	Effective Date		
		Rural H	lealth Clinic						,		
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers			171.	89	179.80	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	e (61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	are - SIA							
		#06	55 / H55 Inpatient Respite Ca	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
[Ва	sis :]		Rate Ty _l	pe:					
٠			Budget		Х	Prospe	ective				
-			Unaudited costs			Total F	Prospect	ive			
•			Desk audited costs			Prospe	ective A	djusted for l	New costs		
•			Field audited costs								
•			Medicare - Prospective			Interim	1				
		X	Payment System Rate			Total I	nterim				
-			Average Nursing Home Rate Indian River	_		Settler	nent bas	sed on cost	S		
		ibution:		T. K. Fee		ent Analyst Su	nervisor		N/1		
	Fiscal Agent					Finance	POLVISOI				
		act Mana		Modicald	rogram						
		anent File									
	Progr	am Deve	lopment:								



680005002 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rat	tes for	r No	n-Inst	titutional I	<u>Providers</u>		
Tre	easure Coast Co		Provider Number : 680005002							
			Date : 10/16/2024							
12	196 County Rd.	512	Fiscal Year End : N/A							
Fe	llsmere, FL 3294	48			Aud	dit Sta	itus : N/A			
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date	
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	Illy Qualified Health Centers					171.89	179.80	10/01/2024	
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SIA							
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Ca	re							
	#06	658 Room and Board								
	Basis :	7		Rate	Тур	e :]			
•		Budget			X		Prospecti	ve		
		Unaudited costs					Total Pro	spective		
		Desk audited costs					Prospecti	ve Adjusted for	New costs	
		Field audited costs					_			
		Medicare - Prospective					Interim			
	Χ	Payment System Rate					Total Inte	rim		
		Average Nursing Home Rate					Settleme	nt based on cost	S	
		Indian River								
	Distribution	<u>:</u>	T. K. Fee	ehrer.					ΛV. Λ	
	Fiscal Agent				emei	nt Ana	alyst Super	rvisor	1/4 ²	
	Contract Mana	agement	Medicaio	d Prog	ram	Finan	ice			
	Permanent Fil	e								
	Program Deve	elopment:								



680005011 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	r No	on-Inst	itutional I	<u>Providers</u>			
Tre	easure Coast Co	mm Mental Health-Fellsmere			Pro	ovider	Number : (680005011			
					Da	te : 10	/16/2024				
12 ⁻	196 CR 512			Fiscal Year End : N/A							
Fel	Ismere, FI 3294	8			Audit Status : N/A						
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date		
	Rural I	lealth Clinic									
	Swing-	Bed Provider									
	X Federa	Ily Qualified Health Centers					171.89	179.80	10/01/2024		
	Hospic	e Provider									
	#06	551 / H51 Routine Home Care (1-60)								
	#06	551a / H5L Routine Home Care	(61 +)								
	#06	552 / H52 Continuous Home Ca	ire								
	#05	551 / 0561 Continuous Home C	are - S	IA							
	#06	555 / H55 Inpatient Respite Car	е								
	#06	556 / H56 General Inpatient Car	e								
	#06	558 Room and Board									
	Basis :	7		Rate	Тур	oe :]				
ָ 		∟ Budget			X		ı Prospecti	ve			
-		Unaudited costs					- Total Pro	spective			
-		Desk audited costs					- Prospecti	ve Adjusted for	New costs		
•		Field audited costs					-				
-		Medicare - Prospective					Interim				
	X	Payment System Rate					Total Inte	rim			
-		Average Nursing Home Rate					Settleme	nt based on cost	s		
		Indian River					-				
	Distribution								N. 7. A		
Fiscal Agent			Feehrer, or Manage	eme	ent Ana	ılyst Supeı	visor	N.I			
	Contract Mana	agement	Medic	caid Prog	ram	Finan	ce				
	Permanent File	-									
	Program Deve										



680005013 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rat	es for	Non-I	nstitutional I	<u>Providers</u>				
Tre	asure Coast Co	Provider Number : 680005013									
19	55 21st Ave		Fiscal Year End : N/A								
Ve	ro Beach, FI 32	960			Audit	dit Status : N/A					
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers				171.89	179.80	10/01/2024			
	Hospid	ce Provider									
	#00	651 / H51 Routine Home Care (1-60)								
	#00	651a / H5L Routine Home Care	(61 +)								
	#06	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									
ſ	Basis :]		Rate T	ype :						
٠		Budget		Х	(Prospecti	ive				
•		Unaudited costs				 Total Pro	spective				
-		Desk audited costs				Prospect	ive Adjusted for	New costs			
-		Field audited costs									
-		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Inte	erim				
		Average Nursing Home Rate Indian River				Settleme	nt based on cost	s			
	Distribution	<u>.</u>	T. K. Fee Senior M		ment /	Analyst Supe	rvisor	184			
Fiscal Agent			Medicaio								
Contract Management				5.							
	Permanent Fil										
	Program Deve	портнети.									



680005015 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	r No	<u>n-Inst</u>	<u>itutional l</u>	<u>Providers</u>		
easure Coast C	omm Hlth-Sebastian		Pro	vider	Number :	680005015		
		Date : 10/16/2024						
3507 US Hwy 1		Fiscal Year End : N/A						
ebastian, FI 329	58		Aud	Audit Status : N/A				
ovider Type:				Curre	nt Rate	New Rate	Effective Date	
Rural	Health Clinic							
Swing	g-Bed Provider							
X Feder	ally Qualified Health Centers				171.89	179.80	10/01/2024	
Hosp	ice Provider							
#0	0651 / H51 Routine Home Care (1-60)						
#0	0651a / H5L Routine Home Care	(61 +)						
#0	0652 / H52 Continuous Home Ca	are						
#0	0551 / 0561 Continuous Home C	are - SIA						
#0	0655 / H55 Inpatient Respite Car	re						
#0	0656 / H56 General Inpatient Ca	re						
#0	0658 Room and Board							
Basis :		Rate	Тур	e :				
	 Budget		Χ		Prospecti	ve		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				Prospecti	ve Adjusted for	New costs	
	Field audited costs				•			
	Medicare - Prospective				Interim			
Χ	Payment System Rate				Total Inte	rim		
	Average Nursing Home Rate				Settleme	nt based on cost	S	
	 Indian River				•			
Distribution	<u>n:</u>	T. K. Feehrer,					AV 1	
Fiscal Agent		Senior Manag	emei	nt Ana	lyst Supe	visor	1/4 ²	
Contract Mar	nagement	Medicaid Prog	ıram	Finan	ce			
Permanent F	ïle							
Program Dev	velopment:							



680005018 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tre	asure Coast Ve	ro Beach		Provider Number : 680005018							
				Date: 10/16/2024							
				Fiscal Year End : N/A							
,				Audit Status : N/A							
Pro	ovider Type:			(Current Rate	New Rate	Effective Date				
	Rural I	Health Clinic					-				
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers			171.89	179.80	10/01/2024				
	Hospic	ce Provider									
	#06	651 / H51 Routine Home Care (1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
	#06	652 / H52 Continuous Home Ca	ire								
	#0	551 / 0561 Continuous Home C	are - SIA								
	#06	655 / H55 Inpatient Respite Car	е								
	#06	656 / H56 General Inpatient Car	·e								
	#06	658 Room and Board									
	Basis :	7	Rate	Туре):						
L		∟ Budget	,	X	—— Prospect	ive					
-		Unaudited costs			Total Pro	spective					
-		Desk audited costs			Prospect	ive Adjusted for	New costs				
-		Field audited costs									
-		— Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Inte	erim					
-		Average Nursing Home Rate			Settleme	nt based on cost	s				
-		 Indian River									
	Distribution	<u> </u>	T. K. Feehrer,				A)/ A				
	Fiscal Agent		Senior Manage	emen	t Analyst Supe	rvisor	2/2				
	Contract Mana	Medicaid Progr	ram F	inance							
	Permanent Fil	e									
	Program Deve	elopment:									
	_	nformation Only (No Change in r	ate)								
			/								



680005020 - 2024/10

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

		Medicaid Reimbursement Per	r Diem Rates	for No	on-Institutio	onal F	<u>Providers</u>			
Tre	easure Coast Co	mmunity Health	Provider Number : 680005020							
			Date : 10/16/2024							
46	5 28tth Ct									
Ve	ro Beach, FL 32	2967		Au	Audit Status : N/A					
Pr	ovider Type:				Current R	ate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers			17	71.89	179.80	10/01/2024		
	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	re							
	#00	656 / H56 General Inpatient Ca	re							
	#00	658 Room and Board								
	Basis :	7	R	ate Ty _l	pe:					
'		 Budget		Х	Pros	specti	ve			
•		Unaudited costs			Tota	al Pro	spective			
•		Desk audited costs			Pros	specti	ve Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective			Inte	rim				
	Χ	Payment System Rate			Tota	al Inte	rim			
		Average Nursing Home Rate			Sett	lemer	nt based on cost	S		
		 Indian River								
	Distribution	<u>.</u>	T. K. Feehr	er.				AV 1		
Fiscal Agent Contract Management					ent Analyst S	Super	visor	2/h2+		
			Medicaid P	rogram	Finance					
	Permanent Fil	le								
	Program Deve	elopment:								



680005025 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	es for N	<u>lon-Institut</u>	<u>ional F</u>	<u>Providers</u>			
Tre	easure Coast Co	mmunity Health, Inc.	Provider Number : 680005025							
			Date : 10/16/2024							
12	196 County Roa	d 512	Fiscal Year End : N/A							
Fe	llsmere, FL 329	48		А	udit Status	: N/A				
Pre	ovider Type:				Current I	Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers			1	71.89	179.80	10/01/2024		
	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	e							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
	Basis :	7		Rate Ty	rpe :					
١		Budget		Х	Pro	ospecti	ve			
•		Unaudited costs			To	tal Pro	spective			
•		Desk audited costs			Pro	ospecti	ve Adjusted for	New costs		
•		Field audited costs								
•		Medicare - Prospective			Inte	erim				
	Χ	Payment System Rate			To	tal Inte	rim			
		Average Nursing Home Rate Indian River			Se	ttlemei	nt based on cost	s		
	<u>Distribution</u> Fiscal Agent	<u>:</u>	T. K. Fee Senior Ma		ent Analyst	Super	visor	184		
Contract Management			Medicaid	Prograr	m Finance					
	Permanent Fil	_								
	Program Deve									
	9 2 5 7 7									



680027100 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem Rate	es for No	on-Institutional	<u>Providers</u>				
Bro	ward C	omm & F	amily Health Centers, Inc	Provider Number : 680027100							
				Date: 10/16/2024							
25°	18 N Sta	ate Rd. 7			Fis	scal Year End : N/A					
Но	llywood	, FI 3302	21		Au	ıdit Status : N/A	dit Status : N/A				
Provider Type:						Current Rate	New Rate	Effective Date			
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers			168.8	0 176.57	10/01/2024			
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	552 / H52 Continuous Home Ca	are							
		#05	551 / 0561 Continuous Home C	re							
		#06	555 / H55 Inpatient Respite Car								
		#06	556 / H56 General Inpatient Ca								
		#06	58 Room and Board								
[Ва	sis :	7		Rate Ty _l	pe:					
٠			Budget		Х	Prospec	ctive				
			Unaudited costs			Total Prospective					
-			Desk audited costs			Prospective Adjusted for New costs					
•			Field audited costs								
•			Medicare - Prospective			Interim					
		Χ	Payment System Rate			Total In	terim				
			Average Nursing Home Rate Broward			Settlem	ent based on cos	ts			
	<u>Distribution:</u>		T. K. Fee Senior M		ent Analyst Sup	ervisor	184				
Fiscal Agent Contract Management			Medicaid Program Finance								
					J						
Permanent File Program Development:											
	Fiogr	aiii Deve	портнети.								



680027102 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for	r No	n-Ins	<u>titutional l</u>	<u>Providers</u>		
roward Commun	ity FH - North Powerline Road		Provider Number : 680027102 Date : 10/16/2024					
88 North Powerli	ne Road		Fisc	scal Year End : N/A				
ompano Beach,	FL 33069		Auc	udit Status : N/A				
rovider Type:				Curre	ent Rate	New Rate	Effective Date	
Rural	Health Clinic							
Swin	g-Bed Provider							
X Feder	rally Qualified Health Centers				168.80	176.57	10/01/2024	
Hosp	ice Provider							
#(0651 / H51 Routine Home Care ((1-60)					,	
#(0651a / H5L Routine Home Care	(61 +)						
#(0652 / H52 Continuous Home Ca	are						
#(0551 / 0561 Continuous Home C	are - SIA						
#(0655 / H55 Inpatient Respite Ca	re						
#(0656 / H56 General Inpatient Ca	re						
#(0658 Room and Board							
Basis :		Rate	Тур	e :	1			
	Budget		Х		Prospecti	ve		
	Unaudited costs				Total Prospective			
Desk audited costs					- Prospecti	ve Adjusted for	New costs	
	Field audited costs				_			
	Medicare - Prospective				- Interim			
X	Payment System Rate	-			Total Inte	rim		
	Average Nursing Home Rate				Settleme	nt based on cost	s	
	 Broward				_			
Distribution	<u>n:</u>	T. K. Feehrer,					٨٧.٨	
Fiscal Agent	Senior Manage				visor	2/h2		
Contract Mar	Medicaid Prog	ıram	Finar	nce				
Permanent F	ïle							
Program Dev	velopment:							



680027104 - 2024/10

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

		Medicaid Reimbursement Per	^r Diem	Rates for	<u>r No</u>	<u>n-Inst</u>	<u>itutional l</u>	<u>Providers</u>		
Bro	ward Communi		Provider Number : 680027104							
					Date : 10/16/2024					
50	10 Hollywood Bl	vd., Ste 100B		Fiscal Year End : N/A						
Но	llywood, FL 330)21			Aud	dit Sta	tus : N/A			
Pro	ovider Type:					Current Rate		New Rate	Effective Date	
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers					168.80	176.57	10/01/2024	
	Hospid	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 - S	IA						
	#00	655 / H55 Inpatient Respite Car	re							
	#00	656 / H56 General Inpatient Ca	are							
	#00	658 Room and Board								
	Basis :	7		Rate	Тур	e:]			
•		Budget		Х			Prospecti	Prospective		
		Unaudited costs					Total Prospective			
	Desk audited costs						Prospecti	ective Adjusted for New costs		
		Field audited costs					_			
•		Medicare - Prospective					Interim			
	Χ	Payment System Rate					Total Inte	rim		
		Average Nursing Home Rate					Settleme	nt based on cost	ts	
		Broward								
	Distribution	<u>.</u>	I T. K.	Feehrer,					AV 1	
Fiscal Agent Contract Management Permanent File					eme	nt Ana	ılyst Supei	visor	1/2 L	
			Medio	caid Prog	ıram	Finan	ce			
	Program Deve									



680027106 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community & Family Health Centers	Provider Number : 680027106
Central Broward Community Health Center	Date: 10/16/2024
5010 Hollywood Blvd, Ste 100B	Fiscal Year End : N/A
Hollywood, FL 330216557	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	168.80	176.57	10/01/2024
	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
	 Broward	-		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



680027108 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rat	es for N	lon-Ins	<u>titutional l</u>	<u>Providers</u>			
Bro	ward Comm & F	amily Hlth Ctrs-Powerline Rd		Р	rovider	Number :	680027108			
				D	ate : 10)/16/2024				
50´	10 Hollywood Blv	vd		F	iscal Ye	ear End : N	I/A			
Но	llywood, FI 3302	21		Α	udit Sta	scal Year End : N/A udit Status : N/A Current Rate New Rate Effective D				
Pro	ovider Type:				Provider Number : 680027108 Date : 10/16/2024 Fiscal Year End : N/A Audit Status : N/A Current Rate			Effective Date		
	Rural I	Health Clinic					,			
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				168.80	176.57	10/01/2024		
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SIA							
	#06	655 / H55 Inpatient Respite Car	·e							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
[Basis :	7		Rate Ty	/pe :]				
١		Budget	_	Х		Prospecti	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs	_			- Prospecti	ive Adjusted for	New costs		
-		Field audited costs				_				
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate Broward				Settleme	nt based on cost	s		
	<u>Distribution:</u>		T. K. Feehrer, Senior Management Analyst Supervisor							
Fiscal Agent Contract Management						<u> </u>				
	Permanent Fil			J						
	Permanent Fil									
	Frogram Deve	лоринсии.								



680996100 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates for	r No	n-Ins	titutional I	<u>Providers</u>			
Man	atee Rural Co	unty Health Ser - Arcadia FHC		Pro	ovider	Number :	680996100			
				Da	ite : 10	0/16/2024				
700	8th Ave W			Fis	scal Year End : N/A					
Paln	netto, FL 3422	21		Au	dit St	atus : N/A				
Prov	vider Type:				Curr	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers				142.95	157.27	10/01/2024		
	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	е								
	#0	re								
	#0	658 Room and Board								
Γ	Basis :	7	Rate	Тур	oe :	7				
_		Budget		Χ		_ Prospecti	ve			
		Unaudited costs				Total Pro	spective			
		Desk audited costs				- Prospecti	ve Adjusted for	New costs		
		Field audited costs				_				
		Medicare - Prospective				_ Interim				
	Χ	Payment System Rate				Total Inte	rim			
		Average Nursing Home Rate				Settleme	nt based on cost	s		
		Desoto				_				
	Distribution	<u></u>	T. K. Feehrer,					1V.1		
	Fiscal Agent		Senior Manage				visor	1/2 L		
	Contract Man	agement	Medicaid Prog	ram	Fina	nce				
	Permanent Fi	le								
	Program Deve	elopment:								



680996106 - 2024/10

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

		-	Medicaid Reimbursement Per	<u> Diem I</u>	Rates for	· N	on-Ins	titutional	<u>Providers</u>	
MC	R Healt	h, Inc.				Pr	rovider	Number :	680996106	
						Da	ate : 10	0/16/2024		
PC	Box 15	949				Fi	scal Y	ear End : N	I/A	
Ве	fast, ME	04915				Αι	udit Sta	atus : N/A		
Pro	vider T	уре:					Curr	ent Rate	New Rate	Effective Date
		Rural F	lealth Clinic						,	
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					142.95	157.27	10/01/2024
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - S	IA					
		#06	55 / H55 Inpatient Respite Ca	re						
		#06	56 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Bas	sis :]		Rate	Ту	pe:]		
'			Budget			X		Prospect	ive	
•			Unaudited costs					Total Pro	spective	
•			Desk audited costs					- Prospect	ive Adjusted for	New costs
•			Field audited costs					_		
•			Medicare - Prospective					- Interim		
	,	X	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cost	ts
-			Manatee					_		
	Distri	ibution:		T. K.	Feehrer,					AV 1
Fiscal Agent					eme	ent An	alyst Supe	rvisor	2/42	
	Contra	act Mana	gement	Medic	aid Prog	ran	n Finai	nce		
	Perma	anent File	e							
	Progra	am Deve	lopment:							



680996109 - 2024/10

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

MCR Health, Inc Provider Number : 680996109 Data : 101/16/2024 Fiscal Year End : N/A Audit Status : N/A Provider Type:		-	Medicaid Reimbursement Per	Diem Rates for	r Nor	n-Institutional	<u>Providers</u>			
Fiscal Year End : N/A Audit Status : N/A Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0651 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Desk audited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Piscal Year End : N/A Audit Status : N/A Current Rate New Rate Effective Date Field audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Effective Date Effective Date Effective Date Effective Date Field audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Audit Status : N/A Effective Date Effective Date Fiescal Year End : N/A Audit Status : N/A Effective Date Fiescal Year End : N/A Audit Status : N/A Effective Date Fiescal Year End : N/A Audit Status : N/A Effective Date Fiescal Year End : N/A Effective Date Fiescal Year End : N/A Effective Date Fiescal Year End : N/A Effective Date Fiescal Year End : N/A Effective Date Fiescal Year End : N/A Fiescal Year End : N/A Effective Date Fiescal Year End : N/A In/O1/2024 Effective Date Fiescal Year End : N/A In/O1/2024 Effective Date Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : N/A Fiescal Year End : New Care Fiescal Year End : New Care In/O1/2024 Fiescal Year End : New Care Fiescal Year End : New Care Fiescal Year End : New Care In/O1/2024 Fiescal : N	MC	CR Health, Inc			Prov	rovider Number : 680996109				
Bradenton, FL 34210 Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Medicaid Program Finance Medicaid Program Finance Medicaid Program Finance					Date	e: 10/16/2024				
Provider Type: Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	35	01 Cortez Rd W			Fisc	al Year End : N	I/A			
Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers 142.95 157.27 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H51 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:	Bra	adenton, FL 342	10		Aud	pe: Prospective Total Prospective Prospective Adjusted for New costs				
Swing-Bed Provider X Federally Qualified Health Centers 142.95 157.27 10/01/2024 Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type:	Pr	ovider Type:			Provider Number : 680996109 Date : 10/16/2024 Fiscal Year End : N/A Audit Status : N/A Current Rate		Effective Date			
X Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective X Prospecti		Rural H	lealth Clinic							
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :		Swing-	Bed Provider							
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		X Federa	lly Qualified Health Centers			142.95	157.27	10/01/2024		
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Hospic	e Provider							
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	51 / H51 Routine Home Care (1-60)						
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	51a / H5L Routine Home Care	(61 +)						
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#06	52 / H52 Continuous Home Ca	ire						
#0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#05	51 / 0561 Continuous Home C	are - SIA						
#0658 Room and Board Basis :		#06	555 / H55 Inpatient Respite Car	е						
Basis: Unaudited costs Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#06	56 / H56 General Inpatient Car	·e						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Rock Audited costs Total Prospective Prospective Adjusted for New costs Total Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#06	58 Room and Board							
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Interim Settlement based on costs Total Interim Settlement based on costs Medicaid Program Finance Medicaid Program Finance		Basis :	7	Rate	Туре	e :				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	'		Budget		X	Prospect	ive			
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Medicare - Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Unaudited costs			Total Pro	spective			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Desk audited costs	-		Prospect	ive Adjusted for	New costs		
X Payment System Rate Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Field audited costs							
Average Nursing Home Rate Manatee Distribution: Fiscal Agent Contract Management Permanent File Average Nursing Home Rate Manatee T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•		Medicare - Prospective			Interim				
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		X	Payment System Rate			Total Inte	erim			
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Average Nursing Home Rate			Settleme	nt based on cost	s		
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance			Manatee							
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance		<u>Distribution</u> :		T. K. Feehrer,				٨٧.٨		
Permanent File	Fiscal Agent									
		Contract Mana	gement	Medicaid Progr	ram I	Finance				
Program Development:		Permanent File	е							
		Program Deve	lopment:							



680996111 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic							
Provider Type:		Current Rate	New Rate	Effective Date			
Sarasota, FL 34237-6122	Au	Audit Status : N/A					
170 N Lime Ave	Fiscal Year End : N/A						
MCR Health Fruitville	Date : 10/16/2024						
MRC Health, Inc	Provider Number : 680996111						

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.95	157.27	10/01/2024
	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
	– Sarasota	•		•

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



680996114 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates fo	r No	n-Ins	titutional I	<u>Providers</u>	
MC	R Health Inc			Pro	ovider	Number :	680996114	
				Da	te : 10	0/16/2024		
300	Riverside Dr E	E, Ste 3300		Fis	cal Y	ear End : N	/A	
Bra	adenton, FL 342	208-1024		Au	dit Sta	atus : N/A		
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	Rural	Health Clinic						
	Swing	_J -Bed Provider						
	X Feder	ally Qualified Health Centers				142.95	157.27	10/01/2024
	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	Тур	oe :	7		
'		 Budget		Χ		_ Prospecti	ve	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				– Prospecti	ve Adjusted for	New costs
•		Field audited costs				_		
•		Medicare - Prospective				_ Interim		
	Χ	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate				Settleme	nt based on cost	rs
-		Manatee				_		
	Distribution	<u>ı:</u>	T. K. Feehrer,		t A	ah sat Cumas		NY L
	Fiscal Agent		Senior Manage Medicaid Prog				VISUI	
	Contract Man	_	ivieuicalu Prog	ıalil	гіпаі	ICE		
	Permanent F							
	Program Dev	elopment:						



680996116 - 2024/10

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

		-	Medicaid Reimbursement Per	r Diem	Rates for	r N	<u>lon-In</u>	stitutional	<u>Providers</u>	
MC	R Healt	th Inc.				Р	rovide	er Number :	680996116	
						D	ate :	10/16/2024		
300) Rivers	ide Dr.				Fi	iscal `	Year End : N	I/A	
Bra	denton	, FI 342	08-1006			Α	udit S	status : N/A		
Pro	ovider T	ype:					Cui	rrent Rate	New Rate	Effective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers					142.95	157.27	10/01/2024
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care ((1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	552 / H52 Continuous Home Ca	are						
		#05	551 / 0561 Continuous Home C	are - S	IA					
		#06	555 / H55 Inpatient Respite Ca	re						
		#06	556 / H56 General Inpatient Ca	re						
		#06	58 Room and Board							
	Ва	sis :	7		Rate	Ту	/pe :			
'			Budget		<u> </u>	X		 Prospect	ive	
•			Unaudited costs					 Total Pro	spective	
•			Desk audited costs					— Prospect	ive Adjusted for	New costs
•			Field audited costs							
•			Medicare - Prospective					 Interim		
		Χ	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cos	ts
•			Manatee							
	Distr	<u>ibution:</u>		 T. K.	Feehrer,					A)/ /
Fiscal Agent					em	nent A	nalyst Supe	rvisor	1/2 - 1/2 -	
	Contr	act Mana	agement	Medic	caid Prog	rar	m Fina	ance		
	Perma	anent File	е							
	Progr	am Deve	elopment:							



680996120 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates for	r Non	<u>-Institutional l</u>	<u>Providers</u>				
MC	R Health Inc			Prov	ider Number :	680996120				
				Date	: 10/16/2024					
60	15 Pointe Wes	st Blvd		Fiscal Year End : N/A						
Bra	adenton, FL 3	34209-5525		Audi	t Status : N/A					
Pro	ovider Type:			C	urrent Rate	New Rate	Effective Date			
	Rura	al Health Clinic								
	Swii	ng-Bed Provider								
	X Fed	erally Qualified Health Centers			142.95	157.27	10/01/2024			
	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							
	#	#0655 / H55 Inpatient Respite Car	re ·							
	#	#0656 / H56 General Inpatient Ca	re							
	#	#0658 Room and Board								
	Basis :		Rate	Туре	:					
'		Budget		X	Prospect	ive				
•		Unaudited costs			 Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for l	New costs			
•		Field audited costs								
•		Medicare - Prospective			 Interim					
	Χ	Payment System Rate			 Total Inte	erim				
•		Average Nursing Home Rate			Settleme	nt based on cost	s			
•		Manatee								
	Distribution	<u>on:</u>	T. K. Feehrer,				ΛV.Λ			
Fiscal Agent		Senior Manage	ement	: Analyst Supe	rvisor	2/1/2				
	Contract Ma	anagement	Medicaid Progr	ram F	inance					
	Permanent	File								
	Program De	evelopment:								
	Fo	or information Only (No Change in ı	rate)							



680996122 - 2024/10

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

		-	<u>Medicaid Reimbursement Per</u>	Diem Rates to	r No	n-Inst	<u>itutional l</u>	<u>Providers</u>		
MC	R Heal	th Inc.			Pro	ovider	Number :	680996122		
					Da	te : 10	/16/2024			
51	5 63rd A	Ave E		Fiscal Year End : N/A						
Bra	adenton	, FL 3420	03-7614		Au	dit Sta	tus : N/A			
Pro	ovider 1	Гуре:				Curre	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
	X	Federa	lly Qualified Health Centers				142.95	157.27	10/01/2024	
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	ire						
			51 / 0561 Continuous Home C							
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	. e						
		#06	58 Room and Board							
	Ва	ısis :]	Rate	Тур	e :]			
,			Budget		Х		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	
			Manatee							
	Distr	ribution:		T. K. Feehrer,					AV. A	
Fiscal Agent			Senior Manag	eme	nt Ana	alyst Super	rvisor	2/4		
	Contr	act Mana	gement	Medicaid Prog	ram	Finan	ce			
	Perm	anent File								
	Progr	am Deve	lopment:							



681471900 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	<u>on-Insti</u>	tutional I	<u>Providers</u>		
Се	ntral Florida Hea	ılth Care-Dundee			Pro	ovider 1	Number : (681471900		
					Da	ite : 10/	16/2024			
950	OCR 17A West		Fiscal Year End : N/A							
Αv	on Park, FI 3382	25	Audit Status : N/A							
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date	
	Rural I	Health Clinic								
	Swing	Bed Provider								
	X Federa	Illy Qualified Health Centers					173.63	181.62	10/01/2024	
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SI	A						
	#06	655 / H55 Inpatient Respite Car	e							
	#06	656 / H56 General Inpatient Car	e							
	#06	558 Room and Board								
	Basis :	7		Rate	Тур	oe:				
י		Budget	'		X		Prospecti	ve		
•		Unaudited costs	-				Total Pro	spective		
-		Desk audited costs	-				Prospecti	ve Adjusted for	New costs	
-		Field audited costs	-							
•		Medicare - Prospective					Interim			
	Χ	Payment System Rate					Total Inte	rim		
•		Average Nursing Home Rate Polk	-				Settleme	nt based on cost	s	
	Distribution Fiscal Agent	<u> </u>		eehrer, Manage	eme	ent Ana	lyst Supei	visor	1X4	
	Contract Mana	agement	Medic	aid Prog	ram	Financ	ce			
	Permanent Fil									
	Program Deve									
	•	•								



682960100 - 2024/10

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

			Medicaid Reimbursement Per	<u>Diem l</u>	Rates for	r Noı	n-Institutional	<u>Providers</u>				
Се	ntral Flo	rida Fami	ly Health Center-Hoffner			Pro	vider Number :	682960100				
						Dat	Pate: 10/16/2024					
54	49 South	Semora	n Blvd	Fiscal Year End : N/A								
Ora	ange, Fl	32822		Audit Status : N/A								
Pro	ovider T	уре:					Current Rate	New Rate	Effective Date			
		Rural H	ealth Clinic									
		Swing-E	Bed Provider									
	X	Federal	ly Qualified Health Centers				129.55	157.27	10/01/2024			
		Hospice	Provider									
		#065	51 / H51 Routine Home Care ((1-60)								
		#065	51a / H5L Routine Home Care	(61 +)								
		#065	52 / H52 Continuous Home Ca	are								
		#055	51 / 0561 Continuous Home C	are - S	IA							
		#065	55 / H55 Inpatient Respite Ca	re								
		#065	56 / H56 General Inpatient Ca	re								
		#065	8 Room and Board									
	Bas	sis :			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			
•			Orange									
	<u>Dist</u> ri	bution:		T, K	Feehrer,				AV 1			
	Fiscal					emer	nt Analyst Supe	rvisor	1/4 ²			
	Contra	act Manaç	gement	Medic	aid Prog	ram	Finance					
	Perma	nent File										
	Progra	am Devel	opment:									



683955003 - 2024/10

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

		<u>N</u>	Medicaid Reimbursement Per	Diem F	Rates for	r No	n-Insti	tutional l	<u>Providers</u>			
Со	llier Healt	th Servic	es - Horizon PCC			Pro	vider N	lumber :	683955003			
						Dat	te : 10/	/16/2024				
P.C). Box 12	229		Fiscal Year End : N/A								
Na	ples, FL	34101		Audit Status : N/A								
Pro	ovider Ty	pe:					Curre	nt Rate	New Rate	Effective Date		
		Rural He	ealth Clinic									
		Swing-E	Bed Provider									
	X	Federall	y Qualified Health Centers					173.63	181.62	10/01/2024		
		Hospice	Provider									
		#065	1 / H51 Routine Home Care (1-60)								
		#065	1a / H5L Routine Home Care	(61 +)								
		#065	2 / H52 Continuous Home Ca	re								
		#055	1 / 0561 Continuous Home C	are - Sl	IA							
		#065	55 / H55 Inpatient Respite Car	е								
		#065	66 / H56 General Inpatient Car	е								
		#065	8 Room and Board									
	Bas	is:			Rate	Тур	e :					
'			Budget			X		Prospect	ve			
•			Unaudited costs					Total Pro	spective			
•			Desk audited costs					Prospecti	ve Adjusted for	New costs		
•			Field audited costs	'								
•			Medicare - Prospective					Interim				
	Х		Payment System Rate					Total Inte	rim			
•			Average Nursing Home Rate					Settleme	nt based on cost	ts		
•			Collier									
	<u>Di</u> stril	oution:		_ T. K. I	Feehrer,					A \		
Fiscal Agent					r Manage	eme	nt Anal	yst Supe	visor	2/62		
	Contra	ct Manag	gement	Medic	aid Prog	ram	Financ	e				
	Permanent File											
	Progra	m Develo	ppment:									



683955005 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rat	tes for I	Non-In	stitutional	<u>Providers</u>			
Со	llier Hlth Svc-Cre	eekside Pediatrics		F	Provide	r Number :	683955005			
			Date : 10/16/2024							
Р.(D Box 12229		Fiscal Year End : N/A							
Na	ples, Fl 34101			A	Audit S	tatus : N/A				
Pre	ovider Type:				Cur	rent Rate	New Rate	Effective Date		
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	Illy Qualified Health Centers				173.63	181.62	10/01/2024		
	Hospid	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SIA							
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
	Basis :			Rate T	ype:					
١		⊐ Budget		Х		— Prospect	ive			
•		Unaudited costs				— Total Pro	spective			
•		Desk audited costs				— Prospect	ive Adjusted for	New costs		
•		Field audited costs				_				
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate Collier	=			Settleme	nt based on cost	s		
	<u>Distribution</u> Fiscal Agent	<u>:</u>	T. K. Fee Senior M		nent Aı	nalyst Supe	rvisor	1X.F		
	Contract Mana	agement	Medicaio	d Progra	m Fina	ance				
	Permanent Fil									
	Program Deve									
	=									



683955006 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates for	<u>or No</u>	n-Institutional	<u>Providers</u>				
Col	lier Health Serv	ices - Ronald McDonald	Provider Number : 683955006							
			Date : 10/16/2024							
P. (O. Box 12229		Fiscal Year End : N/A							
Na _l	oles, FL 34101			Au	dit Status : N/A					
Pro	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers			173.63	181.62	10/01/2024			
	Hospid	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	e							
	#00	656 / H56 General Inpatient Car	re							
	#00	658 Room and Board								
ſ	Basis :]	Rat	е Тур	oe:					
		⊐ 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 Not Selected			Settleme	nt based on cost	ts			
		Not delected								
	Distribution	<u>:</u>	T. K. Feehrer		mt Amalyat Cyma	- i	NYI			
	Fiscal Agent				nt Analyst Supe	IVISUI				
Contract Management			Medicaid Pro	yram	гшапсе					
	Permanent Fil									
	Program Deve	elopment:								



683955010 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Rates for I	Non-	-Institutional I	<u>Providers</u>				
Со	llier Health Servi	ces, Inc - Countryside Childrens	Dental F	⊃rov	rider Number :	683955010				
				Date : 10/16/2024						
14:	54 Madison Aver	nue	F	Fiscal Year End : N/A						
lm	okalee, FL 3393	4	Į.	٩udi	t Status : N/A					
Pro	ovider Type:			C	Current Rate	New Rate	Effective Date			
	Rural H	lealth Clinic		\top			1			
	Swing-	Bed Provider								
	X Federa	lly Qualified Health Centers			173.63	181.62	10/01/2024			
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	ire							
	#05	551 / 0561 Continuous Home C	are - SIA							
	#06	555 / H55 Inpatient Respite Car	e							
	#06	556 / H56 General Inpatient Car	'e							
	#06	58 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			Settlemei	nt based on cost	s			
		Collier								
	<u>Distribution</u> :	<u>.</u>	T. K. Feehrer,				AV 1			
	Fiscal Agent		Senior Manager	nent	t Analyst Supei	rvisor	2h2			
	Contract Mana	agement	Medicaid Progra	ım F	inance					
	D									

Permanent File

Program Development:



683955012 - 2024/10

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

Medicaid Reimbursement Pe	er Diem Rates for	Non-Ir	stitutional	<u>Providers</u>				
Collier Health Services, Inc FSU Primary Care		Provid	er Number :	683955012				
		Date : 10/16/2024						
1454 Madison Avenue	Fiscal Year End : N/A							
Imokalee, FL 33934		Audit S	Status : N/A					
Provider Type:		Cu	rrent Rate	New Rate	Effective Date			
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Centers			173.63	181.62	10/01/2024			
Hospice Provider								
#0651 / H51 Routine Home Care	e (1-60)							
#0651a / H5L Routine Home Car	re (61 +)							
#0652 / H52 Continuous Home (Care							
#0551 / 0561 Continuous Home	Care - SIA							
#0655 / H55 Inpatient Respite C	are							
#0656 / H56 General Inpatient C	are							
#0658 Room and Board								
Basis :	Rate 1	Гуре :						
Budget	\	(Prospect	ive				
Unaudited costs			 Total Pro	spective				
Desk audited costs			Prospect	ive Adjusted for	New costs			
Field audited costs								
Medicare - Prospective			Interim					
X Payment System Rate			Total Inte	erim				
Average Nursing Home Rate	•		Settleme	nt based on cost	ts			
Collier								
<u>Distribution:</u> Fiscal Agent	T. K. Feehrer, Senior Manage	ment A	nalyst Supe	rvisor	N.A			
Contract Management	Medicaid Progra	am Fin	ance					
Permanent File								
Program Development:								



683955017 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services	Provider Number : 683955017
Creekside Family Practice	Date : 10/16/2024
PO Box 12229	Fiscal Year End : N/A
Naples, FL 341012229	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



683955019 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services	Provider Number : 683955019
Womens Care Naples	Date: 10/16/2024
1454 Madison Ave	Fiscal Year End : N/A
Immokalee, FL 341422200	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	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	ļ .		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
	 Collier	'		=

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



683955021 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dura dalah Tanah	Owner Data Nam Data Effective Data								
Immokalee, FI 34142	Audit Status : N/A								
1454 Madison Ave	Fiscal Year End : N/A								
Total Womens Care	Date: 10/16/2024								
Collier Health Services	Provider Number : 683955021								

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	173.63	181.62	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



683955023 - 2024/10

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

	Medicaid Reimbursement P	er Diem Rates foi	. N	on-Institutional	<u>Providers</u>				
Collier He	Collier Health Svc			ovider Number :	683955023				
Friendship	o Hlth Ctr		Da	ate: 10/16/2024					
1454 Mad	1454 Madison Ave			scal Year End : N/A					
Immokale	e, FI 34142		Αι	udit Status : N/A					
Provider	Provider Type:			Current Rate	New Rate	Effective Date			
	Rural Health Clinic								
	Swing-Bed Provider								
X	Federally Qualified Health Centers			173.63	181.62	10/01/2024			
	Hospice Provider								
	#0651 / H51 Routine Home Care	e (1-60)							
	#0651a / H5L Routine Home Ca	re (61 +)							
	#0652 / H52 Continuous Home	Care							
	#0551 / 0561 Continuous Home	Care - SIA							
	#0655 / H55 Inpatient Respite C	are							
	#0656 / H56 General Inpatient C	are							
	#0658 Room and Board								
В	asis:	Rate	Ту	pe:					
	Budget		X	Prospect	ive				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
	X Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate	e		Settleme	nt based on cost	ts			
	Collier								
<u>Dist</u>	ribution:	T. K. Feehrer,				ΛVΛ			
Fisca	al Agent			ent Analyst Supe	rvisor	1/ht			
Cont	ract Management	Medicaid Prog	ram	n Finance					

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



683955024 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rat	es for N	lon-Ins	stitutional	<u>Providers</u>		
Collier Health Svc-YMCA Rd			Provider Number : 683955024						
			Date : 10/16/2024						
54	50 YMCA Rd #1	02		F	iscal Y	ear End : N	I/A		
Na	ples, FI 34109			A	udit St	atus : N/A			
Pre	ovider Type:				Curi	rent Rate	New Rate	Effective Date	
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				173.63	181.62	10/01/2024	
	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	·e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
	Basis :	7		Rate Ty	ype :	7			
,		Budget		Х		Prospect	ive		
•		Unaudited costs				Total Pro	spective		
•		Desk audited costs				Prospect	ive Adjusted for	New costs	
•		Field audited costs				_			
•		Medicare - Prospective				 Interim			
	X	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate Collier	-			Settleme —	nt based on cost	s	
	Distribution Fiscal Agent	<u>:</u>	T. K. Fee Senior M		nent Ar	nalyst Supe	rvisor	1X.F	
	Contract Mana	agement	Medicaio	l Progra	m Fina	nce			
	Permanent Fil								
	Program Deve								
	-	-							



683955027 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates for	Nor	<u>n-Institutional </u>	<u>Providers</u>			
Со	llier Hea	alth Svc		Provider Number : 683955027					
De	ntal Car	e Central		Date : 10/16/2024					
14:	54 Madi	son Ave W		Fisc	cal Year End : N	I/A			
lm	mokalee	e, FI 34142		Aud	Audit Status : N/A				
Pro	ovider 1	Гуре:			Current Rate	New Rate	Effective Date		
		Rural Health Clinic							
		Swing-Bed Provider							
	X	Federally Qualified Health Centers			173.63	181.62	10/01/2024		
		Hospice Provider							
		#0651 / H51 Routine Home Care (1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	ire						
		#0551 / 0561 Continuous Home C	are - SIA						
		#0655 / H55 Inpatient Respite Car	е						
		#0656 / H56 General Inpatient Car	'e						
		#0658 Room and Board							
	Ва	sis:	Rate -	Тур	e :				
'		Budget		X	Prospect	ive			
•		Unaudited costs			 Total Pro	spective			
•		Desk audited costs			Prospect	ive Adjusted for	New costs		
·		Field audited costs							
		Medicare - Prospective			Interim				
		X Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	s		
		Collier							
	Distr	<u>ibution:</u>	T. K. Feehrer,				NY 1		
	Fisca	I Agent	Senior Manage			rvisor	21M		
	Contr	act Management	Medicaid Progr	ram I	rinance				
	Perm	anent File							

Program Development: _ For information Only (No Change in rate)



683955031 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates 1	or	Non	-Institutional I	<u>Providers</u>	
Со	llier Health Se	rvices- Naples		I	Prov	rider Number :	683955031	
			Date : 10/16/2024					
60	75 Bathey Lan	ne		Ī	Fisc	al Year End : N	I/A	
Na	ples, FL 3411	6			Audi	t Status : N/A		
Pro	ovider Type:				(Current Rate	New Rate	Effective Date
	Rura	al Health Clinic						
	Swir	ng-Bed Provider						
	X Fede	erally Qualified Health Centers				173.63	181.62	10/01/2024
	Hos	pice 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					
	#	f0658 Room and Board						
	Basis :		Rat	e T	Гуре	:		
'		Budget		Х	(Prospecti	ive	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
•		Field audited costs						
•		Medicare - Prospective				Interim		
	X	Payment System Rate	-			Total Inte	erim	
•		Average Nursing Home Rate				Settleme	nt based on cost	S
•		Collier						
	Distribution	<u>on:</u>	T. K. Feehre	r.				A \
	Fiscal Agen	t			men	t Analyst Supe	rvisor	2K2
	Contract Ma	anagement	Medicaid Pro	gra	am F	inance		
	Permanent	File						
	Program De	evelopment:						



684660200 - 2024/10

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

	Medicaid Reimbursement Per	<u>r Diem R</u>	ates for N	lon-Ins	stitutional	<u>Providers</u>	
L Community He	ealth Ctrs- St. Lucie		P	rovide	r Number :	684660200	
			D	ate : 1	0/16/2024		
450 South Tiffan	450 South Tiffany Drive /est Palm Beach, FL 32407			iscal Y	ear End : N	I/A	
Vest Palm Beach				udit St	atus : N/A		
rovider Type:				Curi	ent Rate	New Rate	Effective Date
Rural	Health Clinic						
Swin	g-Bed Provider						
X Fede	rally Qualified Health Centers				142.52	157.27	10/01/2024
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	4				
#(0655 / H55 Inpatient Respite Car	re					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis:			Rate Ty	/pe :			
	 Budget		Х		⊐ Prospect	ive	
	Unaudited costs	_			_ Total Pro	spective	
	Desk audited costs	-			– Prospect	ive Adjusted for	New costs
	Field audited costs	-			_		
	Medicare - Prospective	-			_ Interim		
X	Payment System Rate	-			_ Total Inte	erim	
	Average Nursing Home Rate	-			_ Settleme	nt based on cost	ts
	Okeechobee	_					
Distributio	<u>n:</u>	_ T. K. F	eehrer.				AV 1
Fiscal Agent				nent An	alyst Supe	rvisor	1/4 ²
Contract Mar	nagement	Medica	id Progra	m Fina	nce		
Permanent F	ile						
Program Dev	velopment:						



684660202 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	n-Institution	al P	<u>roviders</u>	
FL	Community Hea	alth Ctrs- Hillmoor Dr.		Provider Number : 684660202					
				Date: 10/16/2024					
170	01 S.E. Hillmoor	Dr.			Fis	cal Year End	: N/	Ą	
Ро	rt St. Lucie, FL	34952			Aud	dit Status : N//	4		
Pro	ovider Type:					Current Rate	• 1	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				142.	52	157.27	10/01/2024
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SI	A					
	#06	655 / H55 Inpatient Respite Car	e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
ſ	Basis :]		Rate	Тур	oe:			
١.		⊐ Budget			X	Prospe	ctiv	е	
-		Unaudited costs	-			Total F	ros	pective	
-		Desk audited costs	-			Prospe	ctiv	e Adjusted for I	New costs
•		Field audited costs	-						
-		Medicare - Prospective	-			Interim			
	Χ	Payment System Rate	-			Total I	nteri	im	
-		Average Nursing Home Rate	-			Settlen	nen	t based on cost	s
•		Okeechobee	-						
	Distribution	:	_ _	eehrer,					A>/ A
	Fiscal Agent	<u> </u>			eme	nt Analyst Su _l	oerv	risor	
	Contract Management			aid Prog	ram	Finance			
	Permanent Fil								
	Program Deve	elopment:							
	=								



684660204 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates fo	<u>r No</u>	<u>n-Institutional</u>	<u>Providers</u>				
orida C	ommunity	Health Centers, Inc		Pro	ovider Number :	684660204				
				Da	ate: 10/16/2024					
76 S U	S Highwa	ay 1 Unit 1		Fis	cal Year End : I	N/A				
ort St Lu	ucie, FL 3	34952		Au	dit Status : N/A					
ovider	Туре:				Current Rate	New Rate	Effective Dat			
	Rural	Health Clinic								
	Swing	-Bed Provider								
X	Federa	ally Qualified Health Centers			142.52	157.27	10/01/202			
	Hospi	ce Provider								
	#0	651 / H51 Routine Home Care (1-60)							
	#0	651a / H5L Routine Home Care	(61 +)							
	#0	652 / H52 Continuous Home Ca	ire							
#0551 / 0561 Continuous Home Care - SIA										
	#0	655 / H55 Inpatient Respite Car	е							
	#0	656 / H56 General Inpatient Car	е							
	#0	658 Room and Board								
В	asis :		Rate	Тур	oe:					
		Budget		Х	Prospec	tive				
		Unaudited costs			Total Pro	ospective				
		Desk audited costs			Prospec	tive Adjusted for	New costs			
		Field audited costs								
		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	ent based on cos	ts			
		St Lucie								
	tribution		T. K. Feehrer,				A \/ A			
	al Agent			eme	nt Analyst Supe	ervisor	4			
Con	tract Man	Contract Management			Medicaid Program Finance					

Contract Management

Permanent File

Program Development:



684660206 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates fo	<u>r N</u>	Non-	<u>-Institutional I</u>	<u>Providers</u>		
Florida Community Health Cntrs, Inc				F	rovi	ider Number : (684660206		
				С	Date	ate : 10/16/2024			
94	1 SE 1st St			F	-isca	al Year End : N	/A		
Ве	lle Glade, FL 33	430-4353		Δ	∖udit	t Status : N/A			
Pro	ovider Type:				С	urrent Rate	New Rate	Effective Date	
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				142.52	157.27	10/01/2024	
	Hospid	ce Provider							
	#00	651 / H51 Routine Home Care (1	1-60)						
	#00	651a / H5L Routine Home Care	(61 +)						
	#00	352 / H52 Continuous Home Ca	re						
	#0	551 / 0561 Continuous Home Ca	are - SIA						
	#00	655 / H55 Inpatient Respite Card	e						
	#00	656 / H56 General Inpatient Car	е						
	#00	658 Room and Board							
ſ	Basis:	7	Rate	Ty	уре	:			
١.		⊐ Budget		Χ		 Prospecti	ve		
-		Unaudited costs				Total Pro	spective		
-		Desk audited costs				Prospecti	ve Adjusted for	New costs	
•		Field audited costs							
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	rim		
-		Average Nursing Home Rate				Settleme	nt based on cost	s	
•		Palm Beach							
	Distribution	<u>:</u>	T. K. Feehrer,					A)/ A	
	Fiscal Agent	_			nent	Analyst Super	visor	JKJ -	
	Contract Mana	agement	Medicaid Prog	jra	m F	inance			
	Permanent Fil	e							
	Program Deve	elopment:							



686032000 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	r No	on-Inst	<u>itutional l</u>	<u>Providers</u>	
I.M	. Solzbacher Ctr	for the Homeless			Pro	ovider Number : 686032000			
					Da	ite: 10/16/2024			
611	611 E. Adams St				Fis	scal Ye	ar End : N	/A	
Jac	Jacksonville, FL 32202				Au	ıdit Sta	tus : N/A		
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers					138.47	157.27	10/01/2024
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	ire						
	#05	551 / 0561 Continuous Home C	are - SI	Α					
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Car	e						
	#06	658 Room and Board							
	Basis :	7		Rate	Тур	oe :			
<u></u>		∟ Budget	'		X		ı Prospecti	ve	
-		Unaudited costs	-				Total Pro	spective	
-		Desk audited costs	-				Prospecti	ve Adjusted for	New costs
-		Field audited costs	-				•		
-		– Medicare - Prospective	-				Interim		
	Χ	Payment System Rate	-				Total Inte	rim	
-		Average Nursing Home Rate	-				Settleme	nt based on cost	s
-		 Duval	-				•		
	<u>Distribution</u>	<u>.</u>		eehrer,	amo	ont Ana	lyst Supe	vicor	N/I
	Fiscal Agent			aid Prog			•	VISUI	グラ
	Contract Mana		IVIGUIO	ala i iog	ıuıı	i i iiiail			
	Permanent Fil								
	Program Deve	elopment:							



686032002 - 2024/10

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

		<u>Medicaid Reimbursement Per</u>	Diem Rate	<u>s 101</u>	r NO	<u>m-instituti</u>	ionai i	<u>Providers</u>	
I.M. Solzk	bacher				Pro	ovider Num	nber :	686032002	
Beaches	Commu	nity Healthcare	Da			ate : 10/16/2024			
611 E. Ad	dams Str	eet			Fis	scal Year End : N/A			
Jacksonv	/ille, FL	32202			Au	dit Status :	N/A		
Provider	Type:					Current F	Rate	New Rate	Effective Date
	Rura	I Health Clinic							1
	Swin	g-Bed Provider							
X	Fede	rally Qualified Health Centers				1	38.47	157.27	10/01/2024
	Hosp	ice Provider							
	#(0651 / H51 Routine Home Care ((1-60)						
	#(0651a / H5L Routine Home Care	(61 +)						
	#(0652 / H52 Continuous Home Ca	are						
	#(0551 / 0561 Continuous Home C	are - SIA						
	#(0655 / H55 Inpatient Respite Car	re						
	#(0656 / H56 General Inpatient Car	re						
	#(0658 Room and Board							
В	Basis :	7		Rate	Тур	pe:			
		 Budget			Χ	Pro	specti	ive	
		Unaudited costs				Tot	al Pro	spective	
		Desk audited costs				Pro	specti	ive Adjusted for	New costs
		Field audited costs							
		Medicare - Prospective				Inte	erim		
	Χ	Payment System Rate				Tot	al Inte	erim	
		Average Nursing Home Rate				Set	tleme	nt based on cost	ts
		 Duval							
Dist	tributio	 n:	T. K. Feel	hrer					A \
	al Agent				eme	ent Analyst	Supe	rvisor	4
	•		Medicaid	Drog	ram	Finance			

Contract Management Permanent File **Program Development:**

Medicaid Program Finance



686032006 - 2024/10

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

		-	Medicaid Reimbursement Pe	r Diem	Rates for	r N	on-Ins	titutional	<u>Providers</u>		
I.M	. Sulzba	cher Cei	nter for the Homeless, Inc.		Provider Number : 686032006						
						Date: 10/16/2024					
54	55 Spring	gfield Blv	⁄d			Fi	scal Y	ear End : N	I/A		
Jac	ksonville	e, FL 32	208			Αι	udit Sta	atus : N/A			
Pro	ovider T	ype:					Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers					138.47	157.27	10/01/2024	
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care	(1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home C	are							
		#05	51 / 0561 Continuous Home C	are - S	IA						
		#06	55 / H55 Inpatient Respite Ca	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :]		Rate	Ту	pe:				
'			Budget			Χ		Prospect	ive		
•			Unaudited costs					Total Pro	spective		
•			Desk audited costs					Prospect	ive Adjusted for	New costs	
•			Field audited costs					_			
•			Medicare - Prospective					 Interim			
)	<	Payment System Rate					Total Inte	erim		
			Average Nursing Home Rate					Settleme	nt based on cos	ts	
-			Duval					_			
	Distri	bution:		I T. K.	Feehrer,					A)/ /	
	Fiscal	Agent				em	ent An	alyst Supe	rvisor	2K2	
	Contra	ict Mana	gement	Medic	caid Prog	ran	n Finai	nce			
	Perma	nent File	e								
	Progra	ım Deve	lopment:								



687429100 - 2024/10

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				
Orlando, FL 32805	Audit Status : N/A				
234 N. Orange Blossom Trail	Fiscal Year End : N/A				
	Date : 10/16/2024				
Health Care Centers for Homeless - Westmoreland	Provider Number : 687429100				

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	160.90	168.30	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





687429102 - 2024/10

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

	Medicaid Reimbursement Per	r Diem Rates foi	r Nor	n-Institutional	<u>Providers</u>			
lealth Care Cente	ers for Homeless - Parramore		Provider Number : 687429102					
			Dat	e : 10/16/2024				
34 N. Orange Blo	ossom Trail		Fisc	cal Year End : N	I/A			
Orlando, FL 3280	5		Aud	lit Status : N/A				
rovider Type:				Current Rate	New Rate	Effective Date		
Rural	Health Clinic							
Swing	g-Bed Provider							
X Feder	rally Qualified Health Centers			160.90	168.30	10/01/2024		
Hosp	ice Provider							
#0	0651 / H51 Routine Home Care ((1-60)						
#0	0651a / H5L Routine Home Care	(61 +)						
#0	0652 / H52 Continuous Home Ca	are						
#0	0551 / 0561 Continuous Home C	are - SIA						
#0	0655 / H55 Inpatient Respite Ca	re						
#0	0656 / H56 General Inpatient Ca	re						
#0	0658 Room and Board							
Basis:		Rate	Тур	e :				
	Budget		Χ	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
X	Payment System Rate			 Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	 Orange							
Distribution	<u>n:</u>	T. K. Feehrer,				1 AV 1		
Fiscal Agent			emer	nt Analyst Supe	rvisor	1/h		
Contract Mar	nagement	Medicaid Prog	ıram	Finance				
Permanent F	ile							
Program Dev	velopment:							



687429106 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless	Provider Number : 687429106
Orange Blossom Family Health Center	Date : 10/16/2024
232 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 328051612	Audit Status : N/A

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	160.90	168.30	10/01/2024
	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
	— Orange		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



687429108 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Centers for the Homeless	Provider Number : 687429108		
HTI, Orange Blossom Family Health	Date : 10/16/2024		
232 North Orange Blossom Trail	Fiscal Year End : N/A		
Orlando, FL 328051612	Audit Status : N/A		

Provider	r Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	160.90	168.30	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



687429112 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless	Provider Number : 687429112	
Orange Blossom Family Health Center #12	Date: 10/16/2024	
232 N. Orange Blossom Trail	Fiscal Year End : N/A	
Orange, FL 328051612	Audit Status : N/A	

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	160.90	168.30	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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



687429114 - 2024/10

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

	Medicaid Reimbursement Per	r Diem Rates fo	r Nor	n-Institutional	<u>Providers</u>		
Health Care Ct	lealth Care Ctr for the Homeless			Provider Number : 687429114			
				Date : 10/16/2024			
232 N Orange	Blossom Trail		Fisc	al Year End : N	N/A		
Orlando, Fl 32	805-1612		Aud	it Status : N/A			
Provider Type	:			Current Rate	New Rate	Effective Date	
Ru	ral Health Clinic						
Sw	ving-Bed Provider						
X Fe	derally Qualified Health Centers			160.90	168.30	10/01/2024	
Но	spice Provider						
	#0651 / H51 Routine Home Care	(1-60)					
	#0651a / H5L Routine Home Care	e (61 +)					
	#0652 / H52 Continuous Home C	are					
	#0551 / 0561 Continuous Home C	Care - SIA					
	#0655 / H55 Inpatient Respite Ca	re					
	#0656 / H56 General Inpatient Ca	re					
	#0658 Room and Board						
Basis :	:	Rate	Туре	e :			
	Budget		Χ	Prospec	tive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospec	tive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
X	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	ent based on cos	ts	
	Orange						
<u>Distribut</u>	tion:	T. K. Feehrer,				٨٧.٨	
Fiscal Agent		Senior Manag	emer	it Analyst Supe	ervisor	1/4°	
Contract N	Contract Management		gram I	Finance			
Permaner	nt File						
Program [Development:						



687429120 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homless Inc	Provider Number : 687429120
Orange Blossom Family Health Center- Evans	Date: 10/16/2024
232 N. Orange Blossom Trail	Fiscal Year End : N/A
Orlando, FL 32805-1612	Audit Status : N/A

Provider	туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	160.90	168.30	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

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



687429122 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless Orange Blossom Pediatrics	Provider Number : 687429122
	Date: 10/16/2024
701 W Livingston Street Bldg 800	Fiscal Year End : N/A
Orlando, FL 32803	Audit Status : N/A

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	160.90	168.30	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



687429124 - 2024/10

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 I	<u>Providers</u>	
Health	Health Care Center For The Homeless, Inc.			Provider Number : 687429124				
					Date : 10/16/2024			
4426 O	old Winter G	arden Rd		Fi	iscal	Year End : N	/A	
Orlando	o, FL 32811			Α	udit	Status : N/A		
Provid	er Type:				Cı	urrent Rate	New Rate	Effective Date
	Rural	Health Clinic					ı	
	Swing	-Bed Provider						
X	Federa	ally Qualified Health Centers				160.90	168.30	10/01/2024
	Hospi	ce Provider						
	#00	651 / H51 Routine Home Care (1-60)					
	#00	651a / H5L Routine Home Care	(61 +)					
	#00	652 / H52 Continuous Home Ca	re					
	#0	551 / 0561 Continuous Home Ca	are - SIA					
	#00	655 / H55 Inpatient Respite Car	9					
	#00	656 / H56 General Inpatient Car	е					
	#00	658 Room and Board						
	Basis :	7	Rate	Ту	/pe :	:]		
		∟ Budget		Х		—— Prospecti	ve	
		— Unaudited costs				 Total Pro	spective	
		Desk audited costs	-			Prospect	ve Adjusted for	New costs
		Field audited costs						
		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
		 Orange						
								S .
<u>Distribution:</u>		T. K. Feehrer Senior Manag		ent /	Analyst Supe	visor	N/1	
	Fiscal Agent		Medicaid Prog					
	Contract Management			,				
	ermanent Fil							
Pr	ogram Deve	ыортеп.						



687429129 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless, Inc	Provider Number : 687429129
Orange Blossom Family Health Center	Date: 10/16/2024
1500 Aaron Ave	Fiscal Year End : N/A
Orlando, FL 32811-4114	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	160.90	168.30	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





687429130 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center For The Homeless, Inc	Provider Number : 687429130
Health Care Center For The Homeless, Inc.	Date: 10/16/2024
232 N Orange Blossom Trl # MMU1	Fiscal Year End : N/A
Orlando, FL 32805-1612	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	160.90	168.30	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

 $\underline{\textbf{Distribution:}}$

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

JK4



687955100 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem	Rates for	<u>r No</u>	n-Inst	<u>titutional l</u>	<u>Providers</u>				
No	rtheast Florida H	ealth Svc - North Volusia Ave			Pro	vider	Number :	687955100				
					Da	te : 10	/16/2024					
12	05 S. Woodland	Blvd			Fis	Fiscal Year End : N/A						
De	land, FL 32720				Aud	dit Sta	itus : N/A					
Pro	ovider Type:			Current Rate				New Rate	Effective Date			
	Rural H	lealth Clinic						,				
	Swing-	Bed Provider										
	X Federa	lly Qualified Health Centers					138.47	157.27	10/01/2024			
	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	51 / 0561 Continuous Home C	are - S	IA								
	#06	555 / H55 Inpatient Respite Car	е									
	#06	556 / H56 General Inpatient Ca	re									
	#06	558 Room and Board										
	Basis :	7		Rate	Тур	e :						
•		Budget			X		Prospective					
•		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			
•		Volusia					_					
	<u>Distribution</u> :		 T. K.	Feehrer,					A \			
Fiscal Agent					eme	nt Ana	alyst Supe	rvisor	2h2			
	Contract Mana	agement	Medio	caid Prog	ram	Finan	ice					
	Permanent File	е										
	Program Deve	elopment:										



687955102 - 2024/10

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 Die	em Rates to	<u>r no</u>	<u>m-institu</u>	itionai	<u>Providers</u>			
Northeast	Florida H	ealth Svcs - West Plymouth Ave		Pro	ovider Nu	ımber :	687955102			
				Da	rate: 10/16/2024					
1205 S. W	oodland	Blvd		Fis	cal Year	End : N	I/A			
Deland, Fl	32720			Au	Audit Status : N/A					
Provider 1	Гуре:				Current	Rate	New Rate	Effective Date		
	Rural H	lealth Clinic								
	Swing-	Bed Provider								
X	Federa	lly Qualified Health Centers				138.47	157.27	10/01/2024		
	Hospic	e Provider								
	#0651 / H51 Routine Home Care (1-6									
	#06	51a / H5L Routine Home Care (61	+)							
	#05	51 / 0561 Continuous Home Care	- SIA							
	#06	555 / H55 Inpatient Respite Care								
	#06	56 / H56 General Inpatient Care								
	#06	58 Room and Board								
Ва	nsis :	1	Rate	Тур	oe:					
		⊔ Budget	<u> </u>	X	 P	rospect	ive			
		Unaudited costs			T	otal Pro	spective			
-		Desk audited costs			P	rospect	ive Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective			In	iterim				
	Χ	Payment System Rate			T	otal Inte	rim			
		Average Nursing Home Rate			S	ettleme	nt based on cost	ts		
		- Volusia								

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





687955104 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		Medicaid Neillibursellient Fer Die	eni ivales ioi iv	<u>UII-IIISII</u>	tutionai	FIOVICEIS			
Northeast	t Florida H	lealth Services, Inc Deltona	Р	rovider N	Number :	687955104			
			D	ate : 10/	16/2024				
1205 S. V	Voodland	Blvd	Fi	iscal Year End : N/A					
Deland, F	L 32720		A	udit Stat	dit Status : N/A				
Provider	Type:			Curre	nt Rate	New Rate	Effective Date		
	Rural I	Health Clinic							
	Swing	-Bed Provider							
X	Federa	ally Qualified Health Centers			138.47	157.27	10/01/2024		
	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care (1-6	0)						
	#0651a / H5L Routine Home Care (61 +)								
	#0652 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	- SIA						
	#06	655 / H55 Inpatient Respite Care							
	#06	656 / H56 General Inpatient Care							
	#06	658 Room and Board							
В	asis :	7	Rate Ty	pe:					
		∟ Budget	X		Prospect	ive			
		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
		— Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
		Volusia							

 $\underline{\textbf{Distribution:}}$

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





687955111 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem	Rates for	r No	on-Ins	titutional l	<u>Providers</u>				
No	rtheast Florida H	ealth Services			Pro	ovider	Number :	687955111				
					Da	Date : 10/16/2024						
120	05 S. Woodland	Blvd			Fis	scal Y	ear End : N	/A				
De	land, FL 32720				Au	idit Sta	atus : N/A					
Pro	ovider Type:			Current Rate				New Rate	Effective Date			
	Rural H	lealth Clinic										
	Swing-	Bed Provider										
	X Federa	lly Qualified Health Centers					138.47	157.27	10/01/2024			
	Hospic	e Provider										
	#06	51 / H51 Routine Home Care (1-60)									
	#06	51a / H5L Routine Home Care	(61 +)									
	#06	552 / H52 Continuous Home Ca	are									
	#05	551 / 0561 Continuous Home C	are - S	IA								
	#06	555 / H55 Inpatient Respite Car	е									
	#06	556 / H56 General Inpatient Car	re									
	#06	58 Room and Board										
	Basis :	7		Rate	Тур	oe :	7					
,		Budget			X		Prospecti	ve				
•		Unaudited costs	Ī				Total Pro	spective				
•		Desk audited costs					Prospective Adjusted for New cos					
•		Field audited costs					_					
•		Medicare - Prospective					Interim					
_	Χ	Payment System Rate					Total Inte	rim				
		Average Nursing Home Rate					Settleme	nt based on cost	ts			
		Volusia										
	<u>Distribution:</u>		 T. K	Feehrer,					A \			
	Fiscal Agent				eme	ent An	alyst Supe	visor	1/4/L			
	Contract Mana	agement	Medic	caid Prog	ram	Finar	nce					
	Permanent File	е										
	Program Deve	lopment:										



687955117 - 2024/10

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

		Medicaid Reimbursement Per	r Diem Rates for	r No	n-Ins	titutional I	<u>Providers</u>				
Noi	rtheast Florid	la Health Services Deland		Pro	ovider	Number :	687955117				
				Da	te : 10	0/16/2024					
120	05 S. Woodla	and Blvd		Fis	Fiscal Year End : N/A						
Del	land, FL 327	'20		Au	dit St	atus : N/A					
Pro	vider Type:			Current Rate				Effective Date			
	Rui	ral Health Clinic									
	Swi	ing-Bed Provider									
	X Fed	derally Qualified Health Centers				138.47	157.27	10/01/2024			
	Hos	spice Provider									
		#0651 / H51 Routine Home Care	(1-60)								
		#0651a / H5L Routine Home Care	(61 +)								
		#0652 / H52 Continuous Home C	are								
		#0551 / 0561 Continuous Home C	are - SIA								
		#0655 / H55 Inpatient Respite Ca	re								
		#0656 / H56 General Inpatient Ca	re								
		#0658 Room and Board									
	Basis :		Rate	Тур	oe :	7					
		 Budget		Χ		_ Prospecti	ve				
-		Unaudited costs				Total Pro	spective				
-		Desk audited costs				– Prospecti	ve Adjusted for	New costs			
-		Field audited costs				_					
-		Medicare - Prospective				_ Interim					
	Χ	Payment System Rate				Total Inte	rim				
_		Average Nursing Home Rate				Settleme	nt based on cost	s			
_		Volusia				_					
	Distributi	i <u>on:</u>	T. K. Feehrer,					NYL			
	Fiscal Age	nt	Senior Manage				visor	7NZ			
	Contract M	lanagement	Medicaid Prog	ram	ı Fınaı	ice					
	Permanent	t File									
	Program D	evelopment:									



687955119 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Services	Provider Number : 687955119
Family Health Source	Date: 10/16/2024
1205 S. Woodland Blvd	Fiscal Year End : N/A
Deland, FL 32720	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	138.47	157.27	10/01/2024
	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	ļ '	Х	Prospective
	Unaudited costs	·		Total Prospective
	Desk audited costs	ļ .		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,

Senior Management Analyst Supervisor

Medicaid Program Finance



688412100 - 2024/10

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

		<u>Medi</u>	icaid Reimbursement Per	Diem Rate	s for	r No	n-Institutional	<u>Providers</u>			
Pir	nellas Co	ounty Board-M	lobile Med Unit			Pro	vider Number :	688412100			
					Date: 10/16/2024						
64	7 1st Av	e. North		Fiscal Year End : N/A							
St.	Petersk	ourg, FL 3370	13601			Auc	dit Status : N/A				
Pr	ovider 1	уре:					Current Rate	New Rate	Effective Date		
		Rural Healtl	n Clinic								
		Swing-Bed	Provider								
	X	Federally Q	ualified Health Centers				129.29	157.27	10/01/2024		
		Hospice Pro	ovider								
		#0651 / I	H51 Routine Home Care (1	l-60)							
		#0651a /	H5L Routine Home Care	(61 +)							
		#0652 / I	H52 Continuous Home Ca	re							
		#0551 / 0	0561 Continuous Home Ca	are - SIA							
		#0655 / I	H55 Inpatient Respite Care	9							
#0656 / H56 General Inpatient Ca				е							
		#0658 R	oom and Board								
	Ва	sis:			Rate	Тур	e :				
		Buc	lget			X	Prospect	ive			
		Una	audited costs				Total Prospective				
		Des	sk audited costs				Prospective Adjusted for New costs				
		Fiel	d audited costs								
		Med	dicare - Prospective				Interim				
		X Pay	ment System Rate				Total Inte	erim			
		Ave	erage Nursing Home Rate				Settleme	nt based on cost	s		
			Pinellas								
	Distr	ibution:		T. K. Feel	nrer				A>/ A		
	Fiscal Agent				emer	nt Analyst Supe	rvisor				
		act Managem	ent	Medicaid	Prog	ram	Finance				
		anent File									
	Progr	am Developm	ent:								



688571300 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Ins	titutional l	<u>Providers</u>			
Cit	rus Health Netw	vork			Pr	ovider	Number :	688571300			
					Da	ate : 10	0/16/2024				
417	75 W. 20th Ave	nue			Fiscal Year End : N/A						
Hia	lleah, FL 33012	2			Αι	ıdit Sta	atus : N/A				
Pro	ovider Type:				Current Rate Ne			New Rate	Effective Date		
	Rural	Health Clinic						,			
	Swing	g-Bed Provider									
	X Feder	ally Qualified Health Centers					173.94	181.94	10/01/2024		
	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 - SI	Α							
	#0	655 / H55 Inpatient Respite Car	е								
	#0	656 / H56 General Inpatient Car	re								
	#0	658 Room and Board									
ſ	Basis :			Rate	Туј	pe:]				
١.		 Budget	'		X		⊐ Prospecti	ive			
-		Unaudited costs	-				– Total Pro	spective			
-		Desk audited costs				Prospective Adjusted for New costs					
-		Field audited costs	-				_				
-		Medicare - Prospective	-				- Interim				
	Χ	Payment System Rate					Total Inte	erim			
-		Average Nursing Home Rate					Settleme	nt based on cost	s		
		 Dade					_				
	Distribution	<u> </u>		eehrer,					A>/ A		
	Fiscal Agent				eme	ent An	alyst Supe	rvisor	JK.2+		
	Contract Mar	nagement	Medic	aid Prog	ram	n Finaı	nce		▼		
	Permanent F	•									
	Program Development:										
	•	•									



688571302 - 2024/10

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>		
rus Health Netv	vork		Pr	ovider	Number :	688571302		
			Da	Date : 10/16/2024 Fiscal Year End : N/A				
1 West 51st Str	eet Place, Second Floor		Fis					
aleah, FL 3301	23601		Αι	udit Sta	atus : N/A			
ovider Type:				Curr	ent Rate	New Rate	Effective Date	
Rural	Health Clinic							
Swin	g-Bed Provider							
X Feder	rally Qualified Health Centers				173.94	181.94	10/01/2024	
Hosp	ice Provider							
#(0651 / H51 Routine Home Care ((1-60)						
#(0651a / H5L Routine Home Care	(61 +)						
#(0652 / H52 Continuous Home Ca	are						
#(0551 / 0561 Continuous Home C	are - SIA						
#(0655 / H55 Inpatient Respite Car	re						
#(0656 / H56 General Inpatient Ca	re						
#(0658 Room and Board							
Basis :		Rate	Ty	pe:	7			
	 Budget		Χ		Prospect	ive		
	Unaudited costs				Total Pro	spective		
	Desk audited costs				- Prospect	ive Adjusted for	New costs	
	Field audited costs				_			
	Medicare - Prospective				- Interim			
Χ	Payment System Rate				Total Inte	erim		
	Average Nursing Home Rate Dade				Settleme	nt based on cost	s	
Distribution	<u>n:</u>	T. K. Feehrer, Senior Manag		ent ∆n	alvst Sune	rvisor	NA	
Fiscal Agent		Medicaid Prog			<u> </u>	VISOI		
Contract Mar		Wodiodia i To	gi ai i	. i iiidi				
Permanent F								
Program Dev	/elopment:							



688571308 - 2024/10

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

		<u>Medicaid I</u>	Reimbursement Per	Diem Rat	tes for	r No	n-Institutional	<u>Providers</u>			
Ci	rus Hea	lth Network, E. 3rd S	St			Pro	vider Number :	688571308			
						Date: 10/16/2024					
41	75 Wes	t 20th Ave.				Fisc	iscal Year End : N/A				
Hi	aleah, F	L 33012				Auc	dit Status : N/A				
Pr	ovider ⁻	Гуре:					Current Rate	New Rate	Effective Date		
		Rural Health Clin	ic								
		Swing-Bed Provide	der								
	X	Federally Qualifie	ed Health Centers				173.94	181.94	10/01/2024		
		Hospice Provider	•								
		#0651 / H51 R	outine Home Care (1-60)							
		#0651a / H5L	Routine Home Care	(61 +)							
		#0652 / H52 C	ontinuous Home Ca	re							
		#0551 / 0561 0	Continuous Home C	are - SIA							
		#0655 / H55 In	patient Respite Car	е							
		#0656 / H56 G	eneral Inpatient Car	е							
		#0658 Room a	and Board								
	Ва	isis:			Rate	Тур	e :				
		Budget				X	Prospect	ive			
		Unaudited	d costs	_			Total Pro	spective			
		Desk aud	ited costs	-			Prospect	ive Adjusted for	New costs		
		Field audi	ited costs	-							
		Medicare	- Prospective				Interim				
		X Payment	System Rate				Total Inte	erim			
		Average I	Nursing Home Rate				Settleme	nt based on cost	S		
			Dade								
	Dist	ribution:		 T. K. Fee	ohror				A>/ A		
		l Agent				emer	nt Analyst Supe	rvisor	JK#		
		act Management		Medicaio	d Prog	ram	Finance		•		
		anent File									
	Progi	am Development:									
	_										



688571310 - 2024/10

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

		<u></u>	Medicaid Reimbursement Per	Diem I	Rates for	· N	on-lı	nstitutional	<u>Providers</u>		
Cit	rus Healt	th Netwo	rk-SW 26th St			Pı	rovid	er Number :	688571310		
						D	ate :	10/16/2024			
417	75 W. 20	th Ave				Fi	iscal Year End : N/A				
Hia	leah, Fl	33012				Αı	udit S	Status : N/A			
Pro	ovider T	ype:					Cu	rrent Rate	New Rate	Effective Date	
		Rural H	ealth Clinic								
		Swing-l	Bed Provider								
	X	Federal	ly Qualified Health Centers					173.94	181.94	10/01/2024	
		Hospice	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
	#0652 / H52 Continuous Home Care										
		#05	51 / 0561 Continuous Home C	are - S	IA						
		#06	55 / H55 Inpatient Respite Car	e							
		#06	56 / H56 General Inpatient Car	e							
		#06	58 Room and Board								
ſ	Bas	sis :]		Rate	Ту	/pe :				
ן נ			J Budget			X		— Prospect	ive		
-			- Unaudited costs					— Total Pro	spective		
-			- Desk audited costs					— Prospect	ive Adjusted for	New costs	
•			Field audited costs					<u> </u>			
-			Medicare - Prospective					Interim			
	>	<	Payment System Rate					 Total Inte	erim		
-			Average Nursing Home Rate					Settleme	nt based on cost	s	
-			Dade								
	<u>Distri</u>	<u>bution:</u>			Feehrer,) l t . O		NYL	
	Fiscal	Agent						Analyst Supe	rvisor	りで	
		ıct Mana	_	iviedio	aid Prog	ran	n Fin	iance			
		nent File									
	Progra	ım Devel	opment:								



688571314 - 2024/10

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

			Medicaid Reimbursement Per	Diem F	Rates for	r No	n-Inst	itutional	<u>Providers</u>		
Cit	rus Healt	h Netwo	k-Hialeah			Pro	vider I	Number :	688571314		
						Dat	te : 10	16/2024			
41	75 W 20t	h Ave				Fis	Fiscal Year End : N/A				
Hia	leah, Fl	33012				Aud	dit Stat	us : N/A			
Pro	ovider T	ype:					Curre	nt Rate	New Rate	Effective Date	
		Rural H	ealth Clinic								
		Swing-E	Bed Provider								
	X	Federal	y Qualified Health Centers					173.94	181.94	10/01/2024	
		Hospice	Provider								
		#065	51 / H51 Routine Home Care (1-60)							
		#065	51a / H5L Routine Home Care	(61 +)							
		#065	2 / H52 Continuous Home Ca	are							
		#055	51 / 0561 Continuous Home C	are - S	IA						
		#065	55 / H55 Inpatient Respite Car	re							
		#065	66 / H56 General Inpatient Ca	re							
		#065	8 Room and Board								
	Bas	sis :			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			
	>	<	Payment System Rate					Total Inte	erim		
•			Average Nursing Home Rate					Settleme	nt based on cost	is	
•			Dade								
	<u>Dist</u> ri	bution:		 T. K. I	Feehrer,					A V / A	
	Fiscal					eme	nt Ana	lyst Supe	rvisor	1/4/L	
	Contra	ıct Manaç	gement	Medic	aid Prog	ram	Finan	ce			
	Perma	nent File									
	Progra	ım Devel	opment:								



688571316 - 2024/10

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

		-	Medicaid Reimbursement Pe	r Diem F	Rates for	r No	<u>on-Ins</u>	titutional	<u>Providers</u>			
Cit	rus Heal	th Netwo	ork, Inc.			Pr	ovider	Number :	688571316			
41	75 West	20th Ave	9			Fi	Fiscal Year End : N/A					
Hia	ıleah, FL	33012				Αι	udit Sta	atus : N/A				
Pro	ovider T	ype:					Curr	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers					173.94	181.94	10/01/2024		
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care	(1-60)								
		#06	51a / H5L Routine Home Care	e (61 +)								
	#0652 / H52 Continuous Home Care											
		#05	51 / 0561 Continuous Home (Care - SI	Α							
		#06	55 / H55 Inpatient Respite Ca	re								
		#06	56 / H56 General Inpatient Ca	re								
		#06	58 Room and Board									
	Bas	sis :]		Rate	Ту	pe:]				
'			Budget	'		X		Prospect	ve			
•			Unaudited costs	•				_ Total Pro	spective			
•			Desk audited costs					- Prospect	ve Adjusted for	New costs		
•			Field audited costs					_				
•			Medicare - Prospective					Interim				
	•	X	Payment System Rate					Total Inte	rim			
•			Average Nursing Home Rate					Settleme	nt based on cost	ts		
-			Dade					_				
	Distr	ibution:		l T. K. I	Feehrer,					AV 1		
	Fiscal	Agent				eme	ent An	alyst Supe	visor	2/42		
	Contra	act Mana	gement	Medic	aid Prog	ran	n Finar	nce				
	Perma	anent File	e									
	Progra	am Deve	lopment:									



688693100 - 2024/10

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

Medicaid Reimbursement Per	Diem Rates fo	r N	lon-Insti	tutional F	<u>Providers</u>			
The Brevard Health Alliance, Inc		Р	rovider N	lumber : 6	688693100			
		D	ate : 10/	16/2024				
5270 Babcock St NE		Fi	iscal Yea	scal Year End : N/A				
Palm Bay, FL 329054616		Α	udit Statı	us : N/A				
Provider Type:			Curre	nt Rate	New Rate	Effective Date		
Rural Health Clinic								
Swing-Bed Provider								
X Federally Qualified Health Centers				163.70	171.23	10/01/2024		
Hospice Provider								
#0651 / H51 Routine Home Care (1-60)							
#0651a / H5L Routine Home Care	(61 +)							
#0652 / H52 Continuous Home Care								
#0551 / 0561 Continuous Home C	are - SIA							
#0655 / H55 Inpatient Respite Car	·e							
#0656 / H56 General Inpatient Car	re							
#0658 Room and Board								
Basis:	Rate	Ту	/pe :					
Budget		X		Prospecti	ve			
Unaudited costs			,	Total Pro	spective			
Desk audited costs				Prospecti	ve Adjusted for	New costs		
Field audited costs								
Medicare - Prospective				Interim				
X Payment System Rate				Total Inte	rim			
Average Nursing Home Rate				Settlemer	nt based on cost	s		
Brevard								
<u>Distribution:</u>	T. K. Feehrer,					AV. A		
Fiscal Agent	Senior Manag	em	ent Anal	yst Super	visor	1/h		
Contract Management	Medicaid Prog	rar	m Financ	е				
Permanent File								
Program Development:								



688693102 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	s for No	on-Institutional	<u>Providers</u>	
The	e Brevard Health	n Alliance - Hickory		Pr	ovider Number :	688693102	
				Da	ate: 10/16/2024		
17	Silver Palm Ave			Fis	scal Year End : N	I/A	
Ме	lbourne, FL 329	9013231		Αι	udit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	Rural I	Health Clinic					
	Swing	-Bed Provider					
	X Federa	ally Qualified Health Centers			163.70	171.23	10/01/2024
	Hospic	ce Provider					
	#06	651 / H51 Routine Home Care (1-60)				
	#06	651a / H5L Routine Home Care	(61 +)				
	#06	652 / H52 Continuous Home Ca	are				
	#05	551 / 0561 Continuous Home C	are - SIA				
	#06	655 / H55 Inpatient Respite Car	е				
	#06	656 / H56 General Inpatient Car	re				
	#06	658 Room and Board					
[Basis :	7	R	ate Ty	pe:		
١		Budget		Х	Prospect	ive	
-		Unaudited costs			Total Pro	spective	
-		Desk audited costs			Prospect	ive Adjusted for	New costs
-		Field audited costs					
-		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
-		Average Nursing Home Rate Brevard			Settleme	nt based on cost	s
		Brovara					
	Distribution	<u>.</u> <u>-</u>	T. K. Feeh		ent Analyst Supe	nyisor	NYI
	Fiscal Agent		Medicaid F		<u> </u>	1 1 1301	
	Contract Mana		Wicaldala I	Jogian	i i iliulioo		
	Permanent Fil						
	Program Deve	elopment:					



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

688693106 - 2024/10

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

	Medicaid Reimbursement Per	Diem Rates for I	Non-In	<u>stitutional</u>	<u>Providers</u>			
The Breva	rd Health Alliance - County Clinic	F	Provide	r Number :	688693106			
			Date : 1	ate : 10/16/2024				
220 Barto	n Blvd, Unit C14	F	iscal Y	iscal Year End : N/A				
Rockledge	e, FL 32955	,	Audit S	tatus : N/A				
Provider ⁻	Туре:		Cur	rent Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
X	Federally Qualified Health Centers			163.70	171.23	10/01/2024		
	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							
Ва	asis:	Rate T	ype :					
	Budget	X		ー Prospect	ive			
	Unaudited costs			— Total Pro	spective			
	Desk audited costs			— Prospect	ive Adjusted for	New costs		
	Field audited costs			_				
	Medicare - Prospective			 Interim				
	X Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	is		
	Brevard			_				
<u>Dist</u> ı	ribution:	T. K. Feehrer,				AV 1		
	l Agent	Senior Manager	nent Ar	nalyst Supe	rvisor	2K#		
Conti	ract Management	Medicaid Progra	ım Fina	nce				
Perm	anent File							



688693108 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - BHA Intl Mobile Unit	Provider Number : 688693108
	Date : 10/16/2024
220 Barton Blvd, Unit C14	Fiscal Year End : N/A
Rockledge, FL 32955	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	163.70	171.23	10/01/2024
	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
	_ Brevard		-

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



688693112 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - N. Washington Ave	Provider Number : 688693112				
	Date: 10/16/2024				
500 N. Washington Ave., Ste 105	Fiscal Year End : N/A				
Titusville, FL 32796	Audit Status : N/A				

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	163.70	171.23	10/01/2024
	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
	— Brevard		_

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





688693114 - 2024/10

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

		1	Medicaid Reimbursement Per	Diem Ra	ates for	· No	n-Inst	titutional	<u>Providers</u>				
Bre	evard Hea	alth Allia	nce	Provider Number : 688693114									
						Da	te : 10	/16/2024					
77	5 Malabar	^r Rd				Fiscal Year End : N/A							
Ма	labar, FL	32950				Au	dit Sta	itus : N/A					
Pro	ovider Ty	pe:					Curre	ent Rate	New Rate	Effective Date			
		Rural H	ealth Clinic										
		Swing-E	Bed Provider										
	X	Federal	ly Qualified Health Centers					163.70	171.23	10/01/2024			
		Hospice	Provider										
		#06	51 / H51 Routine Home Care (1-60)									
		#06	51a / H5L Routine Home Care	(61 +)									
		#06	52 / H52 Continuous Home Ca	ire									
		#05	51 / 0561 Continuous Home C	are - SIA									
#0655 / H55 Inpatient Respite C				е									
		#06	56 / H56 General Inpatient Car	е									
		#06	58 Room and Board										
	Basi	is :		Г	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			
-			Brevard					_					
	Distrib	oution:		l T. K. Fe	eehrer.					AV 1			
	Fiscal A	Agent				eme	nt Ana	alyst Supe	rvisor	2/42			
	Contrac	ct Mana	gement	Medica	id Prog	ram	Finan	ice					
	Permar	nent File											
	Prograr	m Devel	opment:										



688693119 - 2024/10

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

		Medicaid Reimbursement Per	Diem	Rates for	r Nor	<u>n-Inst</u>	itutional I	<u>Providers</u>		
Bre	evard Health Allia	ance - Sarno	Provider Number : 688693119							
			Date : 10/16/2024							
PC	Box 1137		Fiscal Year End : N/A							
Me	lbourne, FL 329	0021137			Aud	lit Sta	tus : N/A			
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date	
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	X Federa	Illy Qualified Health Centers					163.70	171.23	10/01/2024	
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - S	IA						
	#06	·e								
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
	Basis :]		Rate	Тур	e :]			
		Budget			Х		Prospecti	ve		
٠		Unaudited costs					Total Pro	spective		
•		Desk audited costs					Prospecti	ve Adjusted for	New costs	
٠		Field audited costs					_			
٠		Medicare - Prospective					Interim			
	X	Payment System Rate					Total Inte	rim		
•		Average Nursing Home Rate					Settleme	nt based on cost	ts	
•		_ Brevard					-			
	Distribution	<u>.</u>	 T. K.	Feehrer,					A \	
	Fiscal Agent				emer	nt Ana	ılyst Supeı	visor	14X	
	Contract Management		Medic	caid Prog	ram	Finan	ce			
	Permanent Fil	e								
	Program Deve	elopment:								



688693121 - 2024/10

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

-	<u>Medicaid Reimbursement Per</u>	Dicili Rates for	140	m-mstitutionai	<u>i iovideis</u>				
he Brevard Hlth Al	liance- Cocoa		Pro	rovider Number : 688693121					
			Da	ite: 10/16/2024					
227 North US Hwy	<i>'</i> 1		Fis	scal Year End : N	I/A				
Cocoa, FI 32927			Audit Status : N/A						
rovider Type:				Current Rate	New Rate	Effective Da			
Rural H	lealth Clinic								
Swing-	Bed Provider								
X Federa	lly Qualified Health Centers			163.70	171.23	10/01/20			
Hospic	e Provider								
#06	51 / H51 Routine Home Care ((1-60)							
#06	51a / H5L Routine Home Care	(61 +)							
#06	52 / H52 Continuous Home Ca	are							
#05	51 / 0561 Continuous Home C	are - SIA							
#06	55 / H55 Inpatient Respite Car	re							
#06	56 / H56 General Inpatient Ca	re							
#06	58 Room and Board								
Basis :]	Rate	Тур	pe:					
	Budget		X	Prospect	ive				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
X	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	ts			
	- Brevard								
						10 A			
Distribution:		T. K. Feehrer,		ent Analyst Supe	m d = = =	NYI			

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

Medicaid Program Finance



688693128 - 2024/10

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

	Medicaid Reimbursement Pe	r Diem Rates for	<u>r Non</u>	<u>-Institutional </u>	<u>Providers</u>					
The Brevard	Health Alliance Inc		Provider Number : 688693128							
			Date : 10/16/2024							
2550 Grant 9	St Ste 137		Fiscal Year End : N/A							
Melbourne, I	FL 32901-6037		Audi	t Status : N/A						
Provider Ty	pe:		C	Current Rate	New Rate	Effective Date				
	Rural Health Clinic									
	Swing-Bed Provider									
X	Federally Qualified Health Centers			163.70	171.23	10/01/2024				
	Hospice Provider									
	#0651 / H51 Routine Home Care	(1-60)			,					
	#0651a / H5L Routine Home Care	e (61 +)								
	#0652 / H52 Continuous Home C	are								
	#0551 / 0561 Continuous Home (Care - SIA								
	#0655 / H55 Inpatient Respite Ca	ire								
	#0656 / H56 General Inpatient Ca	are								
	#0658 Room and Board									
Basi	s:	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	ts				
	Brevard									
<u>Distrik</u>	oution:	T. K. Feehrer,				AV 1				
Fiscal A		Senior Manage	emen	t Analyst Supe	rvisor	4				
Contrac	ct Management	Medicaid Progr	ram F	inance						
Permar	nent File									
Progran	m Development:									



688693132 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	. N	on-In	stitutional	<u>Providers</u>				
The	e Brevard Health	n Alliance Inc		Provider Number : 688693132								
					Da	ate : 1	10/16/2024					
60°	I E University BI	vd			Fi	iscal Year End : N/A						
Ме	lbourne, FL 329	901-7121			Αι	udit S	tatus : N/A					
Pro	ovider Type:					Cur	rent Rate	New Rate	Effective Date			
	Rural I	Health Clinic						,				
	Swing	-Bed Provider										
	X Federa	ally Qualified Health Centers					163.70	171.23	10/01/2024			
	Hospid	ce Provider										
	#06	651 / H51 Routine Home Care (1-60)									
	#06	651a / H5L Routine Home Care	(61 +)									
	#06	652 / H52 Continuous Home Ca	are									
	#0	551 / 0561 Continuous Home C	are - SI	IA								
	#06	655 / H55 Inpatient Respite Car	·e									
	#06	656 / H56 General Inpatient Car	re									
	#06	658 Room and Board										
	Basis :	7		Rate	Ту	pe:						
<u></u>		 Budget	'		X		— Prospect	ive				
-		Unaudited costs	'				— Total Pro	spective				
-		Desk audited costs	'				— Prospect	ive Adjusted for	New costs			
-		Field audited costs					_					
-		Medicare - Prospective					 Interim					
	Χ	Payment System Rate					Total Inte	erim				
-		Average Nursing Home Rate					Settleme	nt based on cost	s			
_		Brevard										
	Distribution								A./ A			
	Fiscal Agent	<u>-</u>		Feehrer, r Manage	eme	ent Aı	nalyst Supe	rvisor	N.Z			
	Contract Mana	agement	Medic	aid Prog	ran	n Fina	ance					
	Permanent Fil	_										
	Program Deve											
	5 = 511	•										



688693134 - 2024/10

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

		_	Medicaid Reimbursement Per	Diem Ra	tes for	Non	-Institutional	<u>Providers</u>				
Th	e Brevar	d Health	Alliance Inc	Provider Number : 688693134								
				Date : 10/16/2024								
90	5 Pineda	St		Fiscal Year End : N/A								
Со	coa, FL	32922-6	370			Aud	udit Status : N/A					
Pro	ovider T	ype:				(Current Rate	New Rate	Effective Date			
		Rural H	lealth Clinic									
		Swing-	Bed Provider									
	X	Federa	lly Qualified Health Centers				163.70	171.23	10/01/2024			
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care (1-60)								
		#06	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home Ca	are								
		#05	51 / 0561 Continuous Home C	are - SIA								
		#06	55 / H55 Inpatient Respite Car	е								
		#06	56 / H56 General Inpatient Car	re								
		#06	58 Room and Board									
	Bas	sis :]		Rate	Туре	:					
			Budget		>	X	Prospect	ive				
•			Unaudited costs				Total Pro	spective				
•			Desk audited costs				Prospect	ive Adjusted for	New costs			
			Field audited costs									
			Medicare - Prospective				Interim					
	>	<	Payment System Rate				Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	s			
			Brevard									
	<u>Dist</u> ri	bution:		T. K. Fe	ehrer.				A \			
	Fiscal	Agent				men	t Analyst Supe	rvisor	2K2			
	Contra	ct Mana	gement	Medicai	d Progr	am F	inance					
	Perma	nent File)									
	Progra	ım Deve	lopment:									



688693136 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	es for	· No	n-Ins	<u>titutional l</u>	<u>Providers</u>			
Th	e Brevard Healtl	h Alliance Inc			Pro	ovider	Number :	688693136			
			Date: 10/16/2024								
20	00 Commerce D	r			Fis	cal Ye	ear End : N	/A			
Me	lbourne, FL 329	904-2335			Au	Audit Status : N/A					
Pro	ovider Type:					Curre	rrent Rate New Rate		Effective Date		
	Rural	Health Clinic									
	Swing	-Bed Provider									
	X Federa	ally Qualified Health Centers					163.70	171.23	10/01/2024		
	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	Тур	oe :]				
,		Budget			X		Prospecti	ve			
•		Unaudited costs					Total Pro	spective			
•		Desk audited costs					Prospecti	ve Adjusted for	New costs		
•		Field audited costs					_				
		Medicare - Prospective					Interim				
	Χ	Payment System Rate					Total Inte	rim			
		Average Nursing Home Rate Brevard					Settleme	nt based on cost	s		
	<u>Distribution</u> Fiscal Agent	<u>:</u>	T. K. Feel Senior Ma		eme	nt Ana	alyst Supe	visor	184		
	Contract Man	agement	Medicaid								
	Permanent Fi			-							
	Program Dev										
	. regiani bev	0.000									



688693138 - 2024/10

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

		Medicaid Reimbursement Per	r Diem Rates f	for No	n-Institutional	<u>Providers</u>				
Th	e Brevard Heal	th Allicance Inc	Provider Number : 688693138							
				Dat	e: 10/16/2024					
13	15 Valentine St		Fiscal Year End : N/A							
Ме	elbourne, FL 32	2901-3127		Auc	dit Status : N/A					
Pro	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural	Health Clinic								
	Swin	g-Bed Provider								
	X Fede	rally Qualified Health Centers			163.70	171.23	10/01/2024			
	Hosp	ice Provider								
	#(0651 / H51 Routine Home Care ((1-60)							
	#(0651a / H5L Routine Home Care	(61 +)							
	#(0652 / H52 Continuous Home Ca	are							
	#(0551 / 0561 Continuous Home C	are - SIA							
	#(0655 / H55 Inpatient Respite Car	re							
	#(0656 / H56 General Inpatient Ca	re							
	#(0658 Room and Board								
[Basis :	\Box	Ra	te Typ	e :					
ι		 Budget		Х	Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for	New costs			
•		— Field audited costs								
•		Medicare - Prospective			Interim					
	Χ	Payment System Rate			 Total Inte	erim				
•		Average Nursing Home Rate			Settleme	nt based on cost	ts			
•		 Brevard								
	Distributio	n :	T. K. Feehre	er			A \ / A			
	Fiscal Agent				nt Analyst Supe	rvisor				
	Contract Mai		Medicaid Pro	ogram	Finance					
	Permanent F									
	Program Dev	velopment:								



688693140 - 2024/10

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

Medicaid Reimbursement Per I	Diem Rates for	r N	on-Inst	itutional F	<u>Providers</u>				
The Brevard Health Alliance, Inc.		Pr	rovider	Number : (688693140				
		Da	Date : 10/16/2024						
611 N Singleton Ave		Fi	scal Year End : N/A						
Titusville, FL 32796-2310		Αι	udit Sta	dit Status : N/A					
Provider Type:			Curre	nt Rate	New Rate	Effective Date			
Rural Health Clinic									
Swing-Bed Provider									
X Federally Qualified Health Centers				163.70	171.23	10/01/2024			
Hospice Provider									
#0651 / H51 Routine Home Care (1	-60)								
#0651a / H5L Routine Home Care ((61 +)								
#0652 / H52 Continuous Home Car	e								
#0551 / 0561 Continuous Home Ca	re - SIA								
#0655 / H55 Inpatient Respite Care	•								
#0656 / H56 General Inpatient Care)								
#0658 Room and Board									
Basis:	Rate	Ту	pe:						
Budget		X		Prospecti	ve				
Unaudited costs				Total Pro	spective				
Desk audited costs				Prospecti	ve Adjusted for	New costs			
Field audited costs				•					
Medicare - Prospective				Interim					
X Payment System Rate				Total Inte	rim				
Average Nursing Home Rate				Settleme	nt based on cost	s			
Brevard				•					
<u>Distribution:</u>	T. K. Feehrer,					ΛV.Λ			
Fiscal Agent	Senior Manage			· ·	visor	2/h2			
Contract Management	Medicaid Prog	ran	n Finan	ce					
Permanent File									
Program Development:									



688693142 - 2024/10

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

Medicaid Reimbursement Pe	r Diem Rates for	Non-I	nstitutional	<u>Providers</u>					
The Brevard Health Allicance, Inc.		Provid	der Number :	688693142					
		Date :	: 10/16/2024						
114 1st St, Ofc 137		Fiscal Year End : N/A							
Cocoa, FL 32922-7767		Audit	Status : N/A						
Provider Type:		Cı	urrent Rate	New Rate	Effective Date				
Rural Health Clinic									
Swing-Bed Provider									
X Federally Qualified Health Centers			163.70	171.23	10/01/2024				
Hospice Provider									
#0651 / H51 Routine Home Care	(1-60)								
#0651a / H5L Routine Home Care	e (61 +)								
#0652 / H52 Continuous Home C	are								
#0551 / 0561 Continuous Home (Care - SIA								
#0655 / H55 Inpatient Respite Ca	ire								
#0656 / H56 General Inpatient Ca	are								
#0658 Room and Board									
Basis :	Rate -	Туре :	:]						
Budget		<	Prospect	ive					
Unaudited costs			Total Pro	spective					
Desk audited costs			Prospect	ive Adjusted for	New costs				
Field audited costs									
Medicare - Prospective			Interim						
X Payment System Rate			Total Inte	erim					
Average Nursing Home Rate			Settleme	nt based on cos	ts				
Brevard									
<u>Distribution:</u> Fiscal Agent	T. K. Feehrer, Senior Manage	ment A	Analyst Supe	rvisor	N.A				
Contract Management	Medicaid Progr	am Fir	nance						
Permanent File									
Program Development:									



689693600 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	r No	<u>on-Inst</u>	<u>itutional l</u>	<u>Providers</u>			
Pa	ncare of Florida		Provider Number : 689693600								
				Da	Pate: 10/16/2024						
230	9 E. 15th Stree	t			Fis	iscal Year End : N/A					
Pa	nama City, FL 3			Au	Audit Status : N/A						
Pro	ovider Type:				Curre	nt Rate	New Rate	Effective Date			
	Rural	Health Clinic									
	Swing	-Bed Provider									
X Federally Qualified Health Centers Hospice Provider							142.97	157.27	10/01/2024		
	#00	651 / H51 Routine Home Care (1-60)	-60)							
	#00	651a / H5L Routine Home Care	(61 +)								
	#00	652 / H52 Continuous Home Ca	are								
	#0	551 / 0561 Continuous Home C	are - SI								
	#00	е									
	#00	re									
	#00	658 Room and Board									
ſ	Basis :	7		Rate	Тур	oe :					
<u></u>		 Budget	'		Χ		ı Prospecti	ve			
-		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					Settleme	nt based on cost	s		
-		 Bay					•				
	Distribution								A. ()		
Fiscal Agent			T. K. Feehrer, Senior Management Analyst Supervisor					N.A			
Contract Management			Medic	aid Prog	ram	Finan	ce				
Permanent File											
	Program Deve										



689693603 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem Ra	ates for	Non-Ir	<u>ıstitutional</u>	<u>Providers</u>			
Pa	ncare of	Florida,	Inc.		Provider Number : 689693603						
Dental						Date : 10/16/2024					
707 Jenks Ave., Suite A						iscal	iscal Year End : N/A				
Panama City, FL 324012586					Audit Status : N/A						
Pro	Provider Type:					Cu	rrent Rate	New Rate	Effective Date		
		Rural H	lealth Clinic								
	Swing-Bed Provider										
	X Federally Qualified Health Centers						142.97	157.27	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	552 / H52 Continuous Home Ca	are							
		#05	551 / 0561 Continuous Home C	are - SIA							
#0655 / H55 Inpatient Respite Car					Э						
		#06	556 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Ва	sis :	7		Rate T	ype :					
'			Budget		Х	,	 Prospect	ive			
•		Unaudited costs					Total Prospective				
•	Desk audited costs					Prospective Adjusted for New costs					
•			Field audited costs								
•		Medicare - Prospective					 Interim	terim			
		X	Payment System Rate				Total Inte	erim			
•			Average Nursing Home Rate				Settleme	nt based on cos	ts		
-			Вау				_				
	Distr	ibution:	<u>.</u>	l T. K. Fe	eehrer.				AV 1		
Fiscal Agent Contract Management			Senior Management Analyst Supervisor								
			Medica	id Progra	am Fin	ance					
Permanent File											
	Progra	am Deve	lopment:								



689693604 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida - Santa Rosa Bch	Provider Number : 689693604
CHC - Walton County	Date : 10/16/2024
361 Greenway Trail	Fiscal Year End : N/A
Santa Rosa Beach, FL 32401	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	142.97	157.27	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



689693612 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	. No	on-In	stitutional	<u>Providers</u>		
Pa	ncare of Florida	- Chipley			Pr	ovide	r Number :	689693612		
					Date: 10/16/2024					
43 ⁻	1 Oak Ave				Fis	Fiscal Year End : N/A				
Pa	nama City, FL 3	32401			Αι	udit St	tatus : N/A			
Pro	ovider Type:					Cur	rent Rate	New Rate	Effective Date	
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers					142.97	157.27	10/01/2024	
	Hospid	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 - S	IA						
	#00	655 / H55 Inpatient Respite Car	·e							
	#00	656 / H56 General Inpatient Car	re							
	#00	658 Room and Board								
ſ	Basis :	7		Rate	Ту	pe :	7			
ן נ		∟ Budget	'		X		ー Prospect	ive		
-		— Unaudited costs					— Total Pro	spective		
•		Desk audited costs					— Prospect	ive Adjusted for	New costs	
•		Field audited costs								
-		— Medicare - Prospective					 Interim			
	Χ	Payment System Rate					— Total Inte	erim		
-		Average Nursing Home Rate					 Settleme	nt based on cost	ts	
-		— Washington					_			
	Dietwik - 4! -			_						
	Distribution	<u>.</u>		Feehrer, r Manage	eme	ent Ar	nalyst Supe	rvisor	N4	
	Fiscal Agent Contract Man	agamont		aid Prog					<i></i>	
	Permanent Fil			J						
	Program Deve	ыортнети.								



689693615 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for No	on-Institutional	<u>Providers</u>			
Pa	nCare of Florida	- Port St Joe	Provider Number : 689693615						
				Date : 10/16/2024					
403	3 11th St			Fi	iscal Year End : N/A				
Pa	nama City, FI 32	2401		Αι	udit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural I	lealth Clinic							
	Swing	-Bed Provider							
	X Federa	Illy Qualified Health Centers			142.97	157.27	10/01/2024		
	Hospic	e 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	558 Room and Board							
ſ	Basis :]	Ra	ate Ty	pe:				
١		Budget		Х	Prospect	tive			
-		Unaudited costs			Total Pro	spective			
-		Desk audited costs			Prospect	tive Adjusted for	New costs		
-		Field audited costs							
-		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
-		Average Nursing Home Rate Gulf			Settleme	ent based on cost	is .		
	<u>Distribution</u>	<u>:</u>	T. K. Feehro Senior Man		ent Analyst Supe	rvisor	184		
	Fiscal Agent	agament	Medicaid Pi				J/187		
	Contract Mana Permanent Fil			5					
	Program Deve	лортнети.							



689693617 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	· No	on-Ins	titutional	<u>Providers</u>		
Pa	nCare of Florida	-Wewahitchka			Pr	ovider	Number :	689693617		
					Da	ate : 10/16/2024				
403	3 E. 111th St				Fis	iscal Year End : N/A				
Pa	nama City, FI 32	2401			Αu	ıdit Sta	atus : N/A			
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic								
	Swing	-Bed Provider								
	X Federa	ally Qualified Health Centers					142.97	157.27	10/01/2024	
	Hospid	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 - S	IA						
	#00	655 / H55 Inpatient Respite Car	е							
	#00	656 / H56 General Inpatient Car	re							
	#00	658 Room and Board								
ſ	Basis :	7		Rate	Туј	pe :	7			
ן נ		∟ Budget			X		⊐ Prospect	ve		
-		— Unaudited costs					– Total Pro	spective		
-		Desk audited costs					– Prospect	ve Adjusted for	New costs	
-		Field audited costs					_			
-		— Medicare - Prospective					_ Interim			
	Χ	Payment System Rate					– Total Inte	rim		
-		Average Nursing Home Rate					- Settleme	nt based on cost	ts	
-		— Gulf					_			
	<u>Distribution</u>	· <u>·</u>		Feehrer,	m	ont An	alvet Supe	nicor	NYI	
	Fiscal Agent			aid Prog			alyst Supe	VISUI	りる	
	Contract Mana		wealt	alu F109	all	ı Filldi	IUC			
	Permanent Fil									
	Program Deve	elopment:								



689693619 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rate	s for N	<u>lon-Insti</u>	tutional I	<u>Providers</u>		
Pa	nCare of Florida	-Carrabelle		Р	rovider N	Number : (689693619		
				Date: 10/16/2024					
403	3 E. !!th St			Fi	Fiscal Year End : N/A				
Pa	nama City, FI 32	2401	Audit Status : N/A						
Pro	ovider Type:				Curre	nt Rate	New Rate	Effective Date	
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	X Federa	ally Qualified Health Centers				142.97	157.27	10/01/2024	
	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	e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
ſ	Basis :	7	F	Rate Ty	/pe :				
٠		Budget		Х		Prospecti	ve		
-		Unaudited costs				Total Pro	spective		
-		Desk audited costs				Prospecti	ve Adjusted for	New costs	
-		Field audited costs							
-		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	rim		
-		Average Nursing Home Rate Franklin				Settleme	nt based on cost	s	
	Distribution	<u>:</u>	T. K. Feeh Senior Ma		ent Ana	lyst Sunei	visor	NX 4	
	Fiscal Agent		Medicaid F			•			
	Contract Mana	_	5.10614	9. 41					
	Permanent Fil								
	Program Deve	eiopment:							



689693621 - 2024/10

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

		-	Medicaid Reimbursement Per	r Diem Rates	s for N	<u>lon-Ins</u>	titutional	<u>Providers</u>			
Pa	nCare o	f Florida-	Panama City		Р	rovider	Number :	689693621			
					D	ate : 10	0/16/2024				
412	26 Indep	endent [)r		F	Fiscal Year End : N/A					
Ма	rianna,	FI 32448	3		A	udit St	atus : N/A				
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date		
		Rural F	lealth Clinic								
		Swing-	Bed Provider								
	X	Federa	lly Qualified Health Centers				142.97	157.27	10/01/2024		
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care ((1-60)							
		#06	51a / H5L Routine Home Care	e (61 +)							
		#06	52 / H52 Continuous Home Ca	are							
		#05	51 / 0561 Continuous Home C	Care - SIA							
		#06	555 / H55 Inpatient Respite Ca	re							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Ва	sis :	7	R	Rate Ty	/pe :					
'			Budget		Х		⊐ Prospect	ive			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				Prospect	ive Adjusted for	New costs		
•			Field audited costs				_				
•			Medicare - Prospective				_ Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				_ Settleme	nt based on cost	ts		
			Jackson								
	Distr	ibution:		T. K. Feeh	rer,				1V.1		
	Fiscal	Agent				nent An	alyst Supe	rvisor	2/1/2		
	Contra	act Mana	gement	Medicaid F	Prograi	m Finai	nce				
	Perma	anent File	е								
	Progra	am Deve	lopment:								



689693627 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Inst	titutional I	<u>Providers</u>			
Pa	ncare of Florida	- Malone			Pro	ovider	Number :	689693627			
					Da	Date : 10/16/2024					
403	B East 11th Stre	et			Fis	Fiscal Year End : N/A					
Pa	nama City, FL:	32401			Au	ıdit Sta	itus : N/A				
Pro	vider Type:					Curre	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic						,			
	Swing	-Bed Provider									
	X Feder	ally Qualified Health Centers					142.97	157.27	10/01/2024		
	Hospi	ce Provider									
	#0	651 / H51 Routine Home Care (1-60)								
	#0	651a / H5L Routine Home Care	(61 +)								
	#0	652 / H52 Continuous Home Ca	are								
	#0	551 / 0561 Continuous Home C	are - SI	Α							
	#0655 / H55 Inpatient Respite Care										
	#0	656 / H56 General Inpatient Car	re								
	#0	658 Room and Board									
ſ	Basis :	7		Rate	Тур	pe:]				
١.		 Budget	'		X		Prospecti	ive			
-		Unaudited costs	'				- Total Pro	spective			
-		Desk audited costs	-				- Prospecti	ive Adjusted for	New costs		
•		Field audited costs					-				
-		Medicare - Prospective	'				Interim				
	Χ	Payment System Rate					Total Inte	erim			
-		Average Nursing Home Rate					Settleme	nt based on cost	S		
•		 Jackson					-				
	Dietribution			_							
	Distribution Fiscal Agent	<u>l.</u>		Feehrer, r Manag∈	eme	ent Ana	alyst Super	rvisor	N/4		
	Contract Man	agement		aid Prog			•				
	Permanent Fi			J							
	Program Dev										
	i logialli Dev	оюривии.									



692957500 - 2024/10

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

		Medicaid Reimbursement Pe	<u>r Diem Rates f</u>	or No	on-Institutional	<u>Providers</u>				
No	rth Florida Me	ed. Ctr - Taylor Medical	Provider Number : 692957500							
				Date: 10/16/2024						
25	5 W. River Ro	ad		Fis	Fiscal Year End : N/A					
We	wahitchka, Fl	L 32465		Au	dit Status : N/A					
Pro	ovider Type:				Current Rate	New Rate	Effective Date			
	Rura	al Health Clinic								
	Swii	ng-Bed Provider								
	X Fed	erally Qualified Health Centers			128.62	157.27	10/01/2024			
	Hos	pice Provider								
	7	#0651 / H51 Routine Home Care	(1-60)							
	7	#0651a / H5L Routine Home Care	€ (61 +)							
	7	#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 :		Rat	е Тур	oe:					
٠		Budget		Χ	Prospec	tive				
•		Unaudited costs			Total Pro	ospective				
•		Desk audited costs			Prospec	tive Adjusted for	New costs			
•		Field audited costs								
•		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate			Settleme	ent based on cost	is			
•		 Taylor								
	Distribution	<u>on:</u>	T. K. Feehre	r,			AV 1			
	Fiscal Ager	nt			ent Analyst Supe	ervisor	2K2			
	Contract Ma	anagement	Medicaid Pro	gram	Finance					
	Permanent	File								
	Program De	evelopment:								



692990700 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem F	Rates for	Nor	n-Institutional	<u>Providers</u>				
Es	cambia Commun	ity Clinics			Prov	vider Number :	692990700				
				Date : 10/16/2024							
220	00 N. Palafox St				Fisc	Fiscal Year End : N/A					
Ре	nsacola, FL 325	14			Aud	it Status : N/A					
Pro	ovider Type:					Current Rate	New Rate	Effective Date			
	Rural H	lealth Clinic									
	Swing-	Bed Provider									
	X Federa	lly Qualified Health Centers				150.43	157.35	10/01/2024			
	Hospic	e Provider									
	#06	51 / H51 Routine Home Care (1-60)								
	#06	51a / H5L Routine Home Care	(61 +)								
	#06	52 / H52 Continuous Home Ca	are								
	#05	51 / 0561 Continuous Home C	are - SI	A							
	#06	55 / H55 Inpatient Respite Car	'e								
	#06	56 / H56 General Inpatient Car	re								
	#06	58 Room and Board									
	Basis :]		Rate	Туре	e :					
'		Budget	')	X	——— Prospect	ive				
•		Unaudited costs	-			Total Pro	spective				
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs			
•		Field audited costs	-								
•		Medicare - Prospective	-			Interim					
	X	Payment System Rate	-			 Total Inte	erim				
•		Average Nursing Home Rate	-			Settleme	nt based on cost	S			
•		Escambia									
	<u>Distribution:</u>		T.K.F	eehrer,				A \			
	Fiscal Agent				emer	nt Analyst Supe	rvisor	2/1/2			
	Contract Mana	gement	Medic	aid Progr	ram I	Finance					
	Permanent File)									
	Program Deve	lopment:									



692990702 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.	Provider Number : 692990702
Santa Rosa Community Clinic	Date: 10/16/2024
2200 North Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	150.43	157.35	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor





692990704 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	· No	n-Inst	titutional I	<u>Providers</u>	
Es	cambia Commur	nity Clinics, Inc			Pro	ovider	Number :	692990704	
					Da	ate : 10/16/2024			
220	00 N. Palafox Str	reet			Fis	scal Ye	ear End : N	/A	
Ре	Pensacola, FL 32501				Au	ıdit Sta	itus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural I	lealth Clinic							
	Swing-	-Bed Provider							
	X Federa	Illy Qualified Health Centers					150.43	157.35	10/01/2024
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	652 / H52 Continuous Home Ca	re						
	#05	551 / 0561 Continuous Home C	are - S	IA					
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Car	e						
	#06	658 Room and Board							
ſ	Basis :	7		Rate	Тур	oe :]		
ן נ		∟ Budget			X		ם Prospecti	ve	
-		Unaudited costs					- Total Pro	spective	
•		_ Desk audited costs					- Prospecti	ve Adjusted for	New costs
•		Field audited costs					-		
-		– Medicare - Prospective					- Interim		
	X	Payment System Rate					- Total Inte	rim	
-		Average Nursing Home Rate					Settleme	nt based on cost	s
-		– Flagler					-		
									S #
	Distribution	• <u>•</u>		Feehrer, r Manage	me	nt Δns	alyst Super	visor	NA
	Fiscal Agent			aid Prog				11301	
	Contract Mana		Modic	aid i iog	. GIII				
	Permanent File								
	Program Deve	elopment:							



692990705 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.	Provider Number : 692990705		
Lanza Pediatrics	Date : 10/16/2024		
2200 N. Palafox Street	Fiscal Year End : N/A		
Pensacola, FL 32501	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	150.43	157.35	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



692990706 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.	Provider Number : 692990706
Lakeview Medical Clinic	Date : 10/16/2024
2200 N. Palafox Street	Fiscal Year End : N/A
Pensacola, FL 32501	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	150.43	157.35	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor





692990710 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics Inc	Provider Number : 692990710		
First Steps Pediatrics	Date: 10/16/2024		
2200 North Palafox Street	Fiscal Year End : N/A		
Pensacola, FL 325011723	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	150.43	157.35	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



692990714 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	· No	<u>on-Inst</u>	itutional l	<u>Providers</u>	
Escambia Community Clinics				Provider Number : 692990714					
				Da	ite : 10	/16/2024			
220	2200 North Palafox Street Fis					scal Ye	ar End : N	/A	
Ре	nsacola, FL 32	5011723			Au	dit Sta	tus : N/A		
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic							
	Swing	-Bed Provider							
	X Feder	ally Qualified Health Centers					150.43	157.35	10/01/2024
	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	e						
	#0	658 Room and Board							
ſ	Basis :	7		Rate	Тур	oe :]		
ן נ		∟∟ Budget			X		ו Prospecti	ve	
-		— Unaudited costs					- Total Pro	spective	
•		Desk audited costs					- Prospecti	ve Adjusted for	New costs
•		— Field audited costs					-		
-		Medicare - Prospective					Interim		
	X	Payment System Rate					Total Inte	rim	
-		Average Nursing Home Rate					Settleme	nt based on cost	ts
-		 Escambia					-		
	Distribution								
	Distribution	<u>!</u>		Feehrer, or Manage	eme	ent Ana	alyst Super	visor	184
	Fiscal Agent	agomont		caid Prog			· ·		
	Contract Man Permanent Fi			3					
	Program Dev	еюртепт.							



692990716 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinic	Provider Number : 692990716		
Waterfront Rescue Mission	Date : 10/16/2024		
2200 North Palafox Street	Fiscal Year End : N/A		
Pensacola, FL 32505	Audit Status : N/A		

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	150.43	157.35	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

 $\underline{\textbf{Distribution:}}$

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

rst Supervisor



692990718 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

.	Owner Detail New Detail Effective Detail			
Pensacola, FL 32501	Audit Status : N/A			
14 W. Jordan Street	Fiscal Year End : N/A			
ECC Women's Health	Date : 10/16/2024			
Escambia Community Clinics	Provider Number : 692990718			

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	150.43	157.35	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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





692990721 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics	Provider Number : 692990721		
ECC at Cantonment Pediatrics	Date: 10/16/2024		
14 W Jordan Street	Fiscal Year End : N/A		
Pensacola, FL 32501	Audit Status : N/A		

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	150.43	157.35	10/01/2024
	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
	– 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



692990722 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Durant dan Taman	Oursell Data Name Data Effective Data				
Pensacola, Fl 32505	Audit Status : N/A				
2701 N "Q" St	Fiscal Year End : N/A				
ECC at Weis Elem	Date : 10/16/2024				
Escambia Commuity Clinics	Provider Number : 692990722				

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	150.43	157.35	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



692990725 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Comm Clinics	Provider Number : 692990725
ECC at Century Pediatrics	Date: 10/16/2024
501 Church St	Fiscal Year End : N/A
Century, FI 32535	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
Х	Federally Qualified Health Centers	150.43	157.35	10/01/2024
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



692990728 - 2024/10

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

Medicaid Reimbursement Per	r Diem Rates for No	on-Institutional	<u>Providers</u>				
ECC Urgent Care	Pr	Provider Number : 692990728					
	Date : 10/16/2024						
14 W Jordan Street	Fis	scal Year End : N	I/A				
Pensacola, FL 32501	Αι	ıdit Status : N/A					
Provider Type:		Current Rate	New Rate	Effective Date			
Rural Health Clinic			,				
Swing-Bed Provider							
X Federally Qualified Health Centers		150.43	157.35	10/01/2024			
Hospice Provider							
#0651 / H51 Routine Home Care ((1-60)						
#0651a / H5L Routine Home Care	e (61 +)						
#0652 / H52 Continuous Home Ca	are						
#0551 / 0561 Continuous Home C	Care - SIA						
#0655 / H55 Inpatient Respite Ca	re						
#0656 / H56 General Inpatient Ca	re						
#0658 Room and Board							
Basis:	Rate Ty	pe:					
Budget	X	Prospect	ive				
Unaudited costs		 Total Pro	spective				
Desk audited costs		Prospect	ive Adjusted for	New costs			
Field audited costs							
Medicare - Prospective		Interim					
X Payment System Rate		Total Inte	erim				
Average Nursing Home Rate		Settleme	nt based on cost	s			
Escambia							
<u>Distribution:</u>	T. K. Feehrer,			AV A			
Fiscal Agent	Senior Manageme	ent Analyst Supe	rvisor	2h2			
Contract Management	Medicaid Program	n Finance					
Contract Management Permanent File	Medicaid Program	n Finance					



692990732 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Ins	titutional l	<u>Providers</u>			
Es	cambia Commur	nity Clinics		Provider Number : 692990732							
					Date : 10/16/2024						
537	75 N 9th Avenue				Fis	scal Ye	ear End : N	/A			
Pensacola, FL 32504					Au	ıdit Sta	atus : N/A				
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date		
	Rural I	Health Clinic							,		
	Swing-	-Bed Provider									
	X Federa	Illy Qualified Health Centers					150.43	157.35	10/01/2024		
	Hospic	ce Provider									
	#06	651 / H51 Routine Home Care (1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
	#06	552 / H52 Continuous Home Ca	are								
	#05	551 / 0561 Continuous Home C	are - SI	IA							
	#06	655 / H55 Inpatient Respite Car	·e								
	#06	656 / H56 General Inpatient Car	re								
	#06	658 Room and Board									
ſ	Basis :	7		Rate	Тур	pe:]				
ן נ		∟ Budget	'		X		⊐ Prospecti	ve			
-		Unaudited costs					- Total Pro	spective			
•		Desk audited costs					- Prospecti	ve Adjusted for	New costs		
•		Field audited costs					_				
-		– Medicare - Prospective	'				- Interim				
	X	Payment System Rate	'				Total Inte	rim			
-		Average Nursing Home Rate	'				- Settleme	nt based on cost	s		
-		Escambia					_				
	Distallandian								- 7.0		
	Distribution:	<u> </u>		Feehrer, r Manage	eme	ent Ana	alyst Supe	visor	184		
	Fiscal Agent	agament		aid Prog			•				
	Contract Mana			3							
	Program Deve	вюртепи:									



692990736 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	r No	on-Ins	titutional I	<u>Providers</u>			
Es	cambia Commur	nity Clinics Inc			Provider Number : 692990736						
					Date : 10/16/2024						
138	30 N Palafox St				Fis	scal Y	ear End : N	I/A			
Pensacola, FL 32501-2641					Αu	ıdit Sta	atus : N/A				
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date		
	Rural I	lealth Clinic									
	Swing-	-Bed Provider									
	X Federa	Illy Qualified Health Centers					150.43	157.35	10/01/2024		
	Hospic	ce Provider									
	#06	651 / H51 Routine Home Care (1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
	#06	652 / H52 Continuous Home Ca	are								
	#05	551 / 0561 Continuous Home C	are - S	IA							
	#06	655 / H55 Inpatient Respite Car	e								
	#06	656 / H56 General Inpatient Car	re								
	#06	558 Room and Board									
	Basis :]		Rate	Туј	pe:	7				
'		ப Budget			X		⊐ Prospecti	ive			
•		Unaudited costs					– Total Pro	spective			
•		Desk audited costs					– Prospecti	ive Adjusted for	New costs		
•		Field audited costs					_				
•		– Medicare - Prospective					_ Interim				
	Χ	Payment System Rate					Total Inte	erim			
•		Average Nursing Home Rate					Settleme	nt based on cost	S		
•		Escambia					_				
	Distribution			F k					N. 7. A		
	Fiscal Agent	<u>.</u>		Feehrer, or Manage	eme	ent An	alyst Supe	rvisor	N.I		
	Contract Mana	agement	Medic	aid Prog	ram	n Finaı	nce				
	Permanent File										
	Program Deve										
		p									



692990738 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem	Rates fo	r No	n-Inst	<u>titutional l</u>	<u>Providers</u>				
Es	cambia Commun	ity Clinics Inc	Provider Number : 692990738									
					Da	Date : 10/16/2024						
25	00 Longleaf Dr B	ldg A			Fis	Fiscal Year End : N/A						
Pe	nsacola, FL 325	26-8930			Au	Current Rate New Rate Effective Da						
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date			
	Rural H	lealth Clinic						,				
	Swing-	Bed Provider										
	X Federa	lly Qualified Health Centers					150.43	157.35	10/01/2024			
	Hospic	e Provider										
	#06	51 / H51 Routine Home Care (1-60)									
	#06	51a / H5L Routine Home Care	(61 +)									
	#06	52 / H52 Continuous Home Ca	are									
	#05	51 / 0561 Continuous Home C	are - S	IA								
	#06	555 / H55 Inpatient Respite Car	e									
	#06	56 / H56 General Inpatient Car	re									
	#06	58 Room and Board										
	Basis :]		Rate	Тур	e:						
•		Budget			Х		Prospecti	ive				
•		Unaudited costs	Ī				Total Pro	spective				
		Desk audited costs					Prospecti	ive Adjusted for	New costs			
		Field audited costs					=					
		Medicare - Prospective					Interim					
	X	Payment System Rate					Total Inte	erim				
		Average Nursing Home Rate					Settleme	nt based on cost	ts			
		Escambia										
	<u>Distribution:</u>		L T. K.	Feehrer,					1V.1			
	Fiscal Agent				eme	nt Ana	alyst Super	rvisor	1/2 L			
	Contract Mana	igement	Medio	caid Prog	ıram	Finan	ice					
	Permanent File	Э										
	Program Deve	lopment:										



693564800 - 2024/10

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

Medicaid Reimbursement Per	Diem Rates for	· Nor	n-Institutional I	<u>Providers</u>			
North Florida Med Ctr - Crestview Med Center	Provider Number : 693564800						
		Date : 10/16/2024					
535 John Knox Rd		Fisc	al Year End : N	/A			
Tallahassee, FL 32303		Aud	it Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date		
Rural Health Clinic							
Swing-Bed Provider							
X Federally Qualified Health Centers			128.62	157.27	10/01/2024		
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	r e						
#0656 / H56 General Inpatient Car	re						
#0658 Room and Board							
Basis :	Rate	Туре	e :				
Budget		X	Prospect	ve			
Unaudited costs			Total Pro	spective			
Desk audited costs			Prospect	ve Adjusted for	New costs		
Field audited costs	-						
Medicare - Prospective			Interim				
X Payment System Rate			Total Inte	rim			
Average Nursing Home Rate			Settleme	nt based on cost	s		
Okaloosa							
<u>Distribution:</u>	T. K. Feehrer,				A \		
Fiscal Agent		emen	nt Analyst Supe	visor	2/2		
Contract Management	Medicaid Progr	ram I	Finance				
Contract Managornont							
Permanent File							