



Florida Agency for Health Care Administration

000387200 - 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

Acute Care Pediatrics of Palm Coast, PA

397 SW Palm Coast Parkway, #309
Palm Coast, FL 32137

Provider Number : 000387200
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.44	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000640100 - 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

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

Provider Number : 000640100
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	137.46	143.79	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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 Program Development:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000707900 - 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

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

Provider Number : 000707900
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	93.71	100.16	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

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Program Development:

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

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Florida Agency for Health Care Administration

000707902 - 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

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

Provider Number : 000707902
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	93.70	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

001165800 - 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

Little Pine Pediatrics, PLLC

1702 S Jefferson St

Perry, FL 32348

Provider Number : 001165800

Date : 10/16/2024

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.44	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Program Development:

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

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Florida Agency for Health Care Administration

001165803 - 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

Little Pine Pediatrics-Madison

194 NE Hancock Ave
Madison, FL 32340

Provider Number : 001165803
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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Contract Management
Permanent File
Program Development:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

001165807 - 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

Little Pine Pediatrics-Alachua
15260 NW 147th Drive
Alachua, FL 32615

Provider Number : 001165807
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.44	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

001165810 - 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

Little Pine Pediatrics PLLC
1702 S Jefferson St
Perry, FL 32348-5611

Provider Number : 001165810
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.44	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

001524200 - 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

Avon Park Pediatrics, PA
1571 US Hwy 27 North
Avon Park, FL 33825

Provider Number : 001524200
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.33	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

001532500 - 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 Pediatrics - Lake City
1859 SW Newland Way
Lake City, FL 320256966

Provider Number : 001532500
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	94.51	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

001534800 - 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 Pediatrics - Jasper
1117 US Highway 41 NW, Suite B
Jasper, FL 320525856

Provider Number : 001534800
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	94.51	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

001589500 - 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

West Florida Medical Associates, PA
 Suncoast Primary Care Specialists - Inverness
 3733 Gulf To Lake Hwy.
 Inverness, FL 344534830

Provider Number : 001589500
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.42	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Distribution:

Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

001768600 - 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

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

Provider Number : 001768600
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.42	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

002074400 - 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

Wakulla Urgent Care and Diagnostic Ctr PLC

2615 Crawfordville Hwy, Suite 103
Crawfordville, FL 323272169

Provider Number : 002074400
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.43	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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- Program Development:

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

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Florida Agency for Health Care Administration

002335400 - 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

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

Provider Number : 002335400
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.43	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

- Fiscal Agent
- Contract Management
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- Program Development:

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

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Florida Agency for Health Care Administration

002952100 - 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

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

Provider Number : 002952100
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.60	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Distribution:

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Program Development:

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

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Florida Agency for Health Care Administration

003198500 - 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

Premier Pediatrics, LLC
7960 SW 60th Ave.
Ocala, FL 344766457

Provider Number : 003198500
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.64	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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Program Development:

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

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Florida Agency for Health Care Administration

003198506 - 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

Premier Pediatrics, LLC	Provider Number : 003198506
	Date : 10/16/2024
5388 S Us Highway 41	Fiscal Year End : N/A
Dunnellon , FL 34432-2042	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.64	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

003432700 - 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

High Springs Pediatrics, LLC	Provider Number : 003432700
	Date : 10/16/2024
210 NW 1st Ave.	Fiscal Year End : N/A
High Springs, FL 326431002	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.60	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

003557700 - 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

Grace Healthcare Solutions, Inc.

7368 State Road 15, US 441
Pahokee, FL 334761736

Provider Number : 003557700
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.63	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Distribution:

Fiscal Agent
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Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

003682000 - 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

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

Provider Number : 003682000
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.60	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

003682002 - 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

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

Provider Number : 003682002
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.61	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
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Program Development:

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

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Florida Agency for Health Care Administration

004510300 - 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

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

Provider Number : 004510300
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

004770700 - 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

Mohammad Afzal, MD
Professional Pediatrics
1050 US HWY 27N Suite 5
Clermont, FL 34714

Provider Number : 004770700
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

004771000 - 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

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

Provider Number : 004771000
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

005919400 - 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

West Florida Medical Assoc. PA
3775 N. Lecanto Hwy
Beverly Hills, FL 344653504

Provider Number : 005919400
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

005951500 - 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

West Florida Medical Associates, PA
 Deven Medical Center
 11707 N. Williams Street, Suite 2
 Dunnellon, FL 34432

Provider Number : 005951500
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

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

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Florida Agency for Health Care Administration

005951502 - 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

West Florida Medical Associates
801 Medical Ct. E
Inverness, FL 34452

Provider Number : 005951502
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.54	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

005951504 - 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

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

Provider Number : 005951504
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.87	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
 Contract Management
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 Program Development:

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

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Florida Agency for Health Care Administration

005951508 - 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

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

Provider Number : 005951508
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.87	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

005955000 - 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

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

Provider Number : 005955000
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	95.77	100.17	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

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Program Development:

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

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Florida Agency for Health Care Administration

006449300 - 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

Sonnis Pediatrics PA
1125 South Sixth Avenue
Wauchula, FL 33873

Provider Number : 006449300
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

006480000 - 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

Sunshine Pediatrics of Ocala, PA

1900 SW 20th Place

Ocala, FL 344717870

Provider Number : 006480000

Date : 10/16/2024

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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

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Florida Agency for Health Care Administration

007197500 - 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

Louis J. Radnothy, DO

390 S. Central Ave.
Umatilla, FL 327842325

Provider Number : 007197500
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.81	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

007210600 - 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

Weirsdale Family Health Center Inc.
16400 South Highway 25
Wiersdale, FL 321952442

Provider Number : 007210600
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.81	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

007864900 - 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

A Womans Place, Inc.

1415 NW 23rd Ave.
Chiefland, FL 326440058

Provider Number : 007864900
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.81	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

008004300 - 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

Sacred Heart Medical Group on the Gulf
55 Avenue E
Apalachicola, FL 323201763

Provider Number : 008004300
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	134.58	140.77	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
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Program Development:

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

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Florida Agency for Health Care Administration

008413600 - 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

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

Provider Number : 008413600
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.81	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

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

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Florida Agency for Health Care Administration

009615800 - 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

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

Provider Number : 009615800
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.80	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

- Fiscal Agent
- Contract Management
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- Program Development:

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

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Florida Agency for Health Care Administration

009634300 - 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

Magnolia Pediatrics LLC

1140 SW Bascom Norris Drive Ste 104
Lake City, FL 320251329

Provider Number : 009634300
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.81	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

010633400 - 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

Grace Pediatrics PL
4196 W US Highway 90 STE 105
Lake City, FL 320558834

Provider Number : 010633400
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.92	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

010801000 - 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

Williston Rural Health and Wellness Clinic	Provider Number : 010801000
	Date : 10/16/2024
300A NW 1st Ave	Fiscal Year End : N/A
Williston, FL 32696	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.81	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Levy</td> </tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Levy	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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Distribution:

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

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

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Florida Agency for Health Care Administration

010834300 - 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

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

Provider Number : 010834300
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	134.57	140.76	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Budget</td></tr> <tr><td><input type="checkbox"/></td><td>Unaudited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Desk audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Field audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Payment System Rate</td></tr> <tr><td><input type="checkbox"/></td><td>Average Nursing Home Rate</td></tr> <tr><td></td><td style="text-align: center;">Baker</td></tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Baker	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Total Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/></td><td>Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Total Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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Distribution:

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

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Florida Agency for Health Care Administration

010855400 - 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

Premier Medical Pediatric Clinic	Provider Number : 010855400
	Date : 10/16/2024
315 East Ash Street	Fiscal Year End : N/A
Perry, FL 323472029	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.44	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Distribution:

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

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

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Florida Agency for Health Care Administration

014637300 - 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

First Coast Obstetrics & Gynecology
PO Box 519
Palatka, FL 32178-0519

Provider Number : 014637300
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.92	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

014683500 - 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

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

Provider Number : 014683500
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.92	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
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Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

015048100 - 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 Pediatrics-Columbia Co
1859 SW Newland Way
Lake City, FL 32025

Provider Number : 015048100
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.91	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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- Contract Management
- Permanent File
- Program Development:

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

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Florida Agency for Health Care Administration

016554200 - 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

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

Provider Number : 016554200
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.89	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

018056100 - 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

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

Provider Number : 018056100
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	135.10	141.32	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

018968900 - 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 & After Hours Care

1413 NW 23rd Ave
Chiefland, FL 32626

Provider Number : 018968900
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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<input type="checkbox"/> Medicare - Prospective																																	
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<input type="checkbox"/> Average Nursing Home Rate																																	
<input type="checkbox"/> Levy																																	
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<input type="checkbox"/> Prospective Adjusted for New costs																																	
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Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

018968904 - 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 AND AFTER HOUR CARE LLC
 5915 North Oceanshore Blvd
 Palm Coast, FL 32137

Provider Number : 018968904
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

019432300 - 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 Pediatrics-Cross City	Provider Number : 019432300
	Date : 10/16/2024
149 NE 241st St Ste A	Fiscal Year End : N/A
Cross City, Fl 32628	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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T. K. Feehrer,
 Senior Management Analyst Supervisor
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Florida Agency for Health Care Administration

019474000 - 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

Divaker Pediatrics	Provider Number : 019474000
	Date : 10/16/2024
6551 N Orange Blossom Trl	Fiscal Year End : N/A
Mount Dora, Fl 32757	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Lake</td> </tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Lake	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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<input type="checkbox"/>	Interim																																
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T. K. Feehrer,
 Senior Management Analyst Supervisor
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Florida Agency for Health Care Administration

020403901 - 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

Reliant Acute Care
5781 Lee Blvd
Lehigh Acres, FL 33971

Provider Number : 020403901
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.89	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

023548300 - 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

Kids Health Alliance, P.A.

2650 NW 2nd Street Suite 100
Ocala, FL 34475

Provider Number : 023548300
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

023710500 - 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

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

Provider Number : 023710500
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.55	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

023710502 - 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

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

Provider Number : 023710502
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.55	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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T. K. Feehrer,
Senior Management Analyst Supervisor
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023710507 - 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

Northwest Florida Healthcare, Inc
101 E Wisconsin Ave
Bonifay, FL 32425-1809

Provider Number : 023710507
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.55	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

024917965 - 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

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

Provider Number : 024917965
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.89	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

029506000 - 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
911 S. Main St
Trenton, FL 32693

Provider Number : 029506000
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	96.21	100.64	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

029511600 - 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

ACV Community Services
PO Box 4675
Dowling Park, FL 32064

Provider Number : 029511600
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.24	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

Basis :	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Not Selected	

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Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
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Florida Agency for Health Care Administration

100739300 - 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

Northwest Florida Healthcare
5429 College Dr
Graceville, FL 32440

Provider Number : 100739300
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	90.16	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

- Fiscal Agent
- Contract Management
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- Program Development:

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

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Florida Agency for Health Care Administration

101707000 - 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 Pediatrics-Chiefland

2220 North Young Blvd
Chiefland, FL 32626

Provider Number : 101707000
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.89	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

101707400 - 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 Pediatrics-Starke

417 E Call St
Starke, FL 32091

Provider Number : 101707400
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.89	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

102610200 - 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

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

Provider Number : 102610200
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.57	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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Program Development:

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

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Florida Agency for Health Care Administration

102625100 - 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

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

Provider Number : 102625100
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.89	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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- Contract Management
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- Program Development:

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

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Florida Agency for Health Care Administration

105763900 - 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

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

Provider Number : 105763900
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.57	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
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Program Development:

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

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Florida Agency for Health Care Administration

106170600 - 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

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

Provider Number : 106170600
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	95.27	100.16	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

106362400 - 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

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

Provider Number : 106362400
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	95.27	100.16	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

107889600 - 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

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

Provider Number : 107889600
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	94.51	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
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Program Development:

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

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Florida Agency for Health Care Administration

109045401 - 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 Care Medical Center II LLC
819 N Mills Ave
Arcadia, FL 34266

Provider Number : 109045401
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	91.13	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Program Development:

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

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Florida Agency for Health Care Administration

109368700 - 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

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

Provider Number : 109368700
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	90.04	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
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Program Development:

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

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Florida Agency for Health Care Administration

109437500 - 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

Heartland Pediatric Associates
 7215 US Hwy 27 North
 Sebring, FL 33870

Provider Number : 109437500
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	90.04	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr> <td>Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Highlands</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<input type="checkbox"/>	Highlands	<table border="0"> <tr> <td>Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

110545600 - 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 2 Heart Family Practice
1326 State Road 100
Melrose, FL 32666-3701

Provider Number : 110545600
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	96.08	100.50	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Florida Agency for Health Care Administration

110621800 - 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

Adventist Health System - Sunbelt Inc

200 S SCENIC HWY

Frostproof, FL 33843

Provider Number : 110621800

Date : 10/16/2024

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	94.81	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

110740900 - 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

Panhandle Rural Health & Primary Care, Inc

20274 Central Ave W

Blountstown, FL 32424

Provider Number : 110740900

Date : 10/16/2024

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	94.81	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p>Basis :</p> <hr/> <p>Budget</p> <hr/> <p>Unaudited costs</p> <hr/> <p>Desk audited costs</p> <hr/> <p>Field audited costs</p> <hr/> <p>Medicare - Prospective</p> <hr/> <p><input checked="" type="checkbox"/> Payment System Rate</p> <hr/> <p>Average Nursing Home Rate</p> <hr/> <p>Calhoun</p>	<p>Rate Type :</p> <hr/> <p><input checked="" type="checkbox"/> Prospective</p> <hr/> <p>Total Prospective</p> <hr/> <p>Prospective Adjusted for New costs</p> <hr/> <p>Interim</p> <hr/> <p>Total Interim</p> <hr/> <p>Settlement based on costs</p>
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Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

110818300 - 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 Primary Care South-Walton, Inc
 Rural Primary Care South
 5551 US Highway 98
 Santa Rosa Beach, FL 32459

Provider Number : 110818300
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	94.81	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

110836000 - 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

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

Provider Number : 110836000
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	96.37	100.81	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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Florida Agency for Health Care Administration

110836003 - 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

Ascension Sacred Heart Gulf
 Ascension Sacred Heart Gulf PSJ RHC
 3871 E Highway 98, Ste 201
 Port Saint Joe, FL 32456-5302

Provider Number : 110836003
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	95.04	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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<input type="checkbox"/> Unaudited costs																	
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Rate Type :																	
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<input type="checkbox"/> Settlement based on costs																	

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

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Florida Agency for Health Care Administration

110836005 - 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

Ascension Sacred Heart Gulf
Ascension Medical Group Sacred Heart Gulf
805 West Hwy 22
Wewahitchka, FL 32465-3237

Provider Number : 110836005
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	97.32	101.80	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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T. K. Feehrer,
Senior Management Analyst Supervisor
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Florida Agency for Health Care Administration

111314300 - 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

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

Provider Number : 111314300
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	96.40	100.84	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

112711800 - 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

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

Provider Number : 112711800
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	96.25	100.68	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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

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

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Florida Agency for Health Care Administration

113722800 - 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

Allied Health Organization
 Allied Health Organization
 14001 NW 4th St, Ste B
 Sunrise, FL 33325-6206

Provider Number : 113722800
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	96.14	100.56	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

113804800 - 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

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

Provider Number : 113804800
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	96.14	100.56	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Budget</td></tr> <tr><td><input type="checkbox"/></td><td>Unaudited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Desk audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Field audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Payment System Rate</td></tr> <tr><td><input type="checkbox"/></td><td>Average Nursing Home Rate</td></tr> <tr><td><input type="checkbox"/></td><td>Collier</td></tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<input type="checkbox"/>	Collier	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Total Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/></td><td>Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Total Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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Distribution:

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Program Development:

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

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Florida Agency for Health Care Administration

115078900 - 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

Chiefland Health Center LLC

304 N Main St
Chiefland, FL 32626-0803

Provider Number : 115078900
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	96.15	100.57	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

116017600 - 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

Torrey Health Care Inc
Torrey Health Care Inc
17316 NE State Road 65
Hosford, FL 32334-2415

Provider Number : 116017600
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	97.00	101.46	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

116287400 - 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

Hometown Healthcare and Pediatrics
Hometown Healthcare and Pediatrics
315 N Main St
Trenton, FL 32693-3462

Provider Number : 116287400
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	97.03	101.49	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

116394400 - 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

Dynamic Primary Healthcare Clinic Inc
163 SW Stonegate Ter, Ste 109
Lake City, FL 32024-3459

Provider Number : 116394400
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	90.80	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Permanent File
Program Development:

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Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

117637500 - 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

Ira Fialko MD DO
 Premier Pediatrics Coastal
 6171 W Gulf to Lake Hwy
 Crystal River, FL 34429-2679

Provider Number : 117637500
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	90.78	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

118388700 - 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

United Health Associates LLC
 United Health Associates
 1600 Jenks Ave, Ste 5
 Panama City, FL 32405-4740

Provider Number : 118388700
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	96.27	100.70	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

118812300 - 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

Urgent Med Inc

2337 S University Dr
Davie, FL 33324-5842

Provider Number : 118812300
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	96.50	100.94	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

120360700 - 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

Catalyst Walk-In Clinic
19185 Edgewater Dr
Port Charlotte, FL 33948-7653

Provider Number : 120360700
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	95.62	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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- Contract Management
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- Program Development:

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

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Florida Agency for Health Care Administration

122654600 - 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

Osama Shuaib Ismail MD LLC
1496 S Weeks St
Bonifay, FL 32425-3284

Provider Number : 122654600
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	95.79	100.20	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

251469901 - 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

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

Provider Number : 251469901
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.90	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

253535101 - 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

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

Provider Number : 253535101
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

253668401 - 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

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

Provider Number : 253668401

Date : 10/16/2024

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	164.16	171.71	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

370861601 - 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

Children's Medical Clinic

1002 SW 11th Street
Live Oak, FL 32064

Provider Number : 370861601
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.69	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

370861604 - 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

Children's Medical Center

789 West Duval Street
Lake City, FL 32055

Provider Number : 370861604
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.69	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

372143401 - 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

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

Provider Number : 372143401
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	94.51	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

377682401 - 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

Sebring Pediatrics
1550 Lakeview Dr.
Sebring, FL 33870

Provider Number : 377682401
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.37	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

378772904 - 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 Pediatric Center
1447 Medical Park Blvd, Suite 402
Wellington, FL 33414

Provider Number : 378772904
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.88	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

660018201 - 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

Heartland Pediatric Associates

120 Heartland Way
Wauchula, FL 338375000

Provider Number : 660018201
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.09	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

660022100 - 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

Jay Medical Center
14088 Alabama St
Jay, FL 32565

Provider Number : 660022100
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	96.50	100.94	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

660026300 - 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 Medical Ctr.-Deland
1190 North Stone Street
Deland, FL 32720

Provider Number : 660026300
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	95.80	100.21	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

660026302 - 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. Medical Ctr.-Orange Cty.

810 Commed Boulevard
Orange City, FL 32763

Provider Number : 660026302
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.90	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

660027100 - 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. Fl. Pediatrics RHC	Provider Number : 660027100
	Date : 10/16/2024
4316 Fifth Avenue	Fiscal Year End : N/A
Marianna, FL 32446	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	94.51	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Jackson</td> </tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Jackson	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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Distribution:

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

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Florida Agency for Health Care Administration

660037900 - 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

Blountstown Family Practice

17808 NE Charley Johns St
Blountstown, FL 32424

Provider Number : 660037900
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	93.41	100.16	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

660037901 - 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

Monticello Family Medicine
1549. S. Jefferson St
Monticello, FL 32344

Provider Number : 660037901
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	93.41	100.16	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

660037902 - 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

Quincy Medical Group	Provider Number : 660037902
	Date : 10/16/2024
178 LaSalle Dr	Fiscal Year End : N/A
Quincy, FL 32351	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	93.41	100.16	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
	Gadsden																																
Rate Type :																																	
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<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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- Contract Management
- Permanent File
- Program Development:

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

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Florida Agency for Health Care Administration

660037903 - 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

Wakulla Family Medicine
15 Council Moore Rd
Crawfordville, Fl 32327

Provider Number : 660037903

Date : 10/16/2024

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	93.41	100.16	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

660039500 - 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

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

Provider Number : 660039500
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	94.51	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

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

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Florida Agency for Health Care Administration

660046800 - 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

Richard A. Campbell RHC

105 Tomoka Boulevard South
Lake Placid, FL 33852

Provider Number : 660046800
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	94.09	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

660049201 - 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

Gateway Medical Clinic - Crestview

127-C Redstone Ave
Crestview, FL 32539

Provider Number : 660049201
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	94.56	100.16	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

660053100 - 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

Children's Clinic

1100 N. Main St
Belle Glade, FL 33430

Provider Number : 660053100
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	94.51	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr><td style="border: 1px solid black; padding: 2px;">Basis :</td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> <tr><td style="padding-left: 40px;">Palm Beach</td></tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Palm Beach	<table border="0"> <tr><td style="border: 1px solid black; padding: 2px;">Rate Type :</td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Medicare - Prospective																	
<input checked="" type="checkbox"/> Payment System Rate																	
<input type="checkbox"/> Average Nursing Home Rate																	
Palm Beach																	
Rate Type :																	
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<input type="checkbox"/> Total Prospective																	
<input type="checkbox"/> Prospective Adjusted for New costs																	
<input type="checkbox"/> Interim																	
<input type="checkbox"/> Total Interim																	
<input type="checkbox"/> Settlement based on costs																	

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660054900 - 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

Marion RHC dba Forest Family Health	Provider Number : 660054900
	Date : 10/16/2024
15932 E. 40	Fiscal Year End : N/A
Silver Springs, FL 34488	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	93.19	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Budget</td></tr> <tr><td><input type="checkbox"/></td><td>Unaudited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Desk audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Field audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Payment System Rate</td></tr> <tr><td><input type="checkbox"/></td><td>Average Nursing Home Rate</td></tr> <tr><td></td><td style="text-align: center;">Marion</td></tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Marion	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Total Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/></td><td>Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Total Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

660058100 - 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. Okaloosa Medical Center

1045 US Hwy 331, Ste D
DeFuniak, FL 32435

Provider Number : 660058100
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	94.56	100.16	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

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

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Florida Agency for Health Care Administration

660069700 - 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 Family Rural Hlth Care
 2398 N. Beach Dr., Suite 100
 Avon Park, Fl 33825

Provider Number : 660069700
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	93.04	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

660070100 - 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

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

Provider Number : 660070100
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	93.36	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660071900 - 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

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

Provider Number : 660071900

Date : 10/16/2024

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.44	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660072700 - 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

Rajendra P. Bellam MD
11707 N. Williams St Suite 3
Dunnellon, FL 34432

Provider Number : 660072700
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	91.33	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660072702 - 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

Rajendra P. Bellam, MD
41 N INGLIS AVE
INGLIS, FL 34449-9463

Provider Number : 660072702
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	91.33	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660075100 - 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

Charles S. Li MD

7647 W. Gulf Lake Hwy
Crystal River, Fl 34429

Provider Number : 660075100
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.08	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Program Development:

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

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Florida Agency for Health Care Administration

660075101 - 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

Citrus Springs RHC	Provider Number : 660075101
	Date : 10/16/2024
10489 N. Fl Ave	Fiscal Year End : N/A
Citrus Springs, Fl 34434	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.08	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
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<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

660076000 - 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

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

Provider Number : 660076000
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	92.47	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

660083200 - 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

Lake Butler Hospital RHC	Provider Number : 660083200
	Date : 10/16/2024
850 E Main St	Fiscal Year End : N/A
Lake Butler, FL 32054	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	185.61	194.15	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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Distribution:

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

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Florida Agency for Health Care Administration

660087500 - 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

Palm Glades Rural Hlth Assoc
217 W Ave
Belle Glade, Fl 33430

Provider Number : 660087500
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	91.91	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

660089100 - 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

Hernando Medical Center

10489 N Florida Ave
Citrus Springs, FL 34434

Provider Number : 660089100
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	90.71	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

660089102 - 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

West Florida Medical Associates PA
 Hernando Medical Center
 213 S. Pine Ave.
 Inverness , FL 34452-4830

Provider Number : 660089102
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	90.71	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

660092100 - 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

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

Provider Number : 660092100

Date : 10/16/2024

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	325.39	340.36	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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

660103100 - 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

Lake Pediatrics

4880 N Hwy 19A

Mt. Dora, FL 32757

Provider Number : 660103100

Date : 10/16/2024

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	91.15	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
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<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
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<p>Basis :</p> <hr/> <p>Budget</p> <hr/> <p>Unaudited costs</p> <hr/> <p>Desk audited costs</p> <hr/> <p>Field audited costs</p> <hr/> <p>Medicare - Prospective</p> <hr/> <p><input checked="" type="checkbox"/> Payment System Rate</p> <hr/> <p>Average Nursing Home Rate</p> <hr/> <p style="text-align: center;">Lake</p>	<p>Rate Type :</p> <hr/> <p><input checked="" type="checkbox"/> Prospective</p> <hr/> <p>Total Prospective</p> <hr/> <p>Prospective Adjusted for New costs</p> <hr/> <p>Interim</p> <hr/> <p>Total Interim</p> <hr/> <p>Settlement based on costs</p>
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Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

660123500 - 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

Doctor's Memorial Family Medicine	Provider Number : 660123500
DMH Mayo Family Medicine	Date : 10/16/2024
P.O. Box 228	Fiscal Year End : N/A
Mayo, Fl 32066	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	180.42	188.72	10/01/2024
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			
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- Program Development:

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 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

660124300 - 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

Doctor's Memorial Family Practice	Provider Number : 660124300
	Date : 10/16/2024
1702 S. Jefferson St	Fiscal Year End : N/A
Perry, FL 32348	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	122.11	127.73	10/01/2024
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

660129400 - 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 Meidcal Group (Sebring)

3420 US 27 North
Sebring, Fl 33870

Provider Number : 660129400
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	92.04	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

660140500 - 2024/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Andres R. Villar, M.D.	Provider Number : 660140500
	Date : 10/16/2024
P.O. Box 606	Fiscal Year End : N/A
Glen St. Mary, FL 32040	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	90.32	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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

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

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Florida Agency for Health Care Administration

660141300 - 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

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

Provider Number : 660141300
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.46	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
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Program Development:

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

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Florida Agency for Health Care Administration

660151100 - 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

Andres R. Villar, M.D	Provider Number : 660151100
Children's Medical Ctr-Mt. Vernon	Date : 10/16/2024
P.O. Box 606	Fiscal Year End : N/A
Glen St. Mary, Fl 32040	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	90.34	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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- Program Development:

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

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Florida Agency for Health Care Administration

660162600 - 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

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

Provider Number : 660162600
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	93.40	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

660167700 - 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

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

Provider Number : 660167700
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.19	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

660174000 - 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

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

Provider Number : 660174000
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	86.94	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

660187100 - 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

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

Provider Number : 660187100
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.69	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

660200200 - 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

Garcia Medical Clinic	Provider Number : 660200200
	Date : 10/16/2024
411 E. Nelson Avenue	Fiscal Year End : N/A
Defuniak Springs, FL 32433	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.55	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

660204500 - 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

Chiefland Medical Center

1113 N. W. 23rd Ave

Chiefland, FL 32626

Provider Number : 660204500

Date : 10/16/2024

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.66	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Program Development:

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

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Florida Agency for Health Care Administration

660205300 - 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 Medical Center LLC	Provider Number : 660205300
	Date : 10/16/2024
20454 N.E. Finley Ave	Fiscal Year End : N/A
Blountstown, FL 32424	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.35	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="padding-left: 40px;">Calhoun</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Calhoun	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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

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

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Florida Agency for Health Care Administration

660209600 - 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

Clark Clinic

212 S. Florida St
Bushnell, FL 33513

Provider Number : 660209600
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.30	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Budget</td></tr> <tr><td><input type="checkbox"/></td><td>Unaudited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Desk audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Field audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Payment System Rate</td></tr> <tr><td><input type="checkbox"/></td><td>Average Nursing Home Rate</td></tr> <tr><td></td><td style="text-align: center;">Sumter</td></tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Sumter	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Total Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/></td><td>Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Total Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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Distribution:

Fiscal Agent
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Program Development:

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

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Florida Agency for Health Care Administration

660209605 - 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

Clark Clinic

212 S Florida St
Bushnell, FL 33513

Provider Number : 660209605
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.89	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

660209606 - 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

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

Provider Number : 660209606
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.89	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Program Development:

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Florida Agency for Health Care Administration

660212600 - 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

Mohammad Afzal/Excel Pediatrics & Family Care

265 Citrus Tower Blvd
Clermont, FL 347111908

Provider Number : 660212600
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	94.78	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

660218500 - 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

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

Provider Number : 660218500
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.30	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

660219300 - 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 Medical Group, P.A.

105 Tomoka Blvd South
Lake Placid, FL 33852

Provider Number : 660219300
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.30	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Medicaid Program Finance

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Florida Agency for Health Care Administration

660230400 - 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

Express Care of Leesburg
2500 Citrus Blvd
Leesburg, FL 34748

Provider Number : 660230400

Date : 10/16/2024

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.30	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

Fiscal Agent
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Program Development:

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

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Florida Agency for Health Care Administration

660232100 - 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

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

Provider Number : 660232100
 Date : 10/16/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.62	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

660233900 - 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

Jackson County Hospital
4318 5th Avenue
Marianna, FL 32446

Provider Number : 660233900
Date : 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.24	100.16	10/01/2024
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

Distribution:

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- Contract Management
- Permanent File
- Program Development:

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

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