

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	Provider Number : 000640100
Hendry Regional Convenient Care Center	Date: 10/16/2024
450 S. Main Street, Suite 1	Fiscal Year End : N/A
Labelle, FL 33935	Audit Status : N/A

Provider Type:	<b>Current Rate</b>	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)		<u>'</u>	
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1



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	Provider Number : 000707900
Family Practice Center of Avon Park	Date: 10/16/2024
1006 W. Pleasant Street	Fiscal Year End : N/A
Avon Park, FL 338252966	Audit Status : N/A

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

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T. K. Feehrer,

Senior Management Analyst Supervisor



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.	Provider Number: 005955000
Calhoun Liberty Hospital Primary Care Clinic	Date: 10/16/2024
20370 NE Burns Ave.	Fiscal Year End : N/A
Blountstown, FL 324241045	Audit Status : N/A

Provider Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
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 :		lΓ	Rate Type :	]
	Budget		X	Prospective
	Unaudited costs	-		Total Prospective
	Desk audited costs	-		Prospective Adjusted for New costs
	Field audited costs	-		-
	Medicare - Prospective	-		- Interim
X	Payment System Rate	-		Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	 Calhoun	-		=

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



008004300 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem R	ates for	· No	n-Inst	itutional	<u>Providers</u>	
Sacred Heart Medical Group on the Gulf			Provider Number: 008004300						
				Da	te : 10	/16/2024			
55	Avenue E				Fis	cal Ye	ar End : N	I/A	
Apalachicola, FL 323201763					Au	udit Status : N/A			
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural H	lealth Clinic					134.58	140.77	10/01/2024
	Swing-	Bed Provider							
	Federa	lly Qualified Health Centers							
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (	1-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	re						
	#05	551 / 0561 Continuous Home C	are - SI	Ą					
	#06	555 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	е						
	#06	58 Room and Board							
	Basis :	]	Ιſ	Rate	Typ	oe :	]		
		Budget		,	Χ		Prospect	ive	
		Unaudited costs	-				Total Pro	spective	
		Desk audited costs					- Prospect	ive Adjusted for	New costs
		Field audited costs	-				-		
		Medicare - Prospective	-				Interim		
	X	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cos	ts
		Franklin					_		
	<u>Distribution</u> :		 T. K. F	eehrer,					A)/ /
	Fiscal Agent				eme	ent Ana	alyst Supe	rvisor	- TAKE
	Contract Mana	agement	Medica	aid Progi	ram	Finan	ce		
	Permanent File	е							
	Program Deve	elopment:							



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

Provider Type:	Current Rate New Rate Effective Date				
Macclenny, FL 320632103	Audit Status : N/A				
159 N 3rd Street	Fiscal Year End : N/A				
Baker Rural Health Clinic	Date: 10/16/2024				
Baker County Medical Services	Provider Number: 010834300				

Provider Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
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			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



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

Provider Type:	Current Rate	New Rate	Effective Date		
Century, FL 32535	Audit Status : N/A				
8401 North Century Boulevard	Fiscal Year End : N/A				
Century Medical Center	Date: 10/16/2024				
Jay Hospital, Inc.	Provider Number : 018056100				

Provider Type:	<b>Current Rate</b>	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			

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

Senior Management Analyst Supervisor



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 Pro		ovider Number : 106170600			
Weems Med Ctr West Dat		ate: 10/16/2024			
PO Box 580		Fiscal Year End : N/A			
Apalachicola, FL 32329		audit Status : N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		95.27	100.16	10/01/2024	
Swing-Bed Provider					
Federally Qualified Health Centers					

Hosp	ice Provider	
#(	0651 / H51 Routine Home Care (1-60)	
#(	0651a / H5L Routine Home Care (61 +)	
#(	0652 / H52 Continuous Home Care	
#(	0551 / 0561 Continuous Home Care - SIA	
#(	0655 / H55 Inpatient Respite Care	
#(	0656 / H56 General Inpatient Care	
#(	0658 Room and Board	

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

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



Program Development:

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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

<u></u>	<u> Medicaid Reimbursement Per</u>	Diem Rates to	r Noi	n-Institutional	<u>Providers</u>		
Franklin County BoC		Pro	rovider Number : 106362400				
Weems Med Ctr Eas	Weems Med Ctr East PO Box 580			Date : 10/16/2024			
PO Box 580				cal Year End : N	I/A		
Apalachicola, FL 32		Auc	lit Status : N/A				
Provider Type:	Provider Type: Rural Health Clinic			Current Rate	New Rate	Effective Date	
Rural H				95.27	100.16	10/01/2024	
Swing-E	Bed Provider						
Federal	ly Qualified Health Centers						
Hospice	e Provider						
#065	51 / H51 Routine Home Care (	1-60)					
#065	51a / H5L Routine Home Care	(61 +)					
#065	52 / H52 Continuous Home Ca	are					
#055	51 / 0561 Continuous Home C	are - SIA					
#065	55 / H55 Inpatient Respite Car	е					
#065	56 / H56 General Inpatient Ca	re					
#065	58 Room and Board						
Basis:		Rate	Тур	e:			
	Budget		Χ	Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
X	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	ts	
	Franklin						
<u>Distribution:</u>		T. K. Feehrer,				A V . A	
Fiscal Agent				nt Analyst Supe	rvisor	4	
Contract Manag	gement	Medicaid Prog	gram	Finance			
Permanent File							



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	Provider Number : 112711800
Leesburg Pediatrics PA	Date: 10/16/2024
8113 Centralia Ct	Fiscal Year End : N/A
Leesburg, FL 34788-7508	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	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			

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

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Fiscal Agent

**Contract Management** 

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



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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

-	<u>Medicaid Reimbursement Per</u>	Diem Rates to	or inc	on-institutionai	<u>Providers</u>			
Hendry Family Care	Hendry Family Care Ctr			Provider Number : 253668401				
Forbes Family Care	Forbes Family Care Ctr 500 West Sagamore Ave Clewiston, FI 33440			Date : 10/16/2024 Fiscal Year End : N/A				
500 West Sagamor								
Clewiston, FI 3344				udit Status : N/A				
Provider Type:				<b>Current Rate</b>	New Rate	Effective Date		
Rural H	lealth Clinic			164.16	171.71	10/01/2024		
Swing-	Bed Provider							
Federa	Ily Qualified Health Centers							
Hospic	e Provider							
#06	51 / H51 Routine Home Care (	1-60)						
#06	51a / H5L Routine Home Care	(61 +)						
#06	52 / H52 Continuous Home Ca	ire						
#05	51 / 0561 Continuous Home C	are - SIA						
#06	55 / H55 Inpatient Respite Car	е						
#06	56 / H56 General Inpatient Car	е						
#06	58 Room and Board							
Basis :	]	Rate	е Ту	pe:				
	Budget		Χ	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
X	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	Hendry							
<u>Distribution:</u>		T. K. Feehrer	,			٨٧.٨		
Fiscal Agent		Senior Mana	jeme	ent Analyst Supe	rvisor	1/4°		
Contract Mana	agement	Medicaid Pro	gran	n Finance				



660037900 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem R	ates for N	on-Inst	titutional	<u>Providers</u>			
Blo	ountstown Family	Practice	Provider Number: 660037900							
				Da	ate : 10	/16/2024				
17	808 NE Charley	Johns St	Fiscal Year End : N/A							
Blo	ountstown, FL 32	2424		Au	udit Sta	itus : N/A				
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural H	lealth Clinic				93.41	100.16	10/01/2024		
	Swing-	Bed Provider								
	Federa	Ily Qualified Health Centers								
	Hospid	e Provider								
	#06	51 / H51 Routine Home Care (	1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	re							
	#05	51 / 0561 Continuous Home C	are - SIA	4						
	#06	55 / H55 Inpatient Respite Car	е							
		56 / H56 General Inpatient Car	·e							
	#06	58 Room and Board								
	Basis :	]	ĪΓ	Rate Ty	pe :					
,		Budget		Х		Prospect	ive			
		Unaudited costs	-			Total Pro	spective			
•		Desk audited costs				Prospect	ive Adjusted for	New costs		
•		Field audited costs	-			=				
•		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
		_Average Nursing Home Rate 	-			Settleme -	nt based on cost	s		
	Distribution:			eehrer, Managem	ent Ana	alyst Supe	rvisor	1X.F		
	Contract Mana	gement	Medica	aid Progran	n Finan	ice				
	Permanent File									
	Program Deve	lopment:								



660037901 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Ra	tes for No	on-Institutional	<u>Providers</u>				
Mc	onticello Family M	ledicine	Provider Number : 660037901							
				Da	ite: 10/16/2024					
15	49. S. Jefferson S	St	Fiscal Year End : N/A							
Mc	onticello, FL 3234	14		Au	dit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural F	lealth Clinic			93.41	100.16	10/01/2024			
	Swing-	Bed Provider								
	Federa	lly Qualified Health Centers								
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (	1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	are							
	#05	51 / 0561 Continuous Home C	are - SIA							
	#06	55 / H55 Inpatient Respite Car	'e							
	#06	56 / H56 General Inpatient Car	re							
	#06	58 Room and Board								
	Basis :	]		Rate Typ	pe:					
		Budget		Х	Prospect	tive				
•		Unaudited costs			Total Pro	ospective				
•		Desk audited costs	_		Prospect	tive Adjusted for	New costs			
•		Field audited costs								
		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
,		Average Nursing Home Rate			Settleme	ent based on cost	s			
		Jefferson								
	Distribution:		I Т. К. Fe	ehrer,			۸٧.٨			
Fiscal Agent					ent Analyst Supe	ervisor	2/h2			
	Contract Mana	gement	Medicai	d Program	Finance					
	Permanent File	Э								
	Program Deve	lopment:								



660037902 - 2024/10

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

	-	<u>Medicaid Reimbursement Per</u>	Diem R	Rates for	r No	n-Ins	titutional	<u>Providers</u>		
Qυ	incy Medical Gro	up			Pro	ovider	Number :	660037902		
					Da	te : 10	)/16/2024			
17	8 LaSalle Dr		Fiscal Year End : N/A							
Qυ	incy, FI 32351				Au	dit Sta	atus : N/A			
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date	
	Rural H	lealth Clinic					93.41	100.16	10/01/2024	
	Swing-	Bed Provider								
	Federa	lly Qualified Health Centers								
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (	1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	re							
	#05	51 / 0561 Continuous Home C	are - SI	A						
	#06	55 / H55 Inpatient Respite Car	е							
	#06	56 / H56 General Inpatient Car	е							
	#06	58 Room and Board								
	Basis :	]		Rate	Тур	oe :	]			
'		Budget	'		X		∟ Prospect	ive		
		- Unaudited costs	-				- Total Pro	spective		
,		Desk audited costs	-				- Prospect	ive Adjusted for	New costs	
,		Field audited costs	-				_			
		- Medicare - Prospective	-				- Interim			
	X	Payment System Rate	-				- Total Inte	erim		
,		Average Nursing Home Rate	-				Settleme	nt based on cost	ts	
,		Gadsden	-				_			
	<u>Distribution:</u>		l T. K. F	eehrer,					AV 1	
				eme	nt Ana	alyst Supe	rvisor	2/1/2		
	Contract Mana	gement	Medic	aid Prog	ram	Finar	nce			
	Permanent File	9								
	Program Deve	lopment:								
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660037903 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem R	ates for No	n-Institution	al Providers				
Wa	akulla Family Med	dicine	Provider Number : 660037903							
				Da	te: 10/16/202	4				
15	Council Moore R	ld .	Fiscal Year End : N/A							
Cra	awfordville, Fl 32	2327		Au	dit Status : N/	4				
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural H	lealth Clinic			93.	41 100.16	10/01/2024			
	Swing-	Bed Provider								
	Federa	lly Qualified Health Centers								
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (	1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	ire							
	#05	51 / 0561 Continuous Home C	are - SIA	4						
	#06	55 / H55 Inpatient Respite Car	е							
	#06	56 / H56 General Inpatient Car	е							
	#06	58 Room and Board								
	Basis :	]		Rate Typ	pe :					
		Budget	-	Х	Prospe	ective				
•		Unaudited costs	_		Total F	Prospective				
•		Desk audited costs			Prospe	ective Adjusted for	New costs			
		Field audited costs								
		Medicare - Prospective			Interim					
	X	Payment System Rate			Total I	nterim				
		Average Nursing Home Rate			Settler	nent based on cos	sts			
		Wakulla								
	<u>Distribution:</u>		I T. K. F	eehrer,			1V.1			
Fiscal Agent					ent Analyst Su	pervisor	2/42			
Contract Management			Medica	id Program	Finance					
	Permanent File	Э								
	Program Deve	lopment:								



660049201 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Rates f	or N	lon-Ir	<u>nstitutional</u>	<u>Providers</u>			
Ga	ateway Medical C	linic - Crestview	Provider Number : 660049201							
				D	Date :	10/16/2024				
12	7-C Redstone Av	e	Fiscal Year End : N/A							
Cr	estview, FL 3253	9		Α	Audit S	Status : N/A				
Pr	ovider Type:				Cu	rrent Rate	New Rate	Effective Date		
	Rural H	lealth Clinic				94.56	100.16	10/01/2024		
	Swing-	Bed Provider								
	Federa	lly Qualified Health Centers								
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (	1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	re							
	#05	51 / 0561 Continuous Home C	are - SIA							
	#06	55 / H55 Inpatient Respite Car	е							
	#06	56 / H56 General Inpatient Car	е							
	#06	58 Room and Board								
	Basis :	]	Rat	e Ty	ype :					
		Budget		Χ		Prospect	ive			
		Unaudited costs				Total Pro	spective			
		Desk audited costs				Prospect	ive Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cos	ts		
		Okaloosa								
	Distribution:		T. K. Feehrei	,				ΛV.Λ		
Fiscal Agent			Senior Mana	gem	nent A	Analyst Supe	rvisor	2/1/2		
	Contract Mana	gement	Medicaid Pro	gra	m Fin	ance				
	Permanent File	e								
	Program Deve	lopment:								



660058100 - 2024/10

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

	•	Medicaid Reimbursement Per	Diem	Rates for No	on-Inst	<u>titutional l</u>	<u>Providers</u>			
N. Okaloc	sa Medic	al Center	Provider Number : 660058100							
				Da	ate : 10	/16/2024				
1045 US	Hwy 331,	Ste D		Fis	Fiscal Year End : N/A					
DeFuniak	, FL 3243	35		Au	ıdit Sta	itus : N/A				
Provider	Туре:				Curre	ent Rate	New Rate	Effective Date		
	Rural H	Health Clinic				94.56	100.16	10/01/2024		
	Swing-	-Bed Provider								
	Federa	Illy Qualified Health Centers								
	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (	1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca								
	#05	551 / 0561 Continuous Home C	are - S	IA						
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
В	asis :			Rate Ty	pe:					
		Budget		Х		Prospecti	ive			
		Unaudited costs	Ī			Total Pro	spective			
		Desk audited costs				Prospecti	ive Adjusted for	New costs		
		Field audited costs				_				
		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		Walton				_				
 Dist	ribution	<u> </u>	l T. K.	Feehrer,				A \		
Fisca	al Agent			r Manageme	ent Ana	alyst Supe	rvisor	1/4 <sup>2</sup>		
Cont	tract Mana	agement	Medicaid Program Finance							
Pern	nanent Fil	е								
Prog	gram Deve	elopment:								



660083200 - 2024/10

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

	Medicaid Reimbursement Per	Diem F	Rates for No	<u>on-Ins</u>	titutional	<u>Providers</u>			
Lake Butler Ho	spital RHC	Provider Number : 660083200							
			Da	ite : 10	0/16/2024				
850 E Main St		Fiscal Year End : N/A							
Lake Butler, FL	. 32054		Au	dit Sta	atus : N/A				
Provider Type	:			Curr	ent Rate	New Rate	Effective Date		
Ru	ral Health Clinic				185.61	194.15	10/01/2024		
Sw	ring-Bed Provider								
Fe	derally Qualified Health Centers								
Но	spice Provider								
	#0651 / H51 Routine Home Care (	(1-60)					,		
	#0651a / H5L Routine Home Care	(61 +)							
	#0652 / H52 Continuous Home Ca	are							
	#0551 / 0561 Continuous Home C	are - SI	A						
	#0655 / H55 Inpatient Respite Car	re							
	#0656 / H56 General Inpatient Ca	re							
	#0658 Room and Board								
Basis :			Rate Typ	oe :	7				
	Budget	'	X		⊐ Prospect	ive			
	Unaudited costs	-			– Total Pro	spective			
	Desk audited costs				- Prospect	ive Adjusted for I	New costs		
	Field audited costs				_				
	Medicare - Prospective	-			- Interim				
Х	Payment System Rate	-			- Total Inte	erim			
	Average Nursing Home Rate				- Settleme	nt based on cost	s		
	Union	'			-				
Distribut	<u>iion:</u>	I T. K. F	eehrer,				Λ./Λ		
Fiscal Agent			r Manageme			rvisor	2/12		
Contract N	Management	Medic	aid Program	Finar	nce				
Permaner	nt File								
Program [	Development:								
F	For information Only (No Change in	rate)							



660092100 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Rat	es for	No	<u>n-Institutional l</u>	<u>Providers</u>			
Do	octor's Memorial I	Hospital	Provider Number : 660092100							
Sto	einhatchee Famil	y Center	Date : 10/16/2024							
12	09 First Ave S.		Fiscal Year End : N/A							
Ste	einhatchee, Fl 32	2359			Auc	dit Status : N/A				
Pr	ovider Type:					Current Rate	New Rate	Effective Date		
	Rural I	lealth Clinic				325.39	340.36	10/01/2024		
	Swing-	Bed Provider								
	Federa	Illy Qualified Health Centers								
	Hospid	e Provider								
	#06	551 / H51 Routine Home Care (1	l <b>-60</b> )							
	#06	551a / H5L Routine Home Care	(61 +)							
	#06	552 / H52 Continuous Home Ca	re							
	#05	551 / 0561 Continuous Home Ca	are - SIA							
	#06	555 / H55 Inpatient Respite Care	9							
	#06	556 / H56 General Inpatient Card	е							
	#06	558 Room and Board								
	Basis :	]		Rate	Тур	e :				
		Budget		,	X	Prospect	ve			
		Unaudited costs				Total Pro	spective			
		Desk audited costs				Prospect	ve Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	rim			
		Average Nursing Home Rate				Settleme	nt based on cost	s		
		Taylor								
	<u>Distribution</u> :	<u>.</u>	T. K. Fee	ehrer				A)/ A		
					emer	nt Analyst Supe	rvisor	2/1/2		
	Contract Mana	agement	Medicaid	Prog	ram	Finance				
	Permanent File	е								
	Program Deve	elopment:								



660123500 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Rate	s for	Non	<u>-Institutional l</u>	<u>Providers</u>				
Do	ctor's Memorial F			Prov	rider Number :	660123500					
DΝ	/IH Mayo Family I	Medicine		Date: 10/16/2024							
Р.(	O. Box 228			Fiscal Year End : N/A							
Ma	ayo, Fl 32066				Audi	t Status : N/A					
Pr	ovider Type:				C	Current Rate	New Rate	Effective Date			
	Rural H	lealth Clinic				180.42	188.72	10/01/2024			
	Swing-	Bed Provider									
	Federa	lly Qualified Health Centers									
	Hospic	e Provider									
	#06	51 / H51 Routine Home Care (	1-60)								
	#06	51a / H5L Routine Home Care	(61 +)								
	#06	52 / H52 Continuous Home Ca	re								
	#05	51 / 0561 Continuous Home C	are - SIA								
	#06	55 / H55 Inpatient Respite Car	е								
	#06	56 / H56 General Inpatient Car	е								
	#06	58 Room and Board									
	Basis :	]		Rate 1	Туре	:					
, '		Budget		>	X	Prospecti	ve				
•		Unaudited costs				Total Pro	spective				
		Desk audited costs				Prospecti	ve Adjusted for	New costs			
'		Field audited costs									
'		Medicare - Prospective				Interim					
	Х	Payment System Rate				Total Inte	rim				
		Average Nursing Home Rate				Settleme	nt based on cost	s			
		Lafayette									
	<u>Distribution:</u>		T. K. Feel	nrer.				AV/ A			
					men	t Analyst Supe	rvisor	1K2			
	Contract Mana	gement	Medicaid	Progr	am F	inance					
	Permanent File	e									
	Program Deve	lopment:									



660124300 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Rat	es for No	n-Institutional	<u>Providers</u>				
Do	ctor's Memorial F	amily Practice	Provider Number : 660124300							
				Da	ite: 10/16/2024					
17	02 S. Jefferson S	t		Fiscal Year End : N/A						
Pe	rry, Fl 32348			Au	dit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural H	lealth Clinic			122.11	127.73	10/01/2024			
	Swing-	Bed Provider								
	Federa	lly Qualified Health Centers								
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (	1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	are							
	#05	51 / 0561 Continuous Home C	are - SIA							
	#06	55 / H55 Inpatient Respite Car	е							
	#06	56 / H56 General Inpatient Car	re							
	#06	58 Room and Board								
	Basis :	]		Rate Typ	oe :					
'		Budget		Х	Prospect	ive				
•		Unaudited costs			Total Pro	spective				
		Desk audited costs			Prospect	ive Adjusted for	New costs			
		Field audited costs								
•		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate			Settleme	nt based on cost	s			
•		Taylor								
	Distribution:		T. K. Fee	ehrer.			A \			
	Fiscal Agent				ent Analyst Supe	rvisor	2K2			
	Contract Mana	gement	Medicaid	l Program	Finance					
	Permanent File	Э								
	Program Deve	lopment:								