

000640100 - 2021/10

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

### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry County Hospital Authority	Provider Number : 000640100
Hendry Regional Convenient Care Center	Date: 09/08/2021
450 S. Main Street, Suite 1	Fiscal Year End : N/A
Labelle, FL 33935	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	126.89	128.67	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

Basis :	7	Rate Type :	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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**Contract Management** 

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



000707900 - 2021/10

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

### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health System	Provider Number : 000707900
Family Practice Center of Avon Park	Date: 09/08/2021
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	86.50	87.71	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

184



005955000 - 2021/10

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		
Blountstown, FL 324241045	Audit Status : N/A		
20370 NE Burns Ave.	Fiscal Year End : N/A		
Calhoun Liberty Hospital Primary Care Clinic	Date: 09/08/2021		
Calhoun Liberty Hospital Assoc.	Provider Number : 005955000		

Provider Type:	<b>Current Rate</b>	New Rate	Effective Date
Rural Health Clinic	88.40	89.64	10/01/2021
Swing-Bed Provider		<u>'</u>	
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 :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Calhoun		_

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

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008004300 - 2021/10

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

	<del>-</del>	Medicaid Reimbursement Per	Diem Rates fo	or No	<u>on-Insti</u>	<u>tutional l</u>	<u>Providers</u>	
Sacred Heart Medical Group on the Gulf		Provider Number: 008004300						
				Date: 09/08/2021				
55	55 Avenue E			Fis	scal Yea	ar End : N	/A	
Apalachicola, FL 323201763				Αι	udit Stat	us : N/A		
Pr	ovider Type:				Curre	nt Rate	New Rate	Effective Date
	Rural H	lealth Clinic				124.23	125.97	10/01/2021
	Swing-	Bed Provider						
	Federa	lly Qualified Health Centers						
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (	1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	re					
	#05	51 / 0561 Continuous Home Ca	are - SIA					
	#06	55 / H55 Inpatient Respite Care	е					
	#06	56 / H56 General Inpatient Car	е					
	#06	58 Room and Board						
	Basis :	]	Rate	э Тур	pe:			
'		Budget		Х		Prospecti	ve	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospecti	ve Adjusted for	New costs
		Field audited costs						
		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
		Franklin						
	Distribution:		T. K. Feehrer					A \
	Fiscal Agent		Senior Manag		ent Anal	yst Supei	visor	2K2
	Contract Mana	gement	Medicaid Pro	gram	n Financ	:e		
	Permanent File	)						
	Program Deve	lopment:						



010834300 - 2021/10

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

	-	Medicaid Reimbursement Per	Diem F	Rates for No	n-Institutio	nal I	<u>Providers</u>	
Baker County Medical Services			Pro	Provider Number : 010834300				
Ва	Baker Rural Health Clinic Da			ite: 09/08/20	021			
15	9 N 3rd Street			Fis	scal Year En	d : N	/A	
Ма	acclenny, FL 320	632103		Au	dit Status : I	N/A		
Pro	ovider Type:				Current Ra	ate	New Rate	Effective Date
	Rural H	lealth Clinic			12	4.22	125.96	10/01/2021
	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	Α				
	#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	Pros	pecti	ve	
•		Unaudited costs	-		Tota	l Pro	spective	
٠		Desk audited costs	-		Pros	pecti	ve Adjusted for	New costs
•		Field audited costs						
•		Medicare - Prospective			Inter	im		
	X	Payment System Rate			Tota	l Inte	rim	
		Average Nursing Home Rate			Settl	eme	nt based on cost	s
•		Baker						
	<u>Distribution:</u>		L T. K. F	eehrer,				ΛV /I
	Fiscal Agent		Senior	Manageme	ent Analyst S	Supei	rvisor	2/1/2
	Contract Mana	gement	Medic	aid Program	Finance			
	Permanent File	e						
	Program Deve	lopment:						



018056100 - 2021/10

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

### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jay Hospital, Inc.	Provider Number : 018056100
Century Medical Center	Date: 09/08/2021
8401 North Century Boulevard	Fiscal Year End : N/A
Century, FL 32535	Audit Status : N/A

Provider Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Rural Health Clinic	122.39	126.46	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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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

Medicaid Program Finance



Program Development:

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## Florida Agency for Health Care Administration

106170600 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for	r Nor	<u>n-Institutional l</u>	<u>Providers</u>	
Franklin County BoCC	Pro	Provider Number : 106170600			
Weems Med Ctr West	Date	ate: 09/08/2021			
PO Box 580		Fisc	al Year End : N	/A	
Apalachicola, FL 32329		Aud	lit Status : N/A		
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic			87.95	89.18	10/01/2021
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#0651 / H51 Routine Home Care (	(1-60)				
#0651a / H5L Routine Home Care	(61 +)				
#0652 / H52 Continuous Home Ca	are				
#0551 / 0561 Continuous Home C	are - SIA				
#0655 / H55 Inpatient Respite Car	re				
#0656 / H56 General Inpatient Ca	re				
#0658 Room and Board					
Basis:	Rate	Туре	e :		
Budget		Χ	Prospecti	ve	
Unaudited costs			Total Pro	spective	
Desk audited costs			Prospect	ve Adjusted for	New costs
Field audited costs					
Medicare - Prospective			Interim		
X Payment System Rate			Total Inte	rim	
Average Nursing Home Rate			Settleme	nt based on cost	ts
Franklin					
<u>Distribution:</u>	T. K. Feehrer,				ΛV. Λ
Fiscal Agent		emer	nt Analyst Supe	rvisor	1/4 <sup>2</sup>
Contract Management	Medicaid Prog	ram	Finance		
Permanent File					



106362400 - 2021/10

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

-	<u>Medicaid Reimbursement Per</u>	Diem Rates for	NO	n-institutionai	<u>Providers</u>		
ranklin County Bo	CC		Provider Number : 106362400				
Veems Med Ctr East Da			ate: 09/08/2021				
O Box 580			Fis	cal Year End : N	I/A		
palachicola, FL 3	2329		Au	dit Status : N/A			
Provider Type:				Current Rate	New Rate	Effective Date	
Rural H	lealth Clinic			87.95	89.18	10/01/2021	
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	re .					
#06	56 / H56 General Inpatient Car	re					
#06	58 Room and Board						
Basis :	]	Rate	Тур	oe:			
	Budget		Χ	Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
X	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	is	
	Franklin						
<u>Distribution:</u>		T. K. Feehrer,				1V.1	
Fiscal Agent			eme	nt Analyst Supe	rvisor	1/4 <sup>2</sup>	
Contract Mana	agement	Medicaid Prog	ram	Finance			

**Contract Management** 

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Program Development:



253668401 - 2021/10

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

### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry Family Care Ctr	Provider Number : 253668401
Forbes Family Care Ctr	Date: 09/08/2021
500 West Sagamore Ave	Fiscal Year End : N/A
Clewiston, FI 33440	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	151.53	153.65	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

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**Contract Management** 

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



372384401 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for No	on-Institutional	<u>Providers</u>				
Healthmark of Walton	Provider Number : 372384401						
	Date: 09/08/2021						
4415 US Hwy 331	Fis	scal Year End : N	I/A				
DeFuniak Springs, FI 32435	Αι	udit Status : N/A					
Provider Type:		Current Rate	New Rate	Effective Date			
Rural Health Clinic		155.07	160.22	10/01/2021			
Swing-Bed Provider							
Federally Qualified Health Centers							
Hospice Provider							
#0651 / H51 Routine Home Care (	1-60)						
#0651a / H5L Routine Home Care	(61 +)						
#0652 / H52 Continuous Home Ca	are						
#0551 / 0561 Continuous Home C	are - SIA						
#0655 / H55 Inpatient Respite Car	е						
#0656 / H56 General Inpatient Ca	re						
#0658 Room and Board							
Basis:	Rate Ty	pe:					
Budget	X	Prospect	ive				
Unaudited costs		Total Pro	spective				
Desk audited costs		Prospect	ive Adjusted for	New costs			
Field audited costs							
Medicare - Prospective		Interim					
X Payment System Rate		Total Inte	erim				
Average Nursing Home Rate		Settleme	nt based on cost	s			
Walton							
<u>Distribution:</u>	T. K. Feehrer,			1V.1			
Fiscal Agent	Senior Manageme	ent Analyst Supe	rvisor	2/12			
Contract Management	Medicaid Program	n Finance					
Permanent File							
Program Development:							



660037900 - 2021/10

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

	-	Medicaid Reimbursement Per	Diem R	Rates for	No	n-Institutional	<u>Providers</u>		
Blountstown Family Practice			Provider Number : 660037900						
				Date: 09/08/2021					
17	808 NE Charley	Johns St			Fisc	cal Year End : N	√A		
Blo	ountstown, FL 32	2424			Auc	dit Status : N/A			
Pro	ovider Type:					Current Rate	New Rate	Effective Date	
	Rural H	lealth Clinic				86.22	87.43	10/01/2021	
	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					
		55 / H55 Inpatient Respite Car							
		56 / H56 General Inpatient Car	e						
	#06	58 Room and Board							
	Basis :	]		Rate	Тур	e :			
,		Budget	'	)	X	Prospect	tive		
•		Unaudited costs	-			Total Pro	spective		
•		Desk audited costs				Prospect	tive Adjusted for	New costs	
•		Field audited costs							
		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	erim		
		_Average Nursing Home Rate 	-			Settleme	ent based on cost	s	
	Distribution:	<u> </u>		eehrer, Manage	emer	nt Analyst Supe	rvisor	1X.F	
	Contract Mana	agement	Medic	aid Progr	ram	Finance			
	Permanent File								
	Program Deve	lopment:							



660037901 - 2021/10

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

	<u>_</u>	<u>Medicaid Reimbursement Per</u>	Diem R	ates for No	on-Institutional	<u>Providers</u>			
Monticello Family Medicine			Provider Number : 660037901						
				Da					
15	49. S. Jefferson S	St		Fis	scal Year End :	N/A			
Мс	nticello, FL 3234	14		Au	dit Status : N/A				
Pre	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural H	lealth Clinic			86.22	87.43	10/01/2021		
	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	4					
	#06	55 / H55 Inpatient Respite Car	е						
	#06	56 / H56 General Inpatient Car	е						
	#06	58 Room and Board							
	Basis :	]	ĪΓ	Rate Typ	pe :				
•		Budget		Х	Prospec	tive			
•		Unaudited costs			Total Pr	ospective			
•		Desk audited costs			Prospec	tive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Int	erim			
		Average Nursing Home Rate Jefferson	-		Settleme	ent based on cost	S		
	<u>Distribution:</u>			eehrer,	ent Analyst Supe	anvisor	N/1		
	Fiscal Agent			aid Program		71 11001			
	Contract Mana	_	wiodioc	a i rogiain					
	Permanent File								
	Program Devel	opment:							



660037902 - 2021/10

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

	-	<u>Medicaid Reimbursement Per</u>	Diem I	Rates for	r No	<u>n-Inst</u>	<u>itutional l</u>	<u>Providers</u>	
Quincy Medical Group			Provider Number : 660037902						
				Date: 09/08/2021					
17	8 LaSalle Dr				Fisc	cal Ye	ar End : N	/A	
Qι	uincy, Fl 32351				Aud	dit Sta	tus : N/A		
Pr	ovider Type:					Curre	nt Rate	New Rate	Effective Date
	Rural H	ealth Clinic					86.22	87.43	10/01/2021
	Swing-	Bed Provider							
	Federa	ly 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						
		51 / 0561 Continuous Home C		IA					
	#06	55 / H55 Inpatient Respite Car	е						
	#06	56 / H56 General Inpatient Car	е						
	#06	58 Room and Board							
	Basis :	]		Rate	Тур	e :			
		Budget			X		Prospecti	ve	
		Unaudited costs	Ī				Total Pro	spective	
		Desk audited costs					Prospect	ve Adjusted for	New costs
		Field audited costs					•		
		Medicare - Prospective					Interim		
	X	Payment System Rate					Total Inte	rim	
		Average Nursing Home Rate					Settleme	nt based on cos	ts
		Gadsden							
	<u>Distribution:</u>		I T. K.	Feehrer,					A V . A
	Fiscal Agent				emei	nt Ana	lyst Supe	rvisor	2K#
	Contract Mana	gement	Medic	caid Prog	ram	Finan	ce		
	Permanent File	}							
	Program Deve	opment:							



660037903 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for N	on-Institutional	<u>Providers</u>				
Wakulla Family Medicine	Provider Number : 660037903						
	Date : 09/08/2021						
15 Council Moore Rd	Fi	scal Year End : N	I/A				
Crawfordville, FI 32327	Au	udit Status : N/A					
Provider Type:		<b>Current Rate</b>	New Rate	Effective Date			
Rural Health Clinic		86.22	87.43	10/01/2021			
Swing-Bed Provider							
Federally Qualified Health Centers							
Hospice Provider							
#0651 / H51 Routine Home Care (	1-60)						
#0651a / H5L Routine Home Care	(61 +)						
#0652 / H52 Continuous Home Ca	are						
#0551 / 0561 Continuous Home C	are - SIA						
#0655 / H55 Inpatient Respite Car	е						
#0656 / H56 General Inpatient Car	re						
#0658 Room and Board							
Basis:	Rate Ty	pe:					
Budget	X	Prospect	ive				
Unaudited costs		Total Pro	spective				
Desk audited costs		Prospect	ive Adjusted for	New costs			
Field audited costs							
Medicare - Prospective		Interim					
X Payment System Rate		Total Inte	erim				
Average Nursing Home Rate		Settleme	nt based on cost	S			
Wakulla							
<u>Distribution:</u>	T. K. Feehrer,			۸٧.٨			
Fiscal Agent	Senior Managem	ent Analyst Supe	rvisor	2/12			
Contract Management	Medicaid Progran	n Finance					
Permanent File							
Program Development:							



660049201 - 2021/10

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

	<del>-</del>	Medicaid Reimbursement Per	Diem Rate	es for No	n-Institutional	<u>Providers</u>		
Gateway Medical Clinic - Crestview			Provider Number : 660049201					
			Date: 09/08/2021					
12	7-C Redstone Av	е		Fis	scal Year End : N	I/A		
Cr	estview, FL 3253	39		Au	dit Status : N/A			
Pr	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural H	lealth Clinic			87.29	88.51	10/01/2021	
	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	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	
		Okaloosa						
	<u>Distribution:</u>		T. K. Fee	hrer,			AV 1	
	Fiscal Agent				ent Analyst Supe	rvisor	2K2	
	Contract Mana	gement	Medicaid	Program	Finance			
	Permanent File	e						
	Program Deve	lopment:						



660058100 - 2021/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for I	Non-	<u>-Institutional I</u>	<u>Providers</u>		
N.	Okaloosa Medic	Provider Number : 660058100							
			Date: 09/08/2021						
10	45 US Hwy 331,	Ste D		F	Fisca	al Year End : N	I/A		
De	Funiak, FL 3243	35		A	Audi	t Status : N/A			
Pr	ovider Type:				C	Current Rate	New Rate	Effective Date	
	Rural I	lealth Clinic				87.29	88.51	10/01/2021	
	Swing-	Bed Provider							
	Federa	Illy Qualified Health Centers							
	Hospid	e Provider							
	#06	551 / H51 Routine Home Care (	1-60)						
	#06	551a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	ire						
	#05	551 / 0561 Continuous Home C	are - SIA	\					
	#06	555 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	е						
	#06	558 Room and Board							
	Basis :	7		Rate T	уре	:			
•		Budget		Х		Prospecti	ive		
•		Unaudited costs	_			Total Pro	spective		
		Desk audited costs				Prospecti	ive Adjusted for	New costs	
•		Field audited costs							
•		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	erim		
·		Average Nursing Home Rate				Settleme	nt based on cost	s	
		Walton							
	Distribution		l T. K. Fe	eehrer.				A \	
	Fiscal Agent				ment	Analyst Super	rvisor	2K2	
	Contract Mana	agement	Medica	id Progra	am F	inance			
	Permanent File	е							
	Program Deve	elopment:							



660083200 - 2021/10

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		Medicaid Reimbursement Per	Diem F	Rates for	No.	n-Inst	itutional	<u>Providers</u>		
Lake Butler Hospital RHC				Provider Number : 660083200						
				Date: 09/08/2021						
85	0 E Main St				Fis	cal Ye	ar End : N	I/A		
La	ke Butler, FL 32	054			Au	dit Sta	tus : N/A			
Provider Type:						Curre	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic					171.33	173.73	10/01/2021	
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
	#06	651 / H51 Routine Home Care (	1-60)							
	#00	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	ire							
	#0	551 / 0561 Continuous Home C	are - SI	Α						
	#00	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	е							
	#00	658 Room and Board								
	Basis :	7		Rate	Тур	oe :	]			
<b>'</b>		Budget	'		X		Prospect	ive		
,		Unaudited costs	•				Total Pro	spective		
,		Desk audited costs					Prospect	ive Adjusted for	New costs	
,		Field audited costs					-			
'		Medicare - Prospective					Interim			
	Χ	Payment System Rate	'				Total Inte	erim		
'		Average Nursing Home Rate					Settleme	nt based on cost	ts	
		Union					-			
	Distribution	:	_ 	Feehrer,					A \	
	Fiscal Agent	_			eme	nt Ana	alyst Supe	rvisor	JKJ	
	Contract Mana	agement	Medic	aid Prog	ram	Finan	ce			
	Permanent Fil	e								
	Program Deve	elopment:								



660092100 - 2021/10

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### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Hospital	Provider Number : 660092100			
Steinhatchee Family Center	Date: 09/08/2021			
1209 First Ave S.	Fiscal Year End : N/A			
Steinhatchee, FI 32359	Audit Status : N/A			

Provider Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Rural Health Clinic	300.36	304.57	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

\_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



660122700 - 2021/10

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	<del>-</del>	Medicaid Reimbursement Per	Diem Rates fo	r No	on-Institutional	<u>Providers</u>			
No	rthwest Florida C	ommunity Hospital	Provider Number : 660122700						
			Date: 09/08/2021						
32	50 Main Street			Fis	scal Year End : N	I/A			
Ve	rnon, FL 32462			Au	dit Status : N/A				
Provider Type:					Current Rate	New Rate	Effective Date		
	Rural H	lealth Clinic			126.23	128.00	10/01/2021		
	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 Co	are - SIA						
	#06	55 / H55 Inpatient Respite Care	<b>e</b>						
	#06	56 / H56 General Inpatient Car	е						
	#06	58 Room and Board							
	Basis :	]	Rate	Тур	pe :				
, '		Budget		Х	Prospect	ive			
		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
'		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
'		Average Nursing Home Rate			Settleme	nt based on cost	ts		
		Washington							
	Distribution:		T. K. Feehrer,				A \		
	Fiscal Agent				ent Analyst Supe	rvisor			
	Contract Mana	gement	Medicaid Prog	gram	Finance				
	Permanent File	)							
	Program Deve	lopment:							



660123500 - 2021/10

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

### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Medicine	Provider Number : 660123500			
DMH Mayo Family Medicine	Date: 09/08/2021			
P.O. Box 228	Fiscal Year End : N/A			
Mayo, FI 32066	Audit Status : N/A			

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	166.54	168.87	10/01/2021
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
	 Lafayette		_

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

\_\_\_\_\_ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

pervisor JXJ



660124300 - 2021/10

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	-	<u>Medicaid Reimbursement Per</u>	Diem Rat	es for No	n-Institutional	<u>Providers</u>		
Doctor's Memorial Family Practice			Provider Number : 660124300					
			Date: 09/08/2021					
17	02 S. Jefferson S	t		Fis	scal Year End : N	I/A		
Pe	rry, Fl 32348			Au	dit Status : N/A			
Pr	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural H	lealth Clinic			112.72	114.30	10/01/2021	
	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	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	
•		Taylor						
	Distribution:		I T. K. Fee	ehrer.			A \	
	Fiscal Agent				ent Analyst Supe	rvisor	2K2	
	Contract Mana	gement	Medicaio	l Program	Finance			
	Permanent File	)						
	Program Deve	lopment:						