

Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

000387200 - 2021/10

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

<u>Medicaid Reimburse</u>	ment Per Diem Rat	es for	Non-In	stitutional	<u>Providers</u>		
Acute Care Pediatrics of Palm Coast, PA			Provide	er Number :	000387200		
		Date: 09/08/2021					
397 SW Palm Coast Parkway, #309		Fiscal Year End : N/A					
Palm Coast, FL 32137			Audit S	Status : N/A			
Provider Type:			Cu	rrent Rate	New Rate	Effective Date	
X Rural Health Clinic				82.56	83.71	10/01/2021	
Swing-Bed Provider							
Federally Qualified Health C	Centers						
Hospice Provider							
#0651 / H51 Routine Hor	me Care (1-60)						
#0651a / H5L Routine Ho	ome Care (61 +)						
#0652 / H52 Continuous	Home Care						
#0551 / 0561 Continuous	s Home Care - SIA						
#0655 / H55 Inpatient Re	spite Care						
#0656 / H56 General Inpa	atient Care						
#0658 Room and Board							
Basis :		Rate 1	ype :				
Budget	-	Х	,	— Prospect	ive		
Unaudited costs				 Total Pro	spective		
Desk audited costs	_			— Prospect	ive Adjusted for	New costs	
Field audited costs							
Medicare - Prospecti	ve			 Interim			
X Payment System Ra	te			Total Inte	erim		
Average Nursing Ho	me Rate			 Settleme	nt based on cost	ts	
Flagler				_			
<u>Distribution:</u>		ehrer,				1 AV. A	
Fiscal Agent			ment A	nalyst Supe	rvisor	1/4 ²	
Contract Management	Medicaio	l Progra	am Fin	ance			
Permanent File							



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		_

Distribution:

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Contract Management

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



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:	Current Rate	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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Contract Management

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



000997400 - 2021/10

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

		<u>1</u>	Medicaid Reimbursement Per	Diem Ra	ates for	No	on-Ins	titutional	<u>Providers</u>	
Healthflo Medical Clinic, Inc.						Pr	ovider	Number :	000997400	
Ric	Ridge Manor Medical Clinic				Date: 09/08/2021					
34	498 Cor	tez Blvd				Fis	scal Ye	ear End : N	I/A	
Ridge Manor, FL 335238908						Αι	ıdit Sta	atus : N/A		
Provider Type:							Curr	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					82.56	83.71	10/01/2021
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	e Provider							
		#065	51 / H51 Routine Home Care (1	l -60)						
		#065	51a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home Ca	are - SIA	L					
		#065	55 / H55 Inpatient Respite Care	9						
		#065	56 / H56 General Inpatient Card	е						
		#065	58 Room and Board							
	Ва	sis :			Rate	Ту	pe :	1		
			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
			Hernando							
	Distr	ibution:		I T. K. Fe	eehrer,					AV 1
	Fiscal	Agent				eme	ent Ana	alyst Supe	rvisor	2K2
	Contra	act Mana	gement	Medica	id Prog	ram	n Finar	nce		
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001165800 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rates f	or I	Non-	-Inst	itutional l	<u>Providers</u>		
Little Pine F	Pediatrics	, PLLC		F	Prov	ider	Number :	001165800		
				Date: 09/08/2021						
1702 S Jeff	erson St			Fiscal Year End : N/A						
Perry, FL 3	32348			A	Audit	t Sta	tus : N/A			
Provider T	уре:				С	urre	ent Rate	New Rate	Effective Date	
X	Rural H	ealth Clinic					82.56	83.71	10/01/2021	
	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	ire							
	#055	51 / 0561 Continuous Home C	are - SIA							
	#065	55 / H55 Inpatient Respite Car	е							
	#065	56 / H56 General Inpatient Car	е							
	#065	58 Room and Board								
Bas	sis :		Rat	e T	уре	:]			
		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 cos	ts	
		Taylor					_			
<u>Distri</u>	bution:		T. K. Feehre						NV A	
Fiscal	Agent		Senior Mana	_			<u> </u>	rvisor	JW	
Contra	act Manaç	gement	Medicaid Pro	gra	am F	ınan	ce			
Perma	anent File									
Progra	am Devel	opment:								



001165803 - 2021/10

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

			Medicaid Reimbursement Per	Diem Rat	tes for	No	on-Inst	titutional	<u>Providers</u>	
Litt	le Pine P	ediatrics	-Madison			Pro	ovider	Number :	001165803	
				Date: 09/08/2021						
19	4 NE Har	ncock Av	e			Fis	scal Ye	ear End : N	I/A	
Ма	dison, Fl	32340				Au	ıdit Sta	itus : N/A		
Provider Type:							Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					82.97	84.13	10/01/2021
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	Provider							
		#065	51 / H51 Routine Home Care (1	I-60)						
		#065	51a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home Ca	are - SIA						
		#065	55 / H55 Inpatient Respite Card	е						
		#065	66 / H56 General Inpatient Car	е						
		#065	8 Room and Board							
	Bas	sis :			Rate	Тур	pe:]		
,			Budget			X		Prospect	ive	
•			Unaudited costs					Total Pro	spective	
			Desk audited costs					- Prospect	ive Adjusted for	New costs
			Field audited costs					-		
•			Medicare - Prospective					Interim		
	>	(Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	ts
•			Madison					-		
	Distri	bution:		T. K. Fee	ahrer					A>/ A
	Fiscal					eme	ent Ana	alyst Supe	rvisor	4
	Contra	ct Manag	gement	Medicaio	Prog	ram	Finan	ice		
	Perma	nent File								
	Progra	m Devel	opment:							



001165807 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rat	es for N	<u>on-Instit</u>	utional F	<u>Providers</u>	
Litt	le Pine Pediatric	s-Alachua	Provider Number: 001165807					
			Date: 09/08/2021					
152	260 NW 147th D	rive		Fi	scal Yea	r End : N	/A	
Ala	chua, FL 32615	5		Αι	udit Statu	ıs : N/A		
Pro	ovider Type:				Curren	t Rate	New Rate	Effective Date
	X Rural I	Health Clinic				82.56	83.71	10/01/2021
	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	ire					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	е					
	#06	656 / H56 General Inpatient Car	е					
	#06	558 Room and Board						
ſ	Basis :	7		Rate Ty	pe:			
		Budget	_	Х	F	Prospecti	ve	
-		Unaudited costs				Total Pro	spective	
-		Desk audited costs			F	Prospecti	ve Adjusted for	New costs
-		Field audited costs						
-		Medicare - Prospective			I	nterim		
	Χ	Payment System Rate			7	Γotal Inte	rim	
-		Average Nursing Home Rate Taylor				Settleme	nt based on cost	ts
		. ayıcı						
	<u>Distribution</u>	<u>.</u>	T. K. Fee Senior M		ent Analy	/st Super	visor	184
	Fiscal Agent Contract Management			l Progran				
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	Permanent Fil							
	Program Deve	лортнети.						



001524200 - 2021/10

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>			
Avo	n Park Pedia	trics, PA	Provider Number: 001524200						
			Date: 09/08/2021						
157	1 US Hwy 27	North	Fiscal Year End : N/A						
Avo	n Park, FL 3	3825		Au	dit Status : N/A				
Pro	vider Type:				Current Rate	New Rate	Effective Date		
	X Rura	al Health Clinic			82.46	83.61	10/01/2021		
	Swii	ng-Bed Provider							
	Fede	erally Qualified Health Centers							
	Hos	pice Provider							
	#	#0651 / H51 Routine Home Care (1-60)						
	#	#0651a / H5L Routine Home Care	(61 +)						
	#	#0652 / H52 Continuous Home Ca	are						
	#	#0551 / 0561 Continuous Home C	are - SIA						
	#	#0655 / H55 Inpatient Respite Car	'e						
	#	#0656 / H56 General Inpatient Car	re						
	#	#0658 Room and Board							
ſ	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				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
		Highlands							
	Distribution	<u>on:</u>	T. K. Fee	ehrer,			1V.1		
	Fiscal Agen	t			ent Analyst Supe	rvisor	1/2 ×		
	Contract Ma	anagement	Medicaio	l Program	Finance				
	Permanent	File							
	Program De	evelopment:							



001532500 - 2021/10

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

		Medicaid Reimbursement Per	<u>r Diem Rate</u>	s for No	on-Institutional	<u>Providers</u>	
North Florida Pediatrics - Lake City			Provider Number : 001532500				
			Date: 09/08/2021				
18	59 SW Newlan	d Way		Fis	scal Year End : N	I/A	
Lake City, FL 320256966				Au	dit Status : N/A		
Pre	ovider Type:				Current Rate	New Rate	Effective Date
	X Rura	l Health Clinic			87.23	88.46	10/01/2021
	Swin	g-Bed Provider					
	Fede	rally Qualified Health Centers					
	Hosp	pice Provider					
	#	0651 / H51 Routine Home Care	(1-60)				
	#	0651a / H5L Routine Home Care	e (61 +)				
	#	0652 / H52 Continuous Home C	are				
	#	0551 / 0561 Continuous Home C	Care - SIA				
	#	0655 / H55 Inpatient Respite Ca	re				
	#	0656 / H56 General Inpatient Ca	re				
	#	0658 Room and Board					
	Basis :		F	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		
	Χ	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cost	s
•		Columbia					
	Distributio	<u>vn:</u>	T. K. Feel	nrer.			A \
	Fiscal Agent	1			ent Analyst Supe	rvisor	2K2
	Contract Ma	nagement	Medicaid I	Program	Finance		
	Permanent I	File					
	Program De	velopment:					



001534800 - 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

	-						
North Florida Pediatrics - Jasper		Provider Number : 001534800					
			Date: 09/08/2021				
1117 US Highway 41 NW, Suite B			Fisc	cal Year End : N	/A		
Jasper, F	L 320525	856	Audit Status : N/A				
Provider Type:					Current Rate	New Rate	Effective Date
Х	Rural H	lealth Clinic			87.23	88.46	10/01/202
	Swing-	Bed Provider					
Federally Qualified Health Centers							
	Hospic	e Provider					
	#0651 / H51 Routine Home Care (1-60)						
	#06	51a / H5L Routine Home Care (61	+)				
	#0652 / H52 Continuous Home Care						
	#05	51 / 0561 Continuous Home Care	- SIA				
	#06	55 / H55 Inpatient Respite Care					
	#06	56 / H56 General Inpatient Care					
	#06	58 Room and Board					
В	Basis :]	Rate	Тур	e :		
		Budget		Х	Prospecti	ve	
		Unaudited costs			Total Pro	spective	
Desk audited costs Field audited costs		Desk audited costs	•		Prospect	ve Adjusted for	New costs
		Medicare - Prospective			Interim		
	X	Payment System Rate			Total Inte	rim	
		Average Nursing Home Rate			Settleme	nt based on cost	ts
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T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance





001589500 - 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

West Florida Medical Associates, PA	Provider Number : 001589500
Suncoast Primary Care Specialists - Inverness	Date: 09/08/2021
3733 Gulf To Lake Hwy.	Fiscal Year End : N/A
Inverness, FL 344534830	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
Х	Rural Health Clinic	82.54	83.69	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
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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



001768600 - 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

Tri County Primary Care, Inc.	Provider Number : 001768600
Tri County Primary Care - Dixie Co.	Date: 09/08/2021
306 NE Hwy 351	Fiscal Year End : N/A
Cross City, FL 32628	Audit Status : N/A

rovider	Туре:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.54	83.69	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 :]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		- Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

visor J



002074400 - 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

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Wakulla Urgent Care and Diagnostic Ctr PLC		Provider Number: 002074400						
			Date: 09/08/2021					
2615 Crawfordville Hwy, Suite 103			scal Year End : N	I/A				
Crawford	lville, FL	323272169	Au	Audit Status : N/A				
Provider	Type:			Current Rate	New Rate	Effective Date		
Х	Rural	Health Clinic		82.55	83.70	10/01/2021		
	Swing	g-Bed Provider						
	Feder	ally Qualified Health Centers						
	Hospice Provider							
	#0	0651 / H51 Routine Home Care (1-6	60)					
	#0	0651a / H5L Routine Home Care (6	1 +)					
	#0	0652 / H52 Continuous Home Care						
	#0	0551 / 0561 Continuous Home Car	e - SIA					
	#0	0655 / H55 Inpatient Respite Care						
	#0	0656 / H56 General Inpatient Care						
	#0	0658 Room and Board						
В	Basis :		Rate Ty	pe:				
<u> </u>		—J Budget	X	Prospect	ive			
		Unaudited costs		Total Pro	spective			
		Desk audited costs		Prospect	rospective Adjusted for New cost			
-		Field audited costs						
		Medicare - Prospective		Interim				
	Χ	Payment System Rate		Total Inte	erim			
		Average Nursing Home Rate		Settleme	nt based on cost	ts		
		— Wakulla						

<u>Distribution:</u>

Fiscal Agent

Contract Management

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Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance

184



002335400 - 2021/10

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

		Medicaid Reimbursement Per	Diem F	Rates for I	Non-	Institutional I	<u>Providers</u>	
Sun n Lake Medical Group - Lake Placid			Provider Number: 002335400					
		Date : 09/08/2021						
511 West Interlake Blvd.				F	isca	l Year End : N	/A	
La	ke Placid, FL 3	3852		A	Audit Status : N/A			
Provider Type:					С	urrent Rate	New Rate	Effective Date
	X Rural	Health Clinic				82.55	83.70	10/01/2021
	Swin	g-Bed Provider						
	Fede	rally Qualified Health Centers						
	Hosp	ice Provider						
	#(0651 / H51 Routine Home Care (1-60)					
	#(0651a / H5L Routine Home Care	(61 +)					
	#(0652 / H52 Continuous Home Ca	are					
	#(0551 / 0561 Continuous Home C	are - SI	Α				
		D655 / H55 Inpatient Respite Car						
		0656 / H56 General Inpatient Car	е					
	#(0658 Room and Board						
	Basis :			Rate T	уре	:]		
		 Budget	'	Х		Prospecti	ve	
•		Unaudited costs	-			Total Pro	spective	
		Desk audited costs				Prospecti	ve Adjusted for I	New costs
		Field audited costs						
-		Medicare - Prospective				Interim		
	Х	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate Highlands				Settleme	nt based on cost	s
	<u>Distributio</u>			eehrer, Managen	nent	Analyst Super	rvisor	184
	Fiscal Agent Contract Mai			aid Progra		• •		
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	Program Dev							
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002952100 - 2021/10

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

	-	Medicaid Reimbursement Per	Diem Rates	s for No	on-Institutional	<u>Providers</u>			
Pediatric & Internal Medicine Specialists, PA			Provider Number: 002952100						
				Da	Pate: 09/08/2021				
PC	Box 2066			Fis	scal Year End : N	I/A			
Le	canto, FL 34461			Au	dit Status : N/A				
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural H	lealth Clinic			82.71	83.87	10/01/2021		
	Swing-	Bed Provider							
	Federa	lly Qualified Health Centers							
	Hospid	e Provider							
	#06	51 / H51 Routine Home Care (1-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	555 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	re						
	#06	58 Room and Board							
	Basis :	7	R	Rate Typ	pe :				
		Budget		Х	Prospect	ive			
•		Unaudited costs			Total Pro	spective			
•		Desk audited costs			Prospect	ive Adjusted for	New costs		
•		Field audited costs							
		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	is		
•		Citrus							
	<u>Distribution</u> :	<u>.</u>	T. K. Feeh	rer.			AV 1		
	Fiscal Agent				ent Analyst Supe	rvisor	1/4 ²		
	Contract Mana	agement	Medicaid F	Program	Finance				
	Permanent File	е							
	Program Deve	elopment:							



003198500 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rates fo	r N	lon-Ins	titutional	<u>Providers</u>	
Pre	emier Pediatric	Provider Number: 003198500						
			D	ate:0	9/08/2021			
79	60 SW 60th Av		F	iscal Y	ear End : N	I/A		
Ocala, FL 344766457				A	udit St	atus : N/A		
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	X Rura	l Health Clinic				82.74	83.90	10/01/2021
	Swin	g-Bed Provider						
	Fede	rally Qualified Health Centers						
	Hosp	ice Provider						
	#	0651 / H51 Routine Home Care (1-60)					
	#	0651a / H5L Routine Home Care	(61 +)					
	#	0652 / H52 Continuous Home Ca	ire					
	#	0551 / 0561 Continuous Home C	are - SIA					
	#	0655 / H55 Inpatient Respite Car	е					
	#	0656 / H56 General Inpatient Car	·e					
	#	0658 Room and Board						
	Basis :		Rate	e Ty	/pe :	1		
'		 Budget		Χ		□ Prospect	ive	
•		Unaudited costs				_ Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
•		Field audited costs				_		
		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
ľ		Average Nursing Home Rate				Settleme	nt based on cost	ts
		Marion						
	Distributio	n:	T. K. Feehrer					A \
	Fiscal Agent		Senior Manag		ent An	alyst Supe	rvisor	2/42
	Contract Ma	nagement	Medicaid Pro	grar	m Fina	nce		
	Permanent F	File						
	Program De	velopment:						



003198505 - 2021/10

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

	-	Medicaid Reimbursement Per	Diem Ra	ites for	r Nor	<u>1-Inst</u>	itutional	<u>Providers</u>			
Pre	emier Pediatrics	- Dunnellon			Pro	vider	Number :	003198505			
				Date : 09				e : 09/08/2021			
79	60 SW 60th Ave,	Ste 100			Fisc	al Ye	ar End : N	I/A			
Ocala, FL 344768307					Aud	it Sta	tus : N/A				
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date		
	X Rural H	Health Clinic					83.01	84.17	10/01/2021		
	Swing-	Bed Provider									
	Federa	Illy Qualified Health Centers									
	Hospid	e Provider									
	#06	551 / H51 Routine Home Care (1-60)								
	#06	651a / H5L Routine Home Care	(61 +)								
	#06	552 / H52 Continuous Home Ca	are								
	#05	551 / 0561 Continuous Home C	are - SIA								
	#06	655 / H55 Inpatient Respite Car	е								
	#06	656 / H56 General Inpatient Car	re								
	#06	558 Room and Board									
	Basis :			Rate	Туре	:]				
•		Budget	_		Χ		Prospect	ive			
		Unaudited costs	_				Total Pro	spective			
		Desk audited costs					Prospect	ive Adjusted for	New costs		
'		Field audited costs					-				
		Medicare - Prospective					Interim				
	Х	Payment System Rate					Total Inte	erim			
		Average Nursing Home Rate					Settleme	nt based on cos	ts		
		Marion									
	<u>Distribution</u> :	<u>:</u>	 T. K. Fe	ehrer.					A V . A		
	Fiscal Agent				emer	nt Ana	alyst Supe	rvisor	1/4×		
	Contract Mana	agement	Medicai	id Progi	ram	Finan	ce				
	Permanent File	е									
	Program Deve	elopment:									



003432700 - 2021/10

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

		<u>L</u>	Medicaid Reimbursement Per	Diem Rate	es for	No.	n-Inst	itutional	<u>Providers</u>	
Hiç	յի Sprinզ	gs Pediati	rics, LLC			Pro	ovider	Number :	003432700	
					Da	te : 09	/08/2021			
210	210 NW 1st Ave.						cal Ye	ar End : N	I/A	
High Springs, FL 326431002					Au	dit Sta	tus : N/A			
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					82.71	83.87	10/01/2021
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	e Provider							
		#065	51 / H51 Routine Home Care (1	I-60)						
		#065	51a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home Ca	are - SIA						
		#065	55 / H55 Inpatient Respite Care	e						
		#065	е							
		#065	58 Room and Board							
	Bas	sis :			Rate	Тур	e :]		
'			Budget		,	X		Prospect	ive	
•			Unaudited costs					Total Pro	spective	
•			Desk audited costs					Prospect	ive Adjusted for	New costs
•			Field audited costs					_		
•			Medicare - Prospective					Interim		
	,	X	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	ts
-			Alachua					_		
	Distri	ibution:		T. K. Feel	hrer.					A)/ /
		Agent				eme	nt Ana	alyst Supe	rvisor	1/2 L
	Contra	act Manag	gement	Medicaid	Progr	ram	Finan	ce		
	Perma	anent File								
	Progra	am Devel	opment:							



003557700 - 2021/10

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

		<u>. I</u>	Medicaid Reimbursement Per	Diem Ra	ates for	No	on-Ins	titutional	<u>Providers</u>	
Gr	ace Hea	Ithcare So	olutions, Inc.			Pr	ovider	Number :	003557700	
				Da			ate : 09	/08/2021		
7368 State Road 15, US 441						Fis	scal Ye	ear End : N	/A	
Pahokee, FL 334761736					Αι	ıdit Sta	itus : N/A			
Pr	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					82.73	83.89	10/01/2021
		Swing-E	Bed Provider							,
		Federal	ly Qualified Health Centers							
		Hospice	Provider							
		#065	51 / H51 Routine Home Care (1-60)						
		#065	51a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home Ca	are - SIA	\					
		#065	55 / H55 Inpatient Respite Care	е						
		#065	56 / H56 General Inpatient Car	е						
		#065	58 Room and Board							
	Bas	sis :			Rate	Туј	pe:]		
'			Budget			X		∟ Prospect	ve	
,			Unaudited costs	-				- Total Pro	spective	
,			Desk audited costs	-				- Prospect	ve Adjusted for	New costs
,			Field audited costs	-				-		
,			Medicare - Prospective	_				Interim		
		X	Payment System Rate					Total Inte	rim	
'			Average Nursing Home Rate					Settleme	nt based on cost	ts
'			Palm Beach					=		
	Distri	ibution:		 T. K. Fe	aahrar					A>/ A
		Agent				eme	ent Ana	alyst Supe	rvisor	2K2+
		act Manag	gement	Medica	id Prog	ram	n Finar	ice		-
		anent File								
	Progra	am Devel	opment:							
	_									



003682000 - 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

West Florida Medical Associates, PA	Provider Number: 003682000
Suncoast Primary Care Specialists - Homasassa	Date: 09/08/2021
7991 S. Suncoast Blvd.	Fiscal Year End : N/A
Homasassa, FL 344465005	Audit Status : N/A

Provider	Type:	Current Rate	New Rate	Effective Date
Х	Rural Health Clinic	82.71	83.87	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
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Citrus		_

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



004510300 - 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

West Florida Medical Associates	Provider Number : 004510300
Nature Coast Family Medical Clinic	Date: 09/08/2021
PO Box 640573	Fiscal Year End : N/A
Beverly Hills, FL 344533838	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.96	84.13	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
	Citrus		_

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1



004567100 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rates	for	Noı	n-Institutional I	<u>Providers</u>	
Ira Fia	lko, DO, PA				Pro	vider Number :	004567100	
					Dat	e: 09/08/2021		
6171 V	Vest Gulf to L	_ake Highway			Fisc	cal Year End : N	/A	
Crysta	l River, FL 3			Auc	lit Status : N/A			
Provid	ler Type:					Current Rate	New Rate	Effective Date
Х	Rural I	Health Clinic				82.96	84.13	10/01/2021
	Swing-	Bed Provider						
	Federa	Illy Qualified Health Centers						
	Hospic	e Provider						
	#06	651 / H51 Routine Home Care (1	-60)					
	#06	551a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	re					
	#05	551 / 0561 Continuous Home Ca	are - SIA					
	#06	•						
	#06	656 / H56 General Inpatient Card	е					
	#06	558 Room and Board						
	Basis :	7	R	ate	Тур	e :		
		⊐ Budget		>	X	 Prospecti	ve	
-		Unaudited costs				Total Pro	spective	
-		Desk audited costs				Prospecti	ve Adjusted for	New costs
		Field audited costs						
		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		Citrus						
	oistribution		T K Faab					n. / 1
·	iscal Agent	<u>.</u>	T. K. Feehi Senior Mar		emer	nt Analyst Super	visor	1)(4)
	ontract Mana	agement	Medicaid P	rogr	ram	Finance		
	ermanent File							
	rogram Deve							
•	J	1 2 2						



004770700 - 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

Mohammad Afzal, MD	Provider Number : 004770700			
Professional Pediatrics	Date: 09/08/2021			
1050 US HWY 27N Suite 5	Fiscal Year End : N/A			
Clermont, FL 34714	Audit Status : N/A			

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.96	84.13	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 :	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
	 Lake		_
	24.10		

Distribution:

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





004771000 - 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

			114130 10		· ····o····ationar i	10114010			
Afzal Moha	Afzal Mohammad MD				Provider Number : 004771000				
Tavares Pe	Tavares Pediatrics Inc				Date : 09/08/2021				
2523 Dora	2523 Dora Ave Fis				cal Year End : N	I/A			
Tavares, FL 32778				Aud	lit Status : N/A				
Provider T	уре:				Current Rate	New Rate	Effective Date		
X	Rural H	ealth Clinic			82.96	84.13	10/01/2021		
	Swing-E	Bed Provider				,			
	Federal	ly Qualified Health Centers							
	Hospice	e Provider							
	#06	51 / H51 Routine Home Care (1-60)							
	#0651a / H5L Routine Home Care (61 +)								
	#065	52 / H52 Continuous Home Care							
	#055	51 / 0561 Continuous Home Care - S	SIA						
	#065	55 / H55 Inpatient Respite Care							
	#065	56 / H56 General Inpatient Care							
	#065	58 Room and Board							
Bas	sis :		Rate	Тур	e :				
		Budget		Χ	Prospecti	ive			
		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospecti	ive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			

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Average Nursing Home Rate

Lake

T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance



Settlement based on costs



005919400 - 2021/10

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

		-	Medicaid Reimbursement Per	Diem	Rates for I	Non-	<u>Institutional</u>	<u>Providers</u>	
We	West Florida Medical Assoc. PA			Provider Number : 005919400					
				Date: 09/08/2021					
37	75 N. Le	ecanto Hv	vy		F	Fisca	I Year End : N	I/A	
Ве	verly Hi	lls, FL 34	4653504		A	Audit	Status : N/A		
Pr	ovider 7	Гуре:				C	urrent Rate	New Rate	Effective Date
	X	Rural F	lealth Clinic				82.96	84.13	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	ire					
		#05	51 / 0561 Continuous Home C	are - S	IA				
		#06	55 / H55 Inpatient Respite Car	е					
		#06	56 / H56 General Inpatient Car	е					
		#06	58 Room and Board						
	Ва	ısis :]		Rate T	ype	:]		
'			Budget		X	,	Prospect	ive	
			Unaudited costs				Total Pro	spective	
•			Desk audited costs				Prospect	ive Adjusted for	New costs
•			Field audited costs						
•			Medicare - Prospective				Interim		
		Χ	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	s
•			Citrus						
	Distr	ibution:		L_ Т. К.	Feehrer,				1V.1
	Fisca	l Agent		Senic	or Manager	nent	Analyst Supe	rvisor	2/12
	Contr	act Mana	gement	Medio	caid Progra	am Fi	nance		
	Perm	anent File	Э						
	Progr	am Deve	lopment:						



005951500 - 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

West Florida Medical Associates, PA	Provider Number : 005951500
Deven Medical Center	Date: 09/08/2021
11707 N. Williams Street, Suite 2	Fiscal Year End : N/A
Dunnellon, FL 34432	Audit Status : N/A

rovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.96	84.13	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 :]
	 Budget	ן '	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
	 Marion	-		-

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

SH



005951502 - 2021/10

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

		<u>.l</u>	<u> Medicaid Reimbursement Per</u>	Diem Rates	s for No	on-Inst	<u>itutional l</u>	<u>Providers</u>		
We	West Florida Medical Associates			Provider Number : 005951502						
					Date: 09/08/2021					
80	1 Medica	al Ct. E			Fi	scal Ye	ar End : N	/A		
Inv	erness,	FL 3445	2		Αι	udit Sta	tus : N/A			
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic				81.73	82.88	10/01/2021	
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	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							
	Bas	sis :		R	ate Ty	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			
	2	X	Payment System Rate				Total Inte	rim		
			Average Nursing Home Rate				Settleme	nt based on cost	ts	
			Citrus				_			
	Distri	ibution:		T. K. Feeh	ror				A>/ A	
		Agent		Senior Mai		ent Ana	alyst Supe	rvisor	JK2+	
		act Manag	gement	Medicaid F	Progran	n Finan	ce	<u>s_</u>		
		anent File								
		am Devel								
	J		•							



005951504 - 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

West Florida Medical Associates PA	Provider Number : 005951504
Suncoast Primary Care Specialists	Date: 09/08/2021
2671 W Norvell Bryant Hwy	Fiscal Year End : N/A
Lecanto, FL 34461	Audit Status : N/A

ovider	ovider Type:		New Rate	Effective Date
Χ	Rural Health Clinic	82.96	84.12	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 :]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		- Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	- Citrus		-

Distribution:

Fiscal Agent

Contract Management

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

Supervisor JXJ



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

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

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	88.40	89.64	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
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	_ Calhoun		-

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



006449300 - 2021/10

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

			<u>Medicaid Reimbursement Per</u>	Diem Ra	tes for No	<u>on-Institutional</u>	<u>Providers</u>	
Sonnis Pediatrics PA			Provider Number : 006449300					
					Da	ite: 09/08/2021		
11:	25 South	Sixth Av	venue venue		Fis	scal Year End :	N/A	
Wa	auchula,	FL 3387	3		Au	dit Status : N/A		
Pre	ovider T	уре:				Current Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic			82.90	84.13	10/01/2021
		Swing-l	Bed Provider					
		Federal	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				
		#05	51 / 0561 Continuous Home C	are - SIA				
		#06	55 / H55 Inpatient Respite Car	е				
		#06	56 / H56 General Inpatient Car	е				
		#06	58 Room and Board					
	Ba	sis :]		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			Settleme	ent based on cost	ts
			Hardee					
	Distr	ibution:		I T. K. Fe	ehrer,			AV 1
	Fiscal	Agent				ent Analyst Supe	ervisor	1/4 ²
	Contra	act Mana	gement	Medicai	d Program	Finance		
	Perma	anent File	•					
	Progra	am Devel	opment:					



006480000 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rates	for No	n-Institutional	<u>Providers</u>			
Su	nshine Pediatric	s of Ocala, PA		Pro	ovider Number :	006480000			
				Da	e: 09/08/2021				
19	00 SW 20th Plac	e		Fis	scal Year End : N	I/A			
Oc	ala, FL 3447178	370		Au	dit Status : N/A				
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural I	Health Clinic			82.96	84.13	10/01/2021		
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospic	ce Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	655 / H55 Inpatient Respite Car	re						
	#06	656 / H56 General Inpatient Ca	re						
	#06	658 Room and Board							
	Basis :		R	ate 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				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	rs		
•		Marion							
	Distribution	<u>:</u>	T. K. Feehi	rer.			AV 1		
	Fiscal Agent				ent Analyst Supe	rvisor	2K2		
	Contract Mana	agement	Medicaid P	rogram	Finance				
	Permanent Fil	е							
	Program Deve	elopment:							



007197500 - 2021/10

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

		<u>_N</u>	Medicaid Reimbursement Per	Diem R	ates for	. N	<u>on-Ins</u>	titutional	<u>Providers</u>			
Lo	uis J. Rad	Inothy, D	00			Pr	rovider	Number :	007197500			
				Date				te: 09/08/2021				
390 S. Central Ave.					Fi	scal Ye	ear End : N	I/A				
Un	natilla, FL	327842	325			Αι	udit Sta	atus : N/A				
Pro	ovider Ty	pe:					Curr	ent Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic					82.90	84.06	10/01/2021		
	;	Swing-E	Bed Provider									
		Federall	ly Qualified Health Centers									
		Hospice	Provider									
		#065	51 / H51 Routine Home Care (1-60)								
		#065	51a / H5L Routine Home Care	(61 +)								
		#065	52 / H52 Continuous Home Ca	re								
		#055	51 / 0561 Continuous Home Co	are - SIA	4							
		#065	55 / H55 Inpatient Respite Care	е								
		#065	66 / H56 General Inpatient Car	е								
		#065	8 Room and Board									
	Basi	is :		Г	Rate	Ту	pe:	7				
'			Budget	-		X		Prospect	ive			
•			Unaudited costs	_				Total Pro	spective			
•			Desk audited costs	_				- Prospect	ive Adjusted for	New costs		
•			Field audited costs	_				_				
			Medicare - Prospective	_				Interim				
	X		Payment System Rate					Total Inte	erim			
			Average Nursing Home Rate					Settleme	nt based on cost	ts		
			Lake					_				
	Distrib	oution:		TKF	eehrer,					A>/ A		
	Fiscal A					eme	ent An	alyst Supe	rvisor			
		ct Manag	gement	Medica	aid Prog	ran	n Finar	nce		-		
		nent File										
	Prograr	m Develo	opment:									
	-											



007210600 - 2021/10

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

		1	<u>Medicaid Reimbursement Per</u>	Diem Rates	for No	on-Inst	itutional	<u>Providers</u>		
We	Weirsdale Family Health Center Inc.			Provider Number : 007210600						
					Da	ate: 09/08/2021				
16	400 Sout	th Highwa	ay 25		Fis	scal Ye	ar End : N	I/A		
Wi	ersdale,	FL 3219	52442		Αι	ıdit Sta	tus : N/A			
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic				82.90	84.06	10/01/2021	
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#065	51a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home C	are - SIA						
		#065	55 / H55 Inpatient Respite Car	е						
		#065	56 / H56 General Inpatient Car	е						
		#065	58 Room and Board							
	Bas	sis :		Ra	ate 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	
•			Marion				-			
	Distri	bution:		T. K. Feehr	er				A \	
		Agent		Senior Man		ent Ana	alyst Supe	rvisor		
		act Manag	gement	Medicaid P	rogran	n Finan	се			
		nent File								
	Progra	am Devel	opment:							
	-									



007864900 - 2021/10

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

		1	<u> Medicaid Reimbursement Per</u>	Diem Rates	for No	on-Inst	itutional	<u>Providers</u>		
A Womans Place, Inc.			C.	Provider Number : 007864900						
					Date: 09/08/2021					
1415 NW 23rd Ave.				Fis	scal Ye	ar End : N	I/A			
Ch	iefland, l	FL 32644	10058		Αι	udit Sta	tus : N/A			
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic				82.90	84.06	10/01/2021	
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home C	are - SIA						
		#065	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	е						
		#065	58 Room and Board							
	Bas	sis :		Ra	ate 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	
			Levy				-			
	<u>D</u> istri	ibution:		T. K. Feehr	er.				A \	
		Agent		Senior Man		ent Ana	lyst Supe	rvisor	JKJ	
		act Manag	gement	Medicaid P	rogran	n Finan	ce			
		anent File								
	Progra	am Devel	opment:							



008004300 - 2021/10

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

	_	Medicaid Reimbursement Per	Diem Rates f	or No	<u>on-Instit</u>	<u>utional l</u>	<u>Providers</u>	
Sacred Heart Medical Group on the Gulf			Provider Number : 008004300					
				Da	ate : 09/0	8/2021		
55 Avenue E Apalachicola, FL 323201763				Fis	scal Year	r End : N	/A	
				Αι	udit Statu	s:N/A		
Pr	ovider Type:				Curren	t 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	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 :]	Rat	е Ту	pe:			
, '		Budget		Χ	F	Prospecti	ve	
,		Unaudited costs			T	otal Pro	spective	
'		Desk audited costs			F	Prospecti	ve Adjusted for	New costs
		Field audited costs						
'		Medicare - Prospective			lı	nterim		
	X	Payment System Rate			Т	otal Inte	rim	
		Average Nursing Home Rate			S	Settleme	nt based on cost	rs
		Franklin						
	Distribution:		T. K. Feehre	r.				A \
	Fiscal Agent		Senior Mana		ent Analy	st Supe	rvisor	2K2
	Contract Mana	gement	Medicaid Pro	gran	n Finance			
	Permanent File)						
	Program Deve	lopment:						



008413600 - 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

University of Florida College of Nursing	Provider Number : 008413600		
Archer Family Health Care	Date: 09/08/2021		
16939 SW 134th Ave	Fiscal Year End : N/A		
Archer, FL 326185413	Audit Status : N/A		

rovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.90	84.06	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 :]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Alachua		-

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



009615800 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rate	es for No	n-Institutional	<u>Providers</u>			
Na	ture Coast Medi	cal Group PA	Provider Number : 009615800 Date : 09/08/2021						
130	0 SW 7th Street			Fis	scal Year End : N	I/A			
Wi	lliston, FL 32696	62404	Date: 09/08/2021 Fiscal Year End: N/A Audit Status: N/A Current Rate						
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural I	Health Clinic			82.90	84.06	10/01/2021		
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care ((1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	655 / H55 Inpatient Respite Car	re						
	#06	656 / H56 General Inpatient Ca	re						
	#06	658 Room and Board							
	Basis :	7		Rate Typ	pe:				
٠		Budget		Х	Prospect	ive			
•		Unaudited costs	<u>-</u>		Total Pro	spective			
•		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	s		
-		Levy							
	Distribution	<u>:</u>	T. K. Fee	hrer,			٨٧.٨		
	Fiscal Agent				ent Analyst Supe	rvisor	2/1/2		
	Contract Mana	agement	Medicaid	Program	Finance				
	Permanent Fil	е							
	Program Deve	elopment:							



009634300 - 2021/10

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

		Medicaid Reimbursement Per	Diem	Rates for No	on-Ins	titutional	<u>Providers</u>			
Ma	agnolia Pediatrics	LLC	Provider Number : 009634300							
			Date: 09/08/2021							
11	40 SW Bascom I	Norris Drive Ste 104		Fis	scal Ye	ear End : N	I/A			
La	ke City, FL 3202	251329	Date : 09/08/2021 Fiscal Year End : N/A Current Rate							
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	X Rural I	Health Clinic				82.90	84.06	10/01/2021		
	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	552 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - S	IA						
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Ca	re							
	#06	558 Room and Board								
	Basis :]		Rate Ty	pe :]				
		Budget		Х		Prospect	ive			
		Unaudited costs				Total Pro	spective			
		Desk audited costs				Prospect	ive Adjusted for	New costs		
•		Field audited costs				_				
•		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	s		
•		Columbia				_				
	Distribution	<u>.</u>	_ T. K	Feehrer,				A \		
	Fiscal Agent			or Manageme	ent Ana	alyst Supe	rvisor	4		
	Contract Mana	agement	Medio	caid Program	Finar	ice				
	Permanent Fil	е								
	Program Deve	elopment:								



010332700 - 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 Number : 010332700				
Bushnell Medical Clinic	Date: 09/08/2021				
117 W Belt Ave, Ste A	Fiscal Year End : N/A				
Bushnell, FL 33513	Audit Status : N/A				

Provider	Туре:	Current Rate	New Rate	Effective Date
Х	Rural Health Clinic	84.51	85.70	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
	 Sumter		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



010633400 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rat	tes for No	on-Institutiona	<u>l Providers</u>	
Gra	ace Pediatrics Pl			Pr	ovider Number	: 010633400	
419	96 W US Highwa	ay 90 STE 105		Fis	scal Year End :	N/A	
Lal	ke City, FL 3205	558834		Αι	ıdit Status : N/A	1	
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural I	Health Clinic			83.0	84.17	10/01/2021
	Swing-	Bed Provider					
	Federa	Illy Qualified Health Centers					
	Hospic	e Provider					
	#06	551 / H51 Routine Home Care (1-60)				
	#06	651a / H5L Routine Home Care	(61 +)				
	#06	552 / H52 Continuous Home Ca	are				
	#05	551 / 0561 Continuous Home C	are - SIA				
		655 / H55 Inpatient Respite Car					
		556 / H56 General Inpatient Car	re				
	#06	558 Room and Board					
	Basis :	7		Rate Ty	pe:		
٠		Budget		Х	Prospe	ctive	
-		Unaudited costs			Total P	rospective	
-		Desk audited costs			Prospe	ctive Adjusted for	New costs
_		Field audited costs					
-		Medicare - Prospective			Interim		
_	Χ	Payment System Rate			Total In	terim	
-		Average Nursing Home Rate Columbia	-		Settlerr	ent based on cos	ts
							8 .
	<u>Distribution</u>	• <u>•</u>	T. K. Fee		ent Analyst Sup	ervisor	N/T
	Fiscal Agent				Finance	0171001	
	Contract Mana		caicaic				
	Permanent File						
	Program Deve	eiopment:					



010801000 - 2021/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for	No	<u>n-Inst</u>	itutional	<u>Providers</u>	
Wi	lliston Rural He	alth and Wellness Clinic			Pro	vider l	Number :	010801000	
				Dat	ate: 09/08/2021				
30	0A NW 1st Ave				Fisc	cal Ye	ar End : N	I/A	
Wi	lliston, FL 3269	96			Auc	dit Sta	tus : N/A		
Pr	ovider Type:					Curre	nt Rate	New Rate	Effective Date
	X Rural	Health Clinic					82.90	84.06	10/01/2021
	Swing	g-Bed Provider							
	Feder	ally Qualified Health Centers							
	Hospi	ice Provider							
	#0	651 / H51 Routine Home Care (1-60)						
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SIA						
	#0	655 / H55 Inpatient Respite Car	е						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
	Basis :			Rate	Тур	e :			
'		 Budget)	X		ı 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
		Levy					•		
	Distribution	 1 :	l T. K. Fe	achrer					A>/ A
	Fiscal Agent	_			emer	nt Ana	lyst Supe	rvisor	4
	Contract Mar	nagement	Medica	id Progr	ram	Finan	ce		
	Permanent F	ile							
	Program Dev	relopment:							



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>	
Ва	ker County Medic	cal Services		Pro	ovider Numb	er:	010834300	
Ва	ker 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:						



010855400 - 2021/10

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

	-	Medicaid Reimbursement Per	Diem Rates	for No	<u>on-Institutional</u>	<u>Providers</u>		
Pre	emier Medical Pe	ediatric Clinic	Provider Number : 010855400					
31	5 East Ash Stree	t		Fis	scal Year End : I	N/A		
Pe	rry, FL 3234720	Ash Street 323472029 Audit Status: N Type: Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Asis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Taylor Tibution: Al Agent Tance Medicaid Program Finance Audit Status: N Eurrent Rate 82 Current Rate 82 Eurrent Rate 84 Eurrent Rate Frosp Total Settle Total Settle Total Settle Total Average Nursing Home Rate Family Agent Fibution: Al Agent Medicaid Program Finance	ıdit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date	
	X Rural H	lealth Clinic			82.56	83.71	10/01/2021	
	Swing-	Bed Provider						
	Federa	lly Qualified Health Centers						
	Hospid	e Provider						
	#06	51 / H51 Routine Home Care (1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	552 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	555 / H55 Inpatient Respite Car	re					
	#06	556 / H56 General Inpatient Car	re					
	#06	58 Room and Board						
	Basis :	7	Ra	te Typ	pe:			
		Budget		Х	Prospec	tive		
•		Unaudited costs			Total Pro	ospective		
•		Desk audited costs			Prospec	tive Adjusted for	New costs	
•		Field audited costs						
		Medicare - Prospective			Interim			
	X	Payment System Rate			Total Int	erim		
		Average Nursing Home Rate			Settleme	ent based on cos	ts	
•		Taylor						
	<u>Distribution</u> :		T. K. Feehre	er.			A)/ /	
	Fiscal Agent				ent Analyst Supe	ervisor	1/4°	
	Contract Mana	agement	Medicaid Pr	ogram	Finance			
	Permanent File	е						
	Program Deve	elopment:						



014637300 - 2021/10

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

		<u>.l</u>	<u> Medicaid Reimbursement Per</u>	Diem Rates	for N	on-Ins	<u>titutional</u>	<u>Providers</u>		
Fir	st Coast	Obstetric	cs & Gyncology		Р	rovider	Number :	014637300		
				Date: 09/08/2021						
PC	Box 519	9			Fi	iscal Ye	ear End : N	I/A		
Pa	latka, Fl	32178-0	519		А	udit Sta	atus : N/A			
Pr	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic				83.00	84.17	10/01/2021	
		Swing-F	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	ire						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	'e						
		#06	58 Room and Board							
	Bas	sis :		R	ate Ty	pe:	1			
,			Budget		Х		□ Prospect	ive		
,			Unaudited costs				Total Pro	spective		
,			Desk audited costs				- Prospect	ive Adjusted for	New costs	
,			Field audited costs				_			
			Medicare - Prospective				Interim			
		X	Payment System Rate				Total Inte	erim		
'			Average Nursing Home Rate				Settleme	nt based on cost	is	
'			Putnam				_			
	Distri	bution:		T. K. Feehr	or				A \	
		Agent		Senior Mar		ent Ana	alyst Supe	rvisor	JK#	
		act Manag	gement	Medicaid P	rograr	m Finar	nce			
		nent File	-							
		am Devel								
	-									



014683500 - 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

65 Citrus Tower Blvd Ste 102	Provider Number : 014683500				
Mohammad Afzal	Date: 09/08/2021				
265 Citrus Tower Blvd Ste 102	Fiscal Year End : N/A				
Clermont, FI 34711	Audit Status : N/A				

Provider	Туре:	Current Rate	New Rate	Effective Date
Х	Rural Health Clinic	83.00	84.17	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
	 Sumter		_

Distribution:

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



015048100 - 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>		
No	rth Florida Pedia	trics-Columbia Co	Provider Number : 015048100 Date : 09/08/2021					
18	59 SW Newland	Way		Fis	scal Year End : N	√A		
Lal	ke City, FI 3202	5		Au	idit Status : N/A			
Provider Type:					Current Rate	New Rate	Effective Date	
	X Rural I	Health Clinic			82.99	84.16	10/01/2021	
	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	552 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	re .					
	#06	656 / H56 General Inpatient Car	re					
	#06	558 Room and Board						
	Basis :		Ra	ite Typ	pe:			
		Budget		Х	Prospect	tive		
•		Unaudited costs			Total Pro	spective		
•		Desk audited costs			Prospec	tive Adjusted for	New costs	
		Field audited costs						
•		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate			Settleme	ent based on cost	s	
•		Suwannee						
	Distribution		T. K. Feehre	er,			AV A	
	Fiscal Agent				ent Analyst Supe	rvisor	2K2	
	Contract Mana	agement	Medicaid Pr	ogram	Finance			
	Permanent Fil	е						
	Program Deve	elopment:						



016554200 - 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
Citra, FI 32113	Audit Status : N/A
17805 N US Hwy 301	Fiscal Year End : N/A
Citra Family Hlth	Date: 09/08/2021
SNC Holding Co	Provider Number: 016554200

Provider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.98	84.14	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			

	•	l .
Budget	X	Prospective
Unaudited costs		Total Prospective
Desk audited costs		Prospective Adjusted for New costs
Field audited costs		_
Medicare - Prospective		Interim
Payment System Rate		Total Interim
Average Nursing Home Rate		Settlement based on costs
– Marion		_
	Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



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:	Current Rate	New Rate	Effective Date
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		_

Distribution:

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Contract Management

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



018968900 - 2021/10

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

		Medicaid Reimbursement Per	Diem	Rates for N	Non-l	<u>nstitutional l</u>	<u>Providers</u>		
Family & After Hours Care				Provider Number: 018968900					
			Date: 09/08/2021						
14	13 NW 23rd A	ve	Fi			Year End : N	I/A		
Ch	iefland, FI 32	626		7	Audit	Status : N/A			
Pr	ovider Type:				Cı	irrent Rate	New Rate	Effective Date	
	X Rura	al Health Clinic				82.97	84.13	10/01/2021	
	Swii	ng-Bed Provider							
	Fede	erally Qualified Health Centers							
	Hos	pice Provider							
	#	#0651 / H51 Routine Home Care (1-60)					,	
	#	#0651a / H5L Routine Home Care	(61 +)						
	#	#0652 / H52 Continuous Home Ca	are						
	#	#0551 / 0561 Continuous Home C	are - S	SIA					
	#	#0655 / H55 Inpatient Respite Car	e						
	#	#0656 / H56 General Inpatient Ca	re						
	#	#0658 Room and Board							
	Basis :			Rate T	ype :				
,		Budget		X		—— Prospecti	ive		
		Unaudited costs				— Total Pro	spective		
•		Desk audited costs				Prospecti	ive Adjusted for I	New costs	
•		Field audited costs							
•		Medicare - Prospective				Interim			
	Χ	Payment System Rate				 Total Inte	erim		
•		Average Nursing Home Rate				Settleme	nt based on cost	s	
•		Levy							
	Distribution	<u>on:</u>	L_ T. K.	Feehrer,				AV. A	
	Fiscal Agent				nent /	Analyst Supe	rvisor	2/1/2	
	Contract Ma	Contract Management			m Fir	nance			
	Permanent	File							
	Program De	evelopment:							
	Fo	or information Only (No Change in	ate)						



018968904 - 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	on-Insti	<u>tutional l</u>	<u>Providers</u>		
FAMILY AND AFTER HOUR CARE LLC				Provider Number : 018968904						
					Da	ate: 09/08/2021				
59	15 North	Oceansh	ore Blvd		Fis	scal Yea	ar End : N	I/A		
Pa	lm Coas	t, FL 321	37		Au	ıdit Statı	us : N/A			
Provider Type:					Curre	nt Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic				82.97	84.13	10/01/2021	
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	Provider 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							
	Bas	sis :		Ra	ite Ty	pe:				
'			Budget		Х		Prospecti	ive		
•			Unaudited costs				Total Pro	spective		
			Desk audited costs				Prospect	ive Adjusted for	New costs	
			Field audited costs							
'			Medicare - Prospective				Interim			
	,	X	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	ts	
			Levy			_				
	<u>Di</u> stri	ibution:		T. K. Feehre	er.				A \ / A	
		Agent		Senior Mana		ent Anal	yst Supe	rvisor	2/62	
	Contra	act Mana	gement	Medicaid Pr	ogram	Financ	:e		<u> </u>	
	Perma	anent File								
	Progra	am Devel	opment:							



019432300 - 2021/10

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

		<u>.l</u>	<u> Medicaid Reimbursement Per</u>	Diem Rates	for No	on-Inst	<u>itutional l</u>	<u>Providers</u>		
North Florida Pediatrics-Cross City				Provider Number: 019432300						
					Da	ate: 09/08/2021				
149 NE 241st St Ste A					Fis	scal Ye	ar End : N	I/A		
Cr	oss City,	FI 32628	3		Au	ıdit Sta	tus : N/A			
Provider Type:					Curre	nt Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic				82.97	84.13	10/01/2021	
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	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						
			56 / H56 General Inpatient Car	е						
		#06	58 Room and Board							
	Bas	sis :		Ra	ite 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	
			Dixie							
	Distri	ibution:		T. K. Feehre	er.				AV 1	
		Agent		Senior Mana		ent Ana	llyst Supe	rvisor	14H	
	Contra	act Mana	gement	Medicaid Pr	ogram	n Finan	ce			
	Perma	anent File								
	Progra	am Devel	opment:							



019474000 - 2021/10

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

		Medicaid Reimbursement Per	Diem R	ates for No	on-Institutional	<u>Providers</u>		
Div	aker Pediatrics		Provider Number: 019474000					
			Date: 09/08/2021					
655	51 N Orange Blo	ssom Trl		Fis	scal Year End : I	N/A		
Мо	unt Dora, FI 32	757		Au	dit Status : N/A			
Pro	ovider Type:				Current Rate	New Rate	Effective Date	
	X Rural l	Health Clinic			82.97	84.13	10/01/2021	
	Swing	-Bed Provider				·		
	Federa	ally Qualified Health Centers						
	Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#0	551 / 0561 Continuous Home C	are - Sl	A				
	#00	655 / H55 Inpatient Respite Car	е					
	#00	656 / H56 General Inpatient Car	re					
	#00	658 Room and Board						
ſ	Basis :	7		Rate Typ	oe:			
٠		Budget		Х	Prospec	tive		
-		Unaudited costs	-		Total Pro	ospective		
-		Desk audited costs	-		Prospec	tive Adjusted for	New costs	
-		Field audited costs	-					
-		Medicare - Prospective	-		Interim			
	Χ	Payment System Rate			Total Inte	erim		
_		Average Nursing Home Rate			Settleme	ent based on cost	ts	
		Lake						
	Distribution	<u>:</u>	l T. K. F	eehrer,			1 V 1	
	Fiscal Agent				ent Analyst Supe	ervisor	1/2 ×	
	Contract Mana	agement	Medica	aid Program	Finance			
	Permanent Fil	е						
	Program Deve	elopment:						



020403901 - 2021/10

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

		Medicaid Reimbursement Per	Diem F	Rates for No	<u>n-Ins</u>	titutional	<u>Providers</u>			
Re	liant Acute (Care		Pro	Provider Number : 020403901					
			Date: 09/08/2021							
57	81 Lee Blvd			Fis	scal Ye	ear End : N	I/A			
Le	high Acres,	FL 33971		Au	dit Sta	atus : N/A				
Pre	ovider Type):			Curr	ent Rate	New Rate	Effective Date		
	X Ru	ıral Health Clinic				82.98	84.14	10/01/2021		
	Sv	ving-Bed Provider								
	Fe	derally Qualified Health Centers								
	Но	ospice Provider								
		#0651 / H51 Routine Home Care (1-60)							
		#0651a / H5L Routine Home Care	(61 +)							
		#0652 / H52 Continuous Home Ca	are							
		#0551 / 0561 Continuous Home C	are - SI	A						
		#0655 / H55 Inpatient Respite Car								
		#0656 / H56 General Inpatient Car	re							
		#0658 Room and Board								
	Basis	:		Rate Typ	oe :	1				
•		Budget	'	Х		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		
		Lee								
	Distribut	tion:	L Т. К. f	eehrer,				٨٧.٨		
Fiscal Agent				r Manageme			rvisor	1/h2		
	Contract I	Management	Medic	aid Program	Finar	nce				
	Permaner	nt File								
	Program I	Development:								
		For information Only (No Change in r	rate)							



023548300 - 2021/10

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

		Medicaid Reimbursement Per	Diem Ra	ites for	No	<u>n-Ins</u>	titutional	<u>Providers</u>		
Kic	ls Health Allianc	e, P.A.	Provider Number: 023548300							
			Date: 09/08/2021							
26	50 NW 2nd Stree	et Suite 100			Fis	cal Ye	ear End : N	I/A		
Oc	ala, FL 34475				Au	dit Sta	atus : N/A			
Pro	ovider Type:					Curr	ent Rate	New Rate	Effective Date	
	X Rural	Health Clinic					82.97	84.13	10/01/2021	
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospi	ce Provider								
	#00	651 / H51 Routine Home Care (1-60)							
	#00	651a / H5L Routine Home Care	(61 +)							
	#00	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - SIA							
	#00	655 / H55 Inpatient Respite Car	е							
	#00	656 / H56 General Inpatient Car	re							
	#00	658 Room and Board								
	Basis :]		Rate	Тур	e :	1			
•		Budget	-		Χ		Prospect	ive		
		Unaudited costs					Total Pro	spective		
·		Desk audited costs					Prospect	ive Adjusted for	New costs	
		Field audited costs								
		Medicare - Prospective					Interim			
	Х	Payment System Rate	l _				Total Inte	erim		
		Average Nursing Home Rate Marion	_				Settleme -	nt based on cos	ts	
		Manon								
	Distribution	<u>.</u>	T. K. Fe						NYL	
	Fiscal Agent						alyst Supe	rvisor	DIM .	
	Contract Mana		Medicai	ia Progi	ram	rınar	ice			
	Permanent Fil									
	Program Deve	elopment:								



023710500 - 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

Northwest Florida Healthcare	Provider Number : 023710500
Chipley Medical Group	Date: 09/08/2021
1376 Brickyard Rd Ste 4	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.66	83.82	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
	 Washington		_

<u>Distribution:</u>

Fiscal Agent

Contract Management

Permanent File

Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

or JXJ



023710502 - 2021/10

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

		_	<u>Medicaid Reimbursement Per</u>	Diem Ra	tes for No	on-Institutional	<u>Providers</u>				
No	rthwest I	Florida H	ealthcare, Inc	Provider Number: 023710502							
				Date: 09/08/2021							
PC	Box 88	9			Fis	scal Year End : I	N/A				
Ch	ipley, FL	32428			Au	idit Status : N/A					
Pre	ovider T	уре:				Current Rate	New Rate	Effective Date			
	X	Rural H	ealth Clinic			82.66	83.82	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	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								
	Bas	sis :]		Rate Typ	pe:					
			Budget		Х	Prospec	tive				
•			Unaudited costs			Total Pro	ospective				
•			Desk audited costs			Prospec	tive Adjusted for	New costs			
•			Field audited costs								
•			Medicare - Prospective			Interim					
	2	X	Payment System Rate			Total Int	erim				
			Average Nursing Home Rate			Settleme	ent based on cost	ts			
•			Washington								
	Distri	ibution:		I T. K. Fe	ehrer.			ΛV. Λ			
Fiscal Agent					ent Analyst Supe	ervisor	2K2				
	Contra	act Mana	gement	Medicai	d Program	Finance					
	Perma	anent File	}								
	Progra	am Devel	opment:								



024917965 - 2021/10

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

			<u> Medicaid Reimbursement Per</u>	Diem Rates	for N	on-Ins	titutional	<u>Providers</u>			
St	Vincent's	s Ambula	tory Care, Inc	Provider Number: 024917965							
				Date: 09/08/2021							
42	05 Belfo	rt Rd			Fi	iscal Ye	ear End : N	/A			
Ja	cksonvill	e, FL 32	216		Α	udit Sta	itus : N/A				
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic				82.98	84.14	10/01/2021		
		Swing-l	Bed Provider								
		Federal	ly Qualified Health Centers								
		Hospice	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	'e							
		#06	58 Room and Board								
	Ba	sis :		R	ate Ty	pe :					
'			Budget		Х		Prospect	ve			
•			Unaudited costs				Total Pro	spective			
•			Desk audited costs				- Prospect	ve Adjusted for	New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	rim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
			Nassau				_				
	<u>D</u> istr	ibution:		T. K. Feehi	rer.				A \		
Fiscal Agent			Senior Mar		ent Ana	alyst Supe	rvisor	2/62			
	Contra	act Mana	gement	Medicaid P	rograr	n Finar	ice				
	Perma	anent File									
	Progra	am Devel	opment:								



029506000 - 2021/10

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

		Medicaid Reimbursement Per	Diem R	ates for No	n-Institutional	<u>Providers</u>				
Tre	enton Medical	Center	Provider Number: 029506000							
			Date: 09/08/2021							
91	1 S. Main St			Fis	scal Year End : N	N/A				
Tre	enton, FL 326	693		Au	dit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rur	al Health Clinic			88.82	90.06	10/01/2021			
	Swi	ng-Bed Provider								
	Fed	lerally Qualified Health Centers								
	Hos	spice Provider								
		#0651 / H51 Routine Home Care (1-60)							
		#0651a / H5L Routine Home Care	(61 +)							
		#0652 / H52 Continuous Home Ca	are							
		#0551 / 0561 Continuous Home C	are - SI	4						
		#0655 / H55 Inpatient Respite Car	е							
		#0656 / H56 General Inpatient Ca	re							
		#0658 Room and Board								
	Basis :			Rate Typ	pe:					
'		Budget		Х	Prospec	tive				
		Unaudited costs	-		Total Pro	ospective				
		Desk audited costs	-		Prospec	tive Adjusted for	New costs			
•		Field audited costs								
•		Medicare - Prospective	-		Interim					
	Χ	Payment System Rate	-		Total Inte	erim				
•		Average Nursing Home Rate	-		Settleme	ent based on cost	is			
•		Collier								
	Distributi	on:	l T. K. F	eehrer,			٨٧.٨			
Fiscal Agent			Senior	Manageme	ent Analyst Supe	ervisor	2/1/2			
	Contract M	anagement	Medica	aid Program	Finance					
	Permanent	: File								
	Program D	evelopment:								



029511600 - 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>1-Inst</u>	titutional	<u>Providers</u>		
AC	ACV Community Services				Provider Number: 029511600						
					Date: 09/08/2021						
РС	Box 467	'5		Fiscal Year End : N/A							
Do	wling Par	k, FL 3	2064			Aud	it Sta	itus : N/A			
Pro	ovider Ty	/pe:					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	lealth Clinic					81.45	82.59	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 - S	SIA						
		#06	55 / H55 Inpatient Respite Car	е							
		#06	56 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
ſ	Bas	is:	7		Rate	Туре	:]			
ι			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	
•			Not Selected					_			
	Distril	bution:		L Т. К.	Feehrer,					٨.٧٨	
Fiscal Agent								alyst Supe	rvisor	2/h2	
	Contra	ct Mana	gement	Medi	caid Progr	ram I	Finan	ice			
	Perma	nent File	Э								
	Progra	m Deve	lopment:								
		For ir	nformation Only (No Change in r	ate)							



100167400 - 2021/10

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

Medicaid Reimbursement Pe	er Diem Rates for I	Non-Institutional	<u>Providers</u>				
Dynamic Health Centers-Lake City	F	Provider Number : 100167400					
	Date: 09/08/2021						
63 Sw Stonegate Tercace Suite 109	F	Fiscal Year End : N	√A				
ake City, FL 32024	ı	Audit Status : N/A					
Provider Type:		Current Rate	New Rate	Effective Date			
X Rural Health Clinic		82.99	84.15	10/01/2021			
Swing-Bed Provider			<u>'</u>				
Federally Qualified Health Centers							
Hospice Provider							
#0651 / H51 Routine Home Care	e (1-60)						
#0651a / H5L Routine Home Car	re (61 +)						
#0652 / H52 Continuous Home (Care						
#0551 / 0561 Continuous Home	Care - SIA						
#0655 / H55 Inpatient Respite C	are						
#0656 / H56 General Inpatient C	are						
#0658 Room and Board							
Basis:	Rate T	ype :					
Budget	X	Prospect	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			
Columbia							
<u>Distribution:</u>	T. K. Feehrer,			A > / A			
Fiscal Agent		nent Analyst Supe	rvisor	1/4			
•	14 11 115	-					
Contract Management	Medicaid Progra	ım Finance					
Contract Management Permanent File	Medicald Progra	am Finance					



100739300 - 2021/10

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

		1	<u>Medicaid Reimbursement Per</u>	Diem Rates	for N	on-Ins	<u>titutional l</u>	<u>Providers</u>		
No	rthwest	Florida He	ealthcare	Provider Number: 100739300						
				Date: 09/08/2021						
54	29 Colle	ge Dr			Fi	iscal Ye	ear End : N	/A		
Gr	aceville,	FL 3244	0		Α	udit Sta	atus : N/A			
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic				83.23	84.40	10/01/2021	
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	Provider Provider							
		#065	51 / H51 Routine Home Care (1-60)						
		#065	51a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home C	are - SIA						
		#065	55 / H55 Inpatient Respite Car	е						
		#065	56 / H56 General Inpatient Car	е						
		#065	58 Room and Board							
	Ba	sis :		Ra	ite Ty	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	S	
			Jackson							
	Distri	ibution:		T. K. Feehro	≏r				A > / A	
Fiscal Agent			Senior Man		ent Ana	alyst Supe	rvisor	2K2+		
		act Mana	gement	Medicaid Pr	ograr	m Finar	nce			
		anent File								
	Progra	am Devel	opment:							
	-									



101319900 - 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

Jeffrey A. Carameros PLLC	Provider Number : 101319900			
Rainbow River Medical	Date: 09/08/2021			
20312 Robinson Road	Fiscal Year End : N/A			
Dunnellon, FL 34431	Audit Status : N/A			

rovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.98	84.14	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 :	1
	Budget	X	Prospective
	Unaudited costs	•	Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Marion		-

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



101707000 - 2021/10

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

~1		Medicaid Reimbursement Per	Diem Rates fo	<u>r Noi</u>	<u>n-Institutional I</u>	<u>Providers</u>			
Chiefland, FL 32626 Provider Type: Current Rate X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Desk audited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Levy Pistribution: Fiscal Agent Contract Management Permanent File Current Rate New Rate 82.98 84.14 10/01/2021 Rate Type: Rate Type: X Prospective Y Prospective Adjusted for New costs Field audited costs Interim Settlement based on costs Total Interim Settlement based on costs Medicaid Program Finance	North Flo	orida Pediatrics-Chiefland	Provider Number : 101707000						
Chiefland, FL 32626 Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: Name									
Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective Total Prospective Average Nursing Home Rate Levy	2220 Nor	rth Young Blvd		Fisc	scal Year End : N/A				
X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type: X Prospective X Prospectiv	Chiefland	d, FL 32626		Auc	lit Status : N/A				
Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H51 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective Total Prospective Total Prospective Adjusted for New costs Prospective Adjusted for New costs Interim Total Interim Settlement based on costs	Provider	Туре:			Current Rate	New Rate	Effective Date		
Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	X	Rural Health Clinic			82.98	84.14	10/01/2021		
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :		Swing-Bed Provider							
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Federally Qualified Health Centers							
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		Hospice Provider							
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#0651 / H51 Routine Home Care (1	I-60)						
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#0651a / H5L Routine Home Care	(61 +)						
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#0652 / H52 Continuous Home Ca	re						
#0656 / H56 General Inpatient Care #0658 Room and Board Basis :		#0551 / 0561 Continuous Home Ca	are - SIA						
#0658 Room and Board Basis :		#0655 / H55 Inpatient Respite Care	e						
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Levy Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Total Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#0656 / H56 General Inpatient Care	e						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Levy Distribution: Fiscal Agent Contract Management Permanent File Rock audited costs Frospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		#0658 Room and Board							
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Levy Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	В	Basis:	Rate	Тур	e :				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Levy Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Budget		Χ	Prospecti	ve			
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Levy Distribution: Fiscal Agent Contract Management Permanent File Field audited costs Interim Total Interim Settlement based on costs Fiscal Agent Medicaid Program Finance Medicaid Program Finance	-	Unaudited costs			Total Pro	spective			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Levy Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Desk audited costs			Prospecti	ve Adjusted for	New costs		
X Payment System Rate Average Nursing Home Rate Levy Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs Settlement based on costs Medicaid Program Finance		Field audited costs							
Average Nursing Home Rate Levy Distribution: Fiscal Agent Contract Management Permanent File Average Nursing Home Rate Levy T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Medicare - Prospective			Interim				
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		X Payment System Rate			Total Inte	rim			
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Average Nursing Home Rate			Settleme	nt based on cost	s		
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance		Levy							
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance	Dis	tribution:	T. K. Feehrer.				A \		
Permanent File	Fisc	al Agent			nt Analyst Super	rvisor	2K2		
	Con	tract Management	Medicaid Prog	gram	Finance		<u> </u>		
Program Development:	Perr	manent File							
	Prog	gram Development:							



101707400 - 2021/10

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

		<u>.I</u>	Medicaid Reimbursement Per	Diem Rates	s for	Nor	<u>1-Insti</u>	tutional	<u>Providers</u>	
No	rth Floric	da Pediati	rics-Starke			Prov	vider N	lumber :	101707400	
						Date	e : 09/	08/2021		
41	7 E Call	St				Fisc	al Yea	ar End : N	I/A	
Sta	orth Florida Pediatrics-Starke 7 E Call St arke, FL 32091 rovider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Call #0651 / H5L Routine Home Call #0652 / H52 Continuous Home #0655 / H55 Inpatient Respite 6 #0656 / H56 General Inpatient #0658 Room and Board Basis: Budget Unaudited costs		Au			lit Stat	us : N/A			
Pro	ovider T	уре:					Curre	nt Rate	New Rate	Effective Date
	Χ	Rural H	ealth Clinic					82.98	84.1	10/01/2021
		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	re						
		#055	51 / 0561 Continuous Home Ca	are - SIA						
		#065	55 / H55 Inpatient Respite Care	•						
		#065	56 / H56 General Inpatient Card	е						
		#065	58 Room and Board							
	Bas	sis :		R	ate 7	Туре	e :			
'			Budget		>	X		Prospect	ive	
•			Unaudited costs					Total Pro	spective	
•			Desk audited costs					Prospect	ive Adjusted for	New costs
•			Field audited costs							
•			Medicare - Prospective					Interim		
)	X	Payment System Rate				,	Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	sts
-			Bradford							
	Distri	bution:		I T. K. Feeh	rer,					Λ \
	Fiscal	Agent		Senior Mar	nage	mer	nt Anal	yst Supe	rvisor	2/1/2
	Contra	act Manag	gement	Medicaid F	Progra	ram I	Financ	e		
	Perma	anent File								
	Progra	am Devel	opment:							



102610200 - 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

	Medicald Neillibursement Fer	DIEIII IN	ites ioi	140	II-IIISHILUHOHAI	FIOVILLEIS			
Port Charlotte HM	IA Physician Management			Pro	rovider Number : 102610200 ate : 09/08/2021				
Bayfront Health M	ledical Group			Da					
1012 N Mills Ave				Fiscal Year End : N/A					
Arcadia, FL 3426	66			Aud	dit Status : N/A				
Provider Type:					Current Rate	New Rate	Effective Dat		
X Rura	l Health Clinic				81.75	82.90	10/01/202		
Swin	g-Bed Provider								
Fede	rally Qualified Health Centers								
Hosp									
#(1-60)								
#0651a / H5L Routine Home Care (61 #0652 / H52 Continuous Home Care									
#(#0551 / 0561 Continuous Home Care								
#(0655 / H55 Inpatient Respite Card	е							
#(0656 / H56 General Inpatient Car	е							
#(0658 Room and Board								
Basis :			Rate	Тур	e:				
	 Budget			X	Prospect	ive			
	Unaudited costs	_			Total Pro	spective			
	Desk audited costs				Prospect	ive Adjusted for	New costs		
	Field audited costs								
	Medicare - Prospective				Interim				
X	Payment System Rate				Total Inte	erim			
	Average Nursing Home Rate				Settleme	nt based on cost	s		
	Desoto								
Distributio	n·						1./ 1		
Fiscal Agent		T. K. Fe Senior I		eme	nt Analyst Supe	rvisor	LXL.		

Contract Management

Permanent File

Program Development:

Medicaid Program Finance



102625100 - 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	on-Insti	tutional l	<u>Providers</u>		
Philip Colaizzo MD PA			Provider Number : 102625100						
				Da	te: 09/	08/2021			
170 S B	arfield Hwy	STE 108		Fis	scal Yea	ar End : N	/A		
Pahoke	e, FL 33476	3		Au	ıdit Statı	us : N/A			
Provide	r Type:				Curre	nt Rate	New Rate	Effective Date	
Х	Rural H	lealth Clinic				82.98	84.14	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	ire						
	#05	51 / 0561 Continuous Home C	are - SIA						
	#06	55 / H55 Inpatient Respite Car	е						
	#06	56 / H56 General Inpatient Car	·e						
	#06	58 Room and Board							
	Basis :]	Ra	ate Typ	pe :				
		Budget		Х		Prospecti	ve		
		Unaudited costs				Total Pro	spective		
		Desk audited costs				Prospect	ve Adjusted for	New costs	
		Field audited costs							
		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	rim		
		Average Nursing Home Rate				Settleme	nt based on cos	ts	
		Palm Beach							
Dis	stribution:		T. K. Feehr	er,				NV A	
Fis	cal Agent		Senior Man		ent Anal	yst Supe	rvisor	2K2	
Co	ntract Mana	gement	Medicaid P	rogram	Financ	e			
Pe	rmanent File	9							
Pro	ogram Deve	lopment:							



105706200 - 2021/10

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

	-	Medicaid Reimbursement Per	Diem Rates	s for No	n-Institutional	<u>Providers</u>			
Ocala Hope Medical Clinic			Provider Number : 105706200						
				Da	ate: 09/08/2021				
33	01 SW 34th Circl	е		Fis	scal Year End : N	I/A			
Oc	ala, FL 34474			Au	dit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural F	lealth Clinic			82.98	84.14	10/01/2021		
	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	are						
	#05	51 / 0561 Continuous Home C	are - SIA						
	#06	555 / H55 Inpatient Respite Car	е						
	#06	56 / H56 General Inpatient Car	re						
	#06	58 Room and Board							
	Basis :	7	R	ate Typ	pe:				
١		Budget		Х	Prospect	ive			
•		Unaudited costs			Total Pro	spective			
•		Desk audited costs			Prospect	ive Adjusted for	New costs		
•		Field audited costs							
٠		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
•		Average Nursing Home Rate			Settleme	nt based on cost	is		
•		Marion							
	Distribution:		T. K. Feeh	rer.			AV A		
	Fiscal Agent				ent Analyst Supe	rvisor	1K2		
	Contract Mana	agement	Medicaid F	rogram	Finance				
	Permanent File	9							
	Program Deve	lopment:							



105763900 - 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

Breen Health, LLC	Provider Number : 105763900
Community Family Health Care	Date: 09/08/2021
11392 E Highway 316 Ste 92	Fiscal Year End : N/A
Fort McCoy, FL 32134-8114	Audit Status : N/A

rovider	Type:	Current Rate	New Rate	Effective Date
Х	Rural Health Clinic	81.75	82.90	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
	 Marion		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



Program Development:

_____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

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		Provider Number : 106170600				
Weems Med Ctr West						
PO Box 580		Fisc	te : 09/08/2021 cal Year End : N/A dit Status : N/A Current Rate New Rate Effective Da			
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 ²	
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		Pro	ovider Number :	106362400			
Veems Med Ctr Ea	st		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 ²		
Contract Mana	agement	Medicaid Prog	ram	Finance				

Contract Management

Permanent File

Program Development:



107889600 - 2021/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for No	on-Ins	<u>stitutional </u>	<u>Providers</u>		
Kic	ls Care Pe	ediatrics		Provider Number : 107889600 Date : 09/08/2021					
69	10 Old Wo	lf Bay Rd	Fis	scal Y	ear End : N	I/A			
Pa	latka, FL	32177		Audit Status : N/A					
Provider Type:					Curr	ent Rate	New Rate	Effective Date	
	X F	Rural Health Clinic				87.24	88.46	10/01/2021	
	•	Swing-Bed Provider							
	Federally Qualified Health Centers								
	Hospice Provider								
		#0651 / H51 Routine Home Care (1	I-60)					,	
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	re						
		#0551 / 0561 Continuous Home Ca	are - SIA						
		#0655 / H55 Inpatient Respite Care	е						
		#0656 / H56 General Inpatient Care	е						
		#0658 Room and Board							
	Basi	s :		Rate Ty	pe :	1			
ָּ 		Budget		Х		⊐ Prospect	ive		
•		Unaudited costs				Total Prospective			
•		Desk audited costs	_			Prospect	ive Adjusted for I	New costs	
		Field audited costs	_			_			
•		Medicare - Prospective				 Interim			
	X	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	s	
•		Putnam							
	Distrib	<u>ution:</u>	I T. K. Fe	eehrer,				ΛV.Λ	
		al Agent		Senior Management Analyst Supervisor					
Contract Management			Medicaid Program Finance						
	Perman	Permanent File							
	Progran	n Development:							
For information Only (No Change in rate)									



109045401 - 2021/10

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

		1	Medicaid Reimbursement Per	Diem Rat	tes for	· No	on-Inst	itutional	<u>Providers</u>			
Fa	mily Care	e Medical	Center II LLC	Provider Number : 109045401								
					Date: 09/08/2021							
81	9 N Mills	Ave				Fis	Fiscal Year End : N/A					
Arc	adia, FL	34266			Au	Audit Status : N/A						
Provider Type:							Curre	ent Rate	New Rate	Effective Date		
	X Rural Health Clinic						84.1		2 85.30	10/01/2021		
		Swing-E	Bed Provider									
		Hospice	e Provider									
		#065	51 / H51 Routine Home Care (1	I-60)								
#0651a / H5L Routine Home Care (61 +)												
		#065	52 / H52 Continuous Home Ca	re								
		#055	51 / 0561 Continuous Home Ca	are - SIA								
		е										
		#065	56 / H56 General Inpatient Car	re								
		#065	58 Room and Board									
	Bas	sis :			Rate	Тур	pe:]				
'			Budget			X		Prospect	ive			
•			Unaudited costs	ed costs				Total Prospective				
•		Desk audited costs					Prospective Adjusted for New costs					
•			Field audited costs					_				
			Medicare - Prospective					Interim				
)	<	Payment System Rate					Total Inte	erim			
			Average Nursing Home Rate					Settleme	nt based on cos	ts		
			Desoto					_				
	Distri	bution:		T. K. Fee	ehrer					A>/ A		
Fiscal Agent Contract Management			Senior Management Analyst Supervisor									
			Medicaio	Prog	ram	Finan	ce					
	Perma	nent File										
	Progra	ım Devel	opment:									



109368700 - 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

Holmes County Hospital Corporation	Provider Number : 109368700
Bonifay Rural Health Clinic	Date: 09/08/2021
2910 HOSPITAL DR	Fiscal Year End : N/A
BONIFAY, FL 32425	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	83.12	84.28	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
	— Holmes		_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

__ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





109437500 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rate	es for	Nor	n-Instit	utional	<u>Providers</u>	
He	artland Ped	diatric Associates			Pro	vider N	umber :	109437500	
			Date: 09/08/2021						
72	15 US Hwy	27 North	Fiscal Year End : N/A						
Se	bring, FL 3	33870			Aud	lit Statu	ıs : N/A		
Pre	ovider Typ	e:				Currer	nt Rate	New Rate	Effective Date
	X R	ural Health Clinic					83.12	84.28	10/01/2021
	S	wing-Bed Provider							
	F	ederally Qualified Health Centers							
	Н	ospice Provider							
		#0651 / H51 Routine Home Care (1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	re						
		#0551 / 0561 Continuous Home C	are - SIA						
		#0655 / H55 Inpatient Respite Car	е						
		#0656 / H56 General Inpatient Car	е						
		#0658 Room and Board							
	Basis	::		Rate	Туре	e :			
ָּ 		Budget)	X		rospect	ve	
•		Unaudited costs					Total Pro	spective	
•		Desk audited costs					Prospect	ve Adjusted for	New costs
•		Field audited costs							
		Medicare - Prospective				I	nterim		
	Χ	Payment System Rate				-	Total Inte	rim	
		Average Nursing Home Rate					Settleme	nt based on cos	ts
		Highlands							
	Distribu	ution:	I T. K. Feel	hrer					A>/ A
	Fiscal Ag		Senior Ma		emer	nt Analy	st Supe	rvisor	
		Management	Medicaid	Progr	ram	Financ	e		
	Permane	ent File							
	Program	Development:							



110621800 - 2021/10

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

	Medicaid Reimbursement Per	Diem Rates for	<u>r Nor</u>	<u>n-Institutional I</u>	<u>Providers</u>			
Adventis	t Health System - Sunbelt Inc	Provider Number : 110621800						
		Date: 09/08/2021						
200 S S	CENIC HWY		Fisc	al Year End : N	/A			
Frostpro	of, FL 33843		Aud	it Status : N/A				
Provide	r Type:			Current Rate	New Rate	Effective Date		
X	Rural Health Clinic			87.52	88.75	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	re						
	#0551 / 0561 Continuous Home Ca	are - SIA						
	#0655 / H55 Inpatient Respite Care	•						
	#0656 / H56 General Inpatient Care	e						
	#0658 Room and Board							
E	Basis:	Rate	Туре	e :				
	Budget		Χ	Prospecti	ve			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospecti	ve Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
	X Payment System Rate			Total Inte	rim			
	Average Nursing Home Rate			Settleme	nt based on cost	s		
	Polk							
Dis	stribution:	T. K. Feehrer,				A \		
Fisc	cal Agent		emer	nt Analyst Super	rvisor	2K2		
Cor	ntract Management	Medicaid Prog	ram	Finance				
Per	manent File							
Pro	gram Development:							



110740900 - 2021/10

		_	<u>Medicaid Reimbursement Per</u>	Diem R	Rates for	r Nor	<u>1-Inst</u>	<u>titutional l</u>	<u>Providers</u>	
Panhandle Rural Health & Primary Care, Inc					Prov	vider	Number :	110740900		
						Date	e : 09	/08/2021		
20	274 Cen	tral Ave \	N			Fisc	al Ye	ear End : N	I/A	
Blo	untstow	n, FL 32	424			Aud	it Sta	itus : N/A		
Pre	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	lealth Clinic					87.52	88.75	10/01/2021
		Swing-l	Bed Provider							
		Federal	lly Qualified Health Centers							
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1	1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	re						
		#05	51 / 0561 Continuous Home Ca	are - SI	A					
		#06	55 / H55 Inpatient Respite Card	е						
		#06	56 / H56 General Inpatient Car	е						
		#06	58 Room and Board							
	Ва	sis :]	Ī	Rate	Туре	e :]		
ן ו			Budget			X		ם 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
•			Calhoun					_		
	Distr	ibution:		L T. K. F	eehrer,					1V.1
	Fiscal	Agent		Senior	Manage	emer	nt Ana	alyst Supe	rvisor	2/12
	Contr	act Mana	gement	Medic	aid Prog	ram I	Finan	ice		
	Perma	anent File	•							
	Progr	am Devel	opment:							
		For in	formation Only (No Change in ra	ate)						



251469901 - 2021/10

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

	-	Medicaid Reimbursement Per	Diem	Rates fo	r No	n-Ins	titutional	<u>Providers</u>	
Не	artland Pediatric	Provider Number : 251469901							
			Date: 09/08/2021						
13	54 State Road 60) East			Fis	cal Ye	ear End : N	I/A	
La	ke Wales, Fl 338	353			Au	dit Sta	itus : N/A		
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	X Rural F	lealth Clinic					77.45	78.53	10/01/2021
	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	552 / H52 Continuous Home Ca	re						
	#05	551 / 0561 Continuous Home C	are - S	IA					
	#06	555 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	е						
	#06	58 Room and Board							
	Basis :]		Rate	Тур	oe:]		
'		Budget			Χ		Prospect	ive	
		Unaudited costs	Ī				Total Pro	spective	
		Desk audited costs					Prospect	ive Adjusted for	New costs
		Field audited costs					_		
		Medicare - Prospective					Interim		
	Х	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cost	ts
		Polk							
	Distribution:		L T. K.	Feehrer,					A \ / A
	Fiscal Agent				eme	nt Ana	alyst Supe	rvisor	<u> </u>
	Contract Mana	agement	Medic	caid Prog	ram	Finar	nce		
	Permanent File	е							
	Program Deve	elopment:							



253535101 - 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

Heartland	d Pediatrics	s of L. P		Pro	vider Number :	253535101				
				Date	e: 09/08/2021					
344 East	Royal Palı	m St, Ste 3		Fiscal Year End : N/A						
Lake Pla	cid, FI 338	352		Aud	it Status : N/A					
Provider	r Type:				Current Rate	New Rate	Effective Date			
Х	Rural H	lealth Clinic			77.43	78.52	10/01/2021			
	Swing-	Bed Provider								
	Federa	lly Qualified Health Centers								
	Hospic	e Provider								
	51 / H51 Routine Home Care (1-60)									
	#0651a / H5L Routine Home Care (61 +									
	#06	52 / H52 Continuous Home Care								
	#05	51 / 0561 Continuous Home Care - S	SIA							
	#06	55 / H55 Inpatient Respite Care								
	#06	56 / H56 General Inpatient Care								
	#06	58 Room and Board								
Е	Basis :	1	Rate	Туре	e :					
		Budget		Х	Prospect	ive				
		Unaudited costs			Total Pro	spective				
		Desk audited costs			Prospect	ive Adjusted for	New costs			
		Field audited costs								
		Medicare - Prospective			Interim					
	Χ	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	s			

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

Highlands

T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance





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	-		=

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



370861601 - 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>			
Ch	ildren's Medical (Clinic	Provider Number : 370861601						
				Da	ite: 09/08/2021				
10	02 SW 11th Stree	et		Fis	scal Year End : N	I/A			
Liv	e Oak, FL 32064	4		Au	dit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural H	lealth Clinic			77.26	78.34	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	551 / 0561 Continuous Home C	are - SIA						
	#06	555 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	re						
	#06	58 Room and Board							
	Basis :	7	Ra	ate Typ	oe:				
,		Budget		Х	Prospect	ive			
•		Unaudited costs			Total Pro	spective			
•		Desk audited costs			Prospect	ive Adjusted for	New costs		
٠		Field audited costs							
•		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
•		Average Nursing Home Rate			Settleme	nt based on cost	is		
•		Suwannee							
	<u>Distribution</u> :		T. K. Feehr	er.			A V / A		
	Fiscal Agent				ent Analyst Supe	rvisor	1K2		
	Contract Mana	agement	Medicaid Pi	rogram	Finance				
	Permanent File	е							
	Program Deve	elopment:							



370861604 - 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>				
Ch	ildren's Medical	Center	Provider Number : 370861604							
				Da	ate: 09/08/2021					
78	9 West Duval Str	reet	Fiscal Year End : N/A							
La	ke City, FL 3205	55	Audit Status : N/A							
Pre	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural I	Health Clinic			77.26	78.34	10/01/2021			
	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	552 / H52 Continuous Home Ca	are							
	#05	551 / 0561 Continuous Home C	are - SIA							
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	re							
	#06	558 Room and Board								
	Basis :		Ra	ate 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					
	Χ	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	rs			
•		Columbia								
	Distribution	<u>:</u>	T. K. Feehr	er.			A \			
	Fiscal Agent				ent Analyst Supe	rvisor	2K2			
Contract Management		Medicaid Pi	rogram	Finance						
Permanent File										
	Program Deve	elopment:								



372143401 - 2021/10

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

	Medicaid Reimbursement Per	Diem Rates f	or No	on-Ins	titutional	<u>Providers</u>	
ck M. Matheny	RHC		Pr	ovide	Number :	372143401	
			Da	ate : 0	9/08/2021		
5 Zeagler Drive	e, Suite #101		Fis	scal Y	ear End : N	I/A	
latka, FL 3217	7		Αι	ıdit St	atus : N/A		
ovider Type:				Curr	ent Rate	New Rate	Effective Date
X Rural	Health Clinic				87.23	88.46	10/01/202
Swin	g-Bed Provider						
Fede	rally Qualified Health Centers						
Hosp	ice Provider						
#(0651 / H51 Routine Home Care ((1-60)					
#0	0651a / H5L Routine Home Care	(61 +)					
#(0652 / H52 Continuous Home Ca	are					
#(0551 / 0561 Continuous Home C	Care - SIA					
#(0655 / H55 Inpatient Respite Car	re					
#(0656 / H56 General Inpatient Ca	re					
#(0658 Room and Board						
Basis :		Rat	е Ту	pe :	7		
	 Budget		Χ		Prospect	ive	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospect	ive Adjusted for	New costs
	Field audited costs	-			_		
	Medicare - Prospective				 Interim		
X	Payment System Rate				Total Inte	erim	
	Average Nursing Home Rate Putnam				Settleme	nt based on cos	ts
<u>Distribution</u>		T. K. Feehre Senior Mana		ent An	alyst Supe	rvisor	N.J.
· ·	Fiscal Agent			n Fina			
Permanent F	Contract Management		-				
Program Dev	νειοριπετιι.						



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	Pr	ovider Number :	372384401					
	Da	ate: 09/08/2021						
4415 US Hwy 331	Fis	scal Year End : N	I/A					
DeFuniak Springs, FI 32435	Αι	Audit 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:								



377682401 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rate	es for	Nor	n-Institutional	<u>Providers</u>			
Se	bring Pediati	rics			Prov	vider Number :	377682401			
					Date	e: 09/08/2021				
15	50 Lakeview	Dr.			Fisc	cal Year End : N	N/A			
Se	bring, FL 33	870		Audit Status : N/A						
Pr	ovider Type	:				Current Rate	New Rate	Effective Date		
	X Ru	ral Health Clinic				81.57	82.71	10/01/2021		
	Sw	ring-Bed Provider								
	Fee	derally Qualified Health Centers								
	Но	spice Provider								
		#0651 / H51 Routine Home Care (1-60)							
		#0651a / H5L Routine Home Care	(61 +)							
		#0652 / H52 Continuous Home Ca	are							
		#0551 / 0561 Continuous Home C	are - SIA							
		#0655 / H55 Inpatient Respite Car	е							
		#0656 / H56 General Inpatient Car	re							
		#0658 Room and Board								
	Basis :			Rate 1	Туре	e :				
,		Budget		>	X	Prospec	tive			
,		Unaudited costs				Total Pro	spective			
,		Desk audited costs				Prospec	tive Adjusted for	New costs		
,		Field audited costs								
'		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
'		Average Nursing Home Rate				Settleme	ent based on cos	ts		
		Highlands								
	Distribut	ion:	T. K. Feel	hrer				A>/ A		
	Fiscal Age				men	nt Analyst Supe	rvisor	4		
	Contract Management		Medicaid	Progra	am I	Finance				
	Permanen	nt File								
	Program [Development:								



378772904 - 2021/10

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>	
Th	e Pediatric Cent	er		Pro	ovider Number :	378772904	
				Da	te: 09/08/2021		
14	47 Medical Park	Blvd, Suite 402		Fis	scal Year End : N	I/A	
We	ellington, FL 334	114		Au	dit Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural	Health Clinic			82.97	84.13	10/01/2021
	Swing	-Bed Provider					
	Federa	ally Qualified Health Centers					
	Hospi	ce Provider					
	#0	651 / H51 Routine Home Care (1-60)				
	#0	651a / H5L Routine Home Care	(61 +)				
	#0	652 / H52 Continuous Home Ca	are				
	#0	551 / 0561 Continuous Home C	are - SIA				
	#0	655 / H55 Inpatient Respite Car	·e				
	#0	656 / H56 General Inpatient Ca	re				
	#0	658 Room and Board					
	Basis :	7		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
		Palm Beach					
	Distribution		T. K. Fee	ahror			A > / A
	Fiscal Agent	<u>.</u>			ent Analyst Supe	rvisor	JKJ
	Contract Man	agement	Medicaio	Program	Finance		
	Permanent Fi						
	Program Deve						
	•	•					



660018201 - 2021/10

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

	-	Medicaid Reimbursement Per	Diem Rates f	or No	n-Institutional	<u>Providers</u>				
He	artland Pediatric	Associates		Pro	ovider Number :	660018201				
				Da	te: 09/08/2021					
12	0 Heartland Way		Fiscal Year End : N/A							
Wa	auchula, FL 3383	375000	Audit Status : N/A							
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural F	lealth Clinic			77.63	78.72	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	ire							
	#05	51 / 0561 Continuous Home Ca	are - SIA							
	#06	55 / H55 Inpatient Respite Card	е							
	#06	56 / H56 General Inpatient Car	е							
	#06	58 Room and Board								
	Basis :]	Rat	te 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					
	Х	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	S			
		Hardee								
	<u>Distribution:</u>		T. K. Feehre	r,			AV 1			
	Fiscal Agent				ent Analyst Supe	rvisor	2/h2+			
	Contract Management		Medicaid Pro	ogram	Finance					
	Permanent File									
	Program Deve	lopment:								



660022100 - 2021/10

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

			<u> Medicaid Reimbursement Per</u>	Diem Ra	ates for No	on-Inst	itutional	<u>Providers</u>			
Ja	y Medica	l Center			Pro	ovider I	Number :	660022100			
					Da	ite: 09/	/08/2021				
14	088 Alab	ama St		Fiscal Year End : N/A							
Ja	y, FL 32	565		Audit Status : N/A							
Pr	ovider T	уре:				Curre	nt Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic				89.08	90.33	10/01/2021		
		Swing-l	Bed Provider								
		Federal	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							
		#05	51 / 0561 Continuous Home C	are - SIA	١						
		#06	55 / H55 Inpatient Respite Car	е							
		#06	56 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
	Bas	sis :]		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				
)	<	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
•			Collier								
	Distri	bution:		l T. K. Fe	eehrer,				1V.1		
	Fiscal	Agent		Senior	Manageme	ent Ana	lyst Supe	rvisor	2/12		
Contract Management		Medica	id Program	Finan	ce						
	Perma	nent File	•								
	Progra	ım Devel	opment:								



660026300 - 2021/10

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

		_	<u>Medicaid Reimbursement Per</u>	Diem Rat	tes for No	on-Institutional	<u>Providers</u>				
Со	mmunity	Medical	CtrDeland	Provider Number : 660026300							
					Da	ite: 09/08/2021					
119	90 North	Stone S	treet		Fis	scal Year End : N	I/A				
De	land, FL	32720			Audit Status : N/A						
Pre	ovider T	уре:				Current Rate	New Rate	Effective Date			
	X	Rural H	ealth Clinic			88.43	89.67	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								
	Bas	sis :]		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			
•			Volusia								
	Distri	bution:		T. K. Fee	ehrer.			A)/ /			
	Fiscal	Agent				ent Analyst Supe	rvisor	1/4°			
Contract Management			Medicaio	d Program	Finance						
	Perma	nent File)								
	Program Development:										



660026302 - 2021/10

		_	<u>Medicaid Reimbursement Per</u>	Diem R	lates for	r Nor	<u>1-Inst</u>	titutional	<u>Providers</u>	
Со	mm. Me	edical Ctr.	-Orange Cty.			Prov	vider	Number :	660026302	
						Date	e : 09	/08/2021		
81	0 Comm	ed Boule	vard			Fisc	al Ye	ear End : N	I/A	
Ora	ange Cit	ty, FL 32	763			Aud	it Sta	itus : N/A		
Pre	ovider 1	Гуре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					82.99	84.15	10/01/2021
		Swing-l	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (1-60)						
	#0651a / H5L Routine Home Care									
		#06	52 / H52 Continuous Home Ca	re						
		#05	51 / 0561 Continuous Home Ca	are - SI	A					
		#06	55 / H55 Inpatient Respite Card	е						
		#06	56 / H56 General Inpatient Car	е						
		#06	58 Room and Board							
	Ва	sis :]		Rate	Туре	e :]		
ָּ 			Budget			X		ם Prospect	ive	
•			Unaudited costs	-				- Total Pro	spective	
			Desk audited costs	-				- Prospect	ive Adjusted for	New costs
			Field audited costs	-				-		
•			Medicare - Prospective	-				Interim		
		X	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cost	s
•			Volusia	-				_		
	Distr	ibution:		L T. K. F	eehrer,					1V.1
	Fisca	l Agent				emer	nt Ana	alyst Supe	rvisor	1/2 ×
	Contr	act Mana	gement	Medica	aid Progi	ram I	Finan	ice		
	Perm	anent File	•							
	Progr	am Devel	opment:							
		For in	formation Only (No Change in ra	ate)						



660027100 - 2021/10

		Medicaid Reimbursement Per	Diem F	Rates for	Non	-Insti	tutional	<u>Providers</u>	
N.	Fl. Pediatrics R	HC			Prov	vider N	lumber :	660027100	
					Date	e : 09/0	08/2021		
43	16 Fifth Avenue				Fisc	al Yea	ar End : N	I/A	
Ма	rianna, FL 324	46			Aud	it Stat	us : N/A		
Pro	ovider Type:				(Curre	nt Rate	New Rate	Effective Date
	X Rural	Health Clinic					87.23	88.46	10/01/2021
	Swing	g-Bed Provider							
	Feder	ally Qualified Health Centers							
	Hospi	ice Provider							
	#0	0651 / H51 Routine Home Care (1-60)						
	#0	0651a / H5L Routine Home Care	(61 +)						
	#0	0652 / H52 Continuous Home Ca	are						
	#0	0551 / 0561 Continuous Home C	are - SI	Α					
	#0	0655 / H55 Inpatient Respite Car	е						
	#0	0656 / H56 General Inpatient Car	е						
	#0	0658 Room and Board							
	Basis :			Rate	Туре	::			
ָ י		 Budget	'	>	X		Prospect	ive	
•		Unaudited costs	· •				Total Pro	spective	
•		Desk audited costs					Prospect	ive Adjusted for	New costs
•		Field audited costs	-						
•		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	erim	
•		Average Nursing Home Rate					Settleme	nt based on cost	ts
-		Jackson							
	Distribution	<u>1:</u>	l T. K. F	eehrer,					1V.1
	Fiscal Agent			r Manage			· ·	rvisor	2/42
	Contract Mar	nagement	Medic	aid Progra	am F	inanc	e		
	Permanent F	ile							
	Program Dev	relopment:							
	For	information Only (No Change in r	ate)						



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>			
Blo	ountstown Family	Practice	Provider Number : 660037900							
					Dat	e: 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	(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 Management		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>				
Mc	nticello Family M	edicine	Provider Number : 660037901							
				Da	ite: 09/08/2021	08/2021				
15	49. S. Jefferson S	St		Fis	scal Year End : I	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 Management		wiodioc	a i rogiain						
	Permanent File									
	Program Devel	opment:								



660037902 - 2021/10

		Medicaid Reimbursement Per	Diem	Rates for	<u>Non</u>	-Insti	itutional	<u>Providers</u>		
Qι	incy Medical Gro	oup			Prov	ider 1	Number :	660037902		
					Date	: 09/	08/2021			
17	8 LaSalle Dr		Fiscal Year End : N/A							
Qι	incy, Fl 32351				Audi	t Stat	us : N/A			
Pr	ovider Type:				C	Curre	nt Rate	New Rate	Effective Date	
	Rural I	Health Clinic					86.22	87.43	10/01/2021	
	Swing	-Bed Provider								
	Federa	Illy Qualified Health Centers								
	Hospid	ce Provider								
	#06	651 / H51 Routine Home Care (1-60)							
	#06	651a / H5L Routine Home Care	(61 +)							
	#06	652 / H52 Continuous Home Ca	ire							
	#05	551 / 0561 Continuous Home C	are - S	SIA						
	#06	655 / H55 Inpatient Respite Car	е							
	#06	656 / H56 General Inpatient Car	е							
	#06	658 Room and Board								
	Basis :	7		Rate T	Гуре	:				
		∟ Budget		X	(Prospect	ive		
		Unaudited costs					Total Pro	spective		
		Desk audited costs					Prospect	ive Adjusted for	New costs	
		Field audited costs								
		Medicare - Prospective					Interim			
	X	Payment System Rate					Total Inte	erim		
		Average Nursing Home Rate					Settleme	nt based on cost	S	
		Gadsden								
	Distribution	<u>:</u>	L Т. К.	Feehrer,					٨.٧٨	
Fiscal Agent				or Manager			<u> </u>	rvisor	2/1/2	
	Contract Mana	agement	Medi	caid Progra	am F	inand	ce			
	Permanent Fil	e								
	Program Deve	elopment:								
	For i	nformation Only (No Change in r	ate)							



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							
	Da	ate: 09/08/2021						
15 Council Moore Rd	Fiscal Year End : N/A							
Crawfordville, FI 32327	Au	udit Status : N/A						
Provider Type:		Current Rate	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:								



660039500 - 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

5 111 111 011 1					
Yunus Rural Health Clinic Pro	ovider Number : 660039500				
Mohammad Yunus, MD	ate: 09/08/2021				
404 East Hwy 90 Fisc	Fiscal Year End : N/A				
Bonifay, FL 32425 Aug	Audit Status : N/A				
Provider Type:	Current Rate	New Rate	Effective Date		
X Rural Health Clinic	87.23	88.46	10/01/2021		

Provider	Туре:	Current Rate	New Rate	Effective Date
Х	Rural Health Clinic	87.23	88.46	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
	— Holmes	-	_

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



660046800 - 2021/10

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

		Medicaid Reimbursement Per	r Diem Rates	s for No	on-Institutional	<u>Providers</u>				
Ric	chard A. Campb	ell RHC	Provider Number : 660046800							
			Date: 09/08/2021							
10	5 Tomoka Boule	evard South	Fiscal Year End : N/A							
La	ke Placid, FL 3	3852		Au	dit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural	Health Clinic			86.85	88.07	10/01/2021			
	Swing	g-Bed Provider								
	Feder	ally Qualified Health Centers								
	Hospi	ce Provider								
	#0	651 / H51 Routine Home Care ((1-60)							
	#0	651a / H5L Routine Home Care	(61 +)							
	#0	652 / H52 Continuous Home Ca	are							
	#0	551 / 0561 Continuous Home C	are - SIA							
	#0	655 / H55 Inpatient Respite Car	re							
	#0	656 / H56 General Inpatient Ca	re							
	#0	658 Room and Board								
	Basis :		R	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					
	Х	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	rs			
•		Highlands								
	Distribution	<u>ı:</u>	T. K. Feeh	rer.			A \			
Fiscal Agent Contract Management					ent Analyst Supe	rvisor	2K2			
			Medicaid F	Program	Finance					
Permanent File										
	Program Dev	relopment:								



660049201 - 2021/10

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

	-	Medicaid Reimbursement Per	Diem Rate	es for No	n-Institutional	<u>Providers</u>				
Ga	nteway Medical C	linic - Crestview	Provider Number : 660049201							
			Date: 09/08/2021							
12	7-C Redstone Av	е	Fiscal Year End : N/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:								



660053100 - 2021/10

		-	Medicaid Reimbursement Per	Diem	Rates for	Non	ı-Inst	<u>titutional l</u>	<u>Providers</u>		
Chi	ldren's	Clinic		Provider Number : 660053100							
						Date	e : 09	/08/2021			
110	00 N. M	ain St		Fiscal Year End : N/A							
Bel	le Glad	e, FL 33	430			Aud	it Sta	itus : N/A			
Pro	vider T	Гуре:					Current Rate		New Rate	Effective Date	
	X	Rural H	lealth Clinic					87.23	88.46	10/01/2021	
		Swing-	Bed Provider								
		Federa	Illy Qualified Health Centers								
		Hospic	e Provider								
		#06	551 / 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 - S	SIA						
		#06	555 / H55 Inpatient Respite Car	е							
		#06	556 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
	Ва	sis :	7		Rate	Type) :	7			
L			_l Budget			X		J Prospect	ive		
-			Unaudited costs					- Total Pro			
-			Desk audited costs					_	ive Adjusted for	New costs	
-			 Field audited costs 					<u>.</u>	,		
-			Medicare - Prospective					- Interim			
		Χ	Payment System Rate					- Total Inte	erim		
-			Average Nursing Home Rate					- Settleme	nt based on cost	is	
-			Palm Beach					-			
	Distr	ibution	<u>.</u>	_ T. K.	Feehrer,					AV 1	
Fiscal Agent				or Manage	emen	t Ana	alyst Supe	rvisor	2K2		
	Contr	act Mana	agement	Medi	caid Progr	ram F	inan	ice			
	Perm	anent File	е								
	Progr	am Deve	elopment:								
		For i	nformation Only (No Change in r	ate)							



660054900 - 2021/10

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

			Medicaid Reimbursement Per	Diem Rate	es for	No	on-Inst	titutional	<u>Providers</u>		
Ма	rion RH0	C dba Fo	rest Family Health			Pr	ovider	Number :	660054900		
				Date: 09/08/2021							
15	932 E. 40)		Fiscal Year End : N/A							
Sil	ver Sprin	gs, FL 3	4488			Au	ıdit Sta	itus : N/A			
Pre	ovider T	уре:		Current Rate New				New Rate	Effective Date		
	X	Rural H	ealth Clinic					86.02	87.22	10/01/2021	
		Swing-E	Bed Provider						,		
		Federal	ly Qualified Health Centers								
		Hospice	Provider								
		51 / H51 Routine Home Care (1	I-60)								
		#065	51a / H5L Routine Home Care	(61 +)							
		#065	52 / H52 Continuous Home Ca	re							
		#055	51 / 0561 Continuous Home Ca	are - SIA							
		#065	55 / H55 Inpatient Respite Card	е							
		#065	56 / H56 General Inpatient Car	е							
		#065	58 Room and Board								
	Bas	sis :			Rate	Тур	pe:]			
,			Budget	_		X		Prospect	ive		
•			Unaudited costs					- Total Pro	spective		
•			Desk audited costs					- Prospect	ive Adjusted for	New costs	
•			Field audited costs					-			
			Medicare - Prospective					Interim			
	>	<	Payment System Rate					Total Inte	erim		
•			Average Nursing Home Rate					Settleme	nt based on cos	ts	
•			Marion					-			
	Distri	bution:		l T. K. Fee	hrer					A>/ A	
	Fiscal					eme	ent Ana	alyst Supe	rvisor	4	
	Contra	nct Manag	gement	Medicaid	Prog	ram	Finan	ice			
	Perma	nent File									
	Progra	ım Devel	opment:								
	g										



660056500 - 2021/10

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

		Medicaid Reimbursement Per	Diem Ra	tes for No	n-Institutional	<u>Providers</u>				
Ah	mad T. Ismail I	RHC	Provider Number : 660056500							
			Date: 09/08/2021							
11	0 E. Byrd Aven	ue	Fiscal Year End : N/A							
Во	nifay, FL 3242	5		Au	dit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rura	l Health Clinic			76.88	77.96	10/01/2021			
	Swin	g-Bed Provider								
	Fede	rally Qualified Health Centers								
	Hosp	ice Provider								
	#	0651 / H51 Routine Home Care (1-60)							
	#	0651a / H5L Routine Home Care	(61 +)							
	#	0652 / H52 Continuous Home Ca	are							
	#	0551 / 0561 Continuous Home C	are - SIA							
	#	0655 / H55 Inpatient Respite Car	'e							
	#	0656 / H56 General Inpatient Car	re							
	#	0658 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					
	Χ	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	ts			
		Holmes								
	Distributio	<u>n:</u>	I T. K. Fe	ehrer,			1 V 1			
Fiscal Agent Contract Management					nt Analyst Supe	rvisor	2/1/2			
			Medicai	d Program	Finance					
	Permanent F	File								
	Program De	velopment:								



660058100 - 2021/10

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

	-	Medicaid Reimbursement Per	Diem Rat	es for No	on-Institutional	<u>Providers</u>				
N.	Okaloosa Medica	al Center	Provider Number : 660058100							
			Date: 09/08/2021							
10	45 US Hwy 331,	Ste D	Fiscal Year End : N/A							
De	Funiak, FL 3243	5		Au	dit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural F	lealth Clinic			87.29	88.51	10/01/2021			
	Swing-	Bed Provider								
	Federa	Ily Qualified Health Centers								
	Hospic									
	#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 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	ts			
		Walton								
	Distribution:		T. K. Fee	ehrer.			AV 1			
	Fiscal Agent				ent Analyst Supe	rvisor	4			
	Contract Mana	gement	Medicaid	l Program	Finance					
	Permanent File	e								
	Program Deve	lopment:								



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

660069700 - 2021/10

	Medicaid Reimbursement Per	Diem Rates for	Nor	<u>n-Institutional l</u>	<u>Providers</u>		
Florida Fami	ly Rural Hlth Care	Provider Number : 660069700					
			Date	e : 09/08/2021			
2398 N. Bea	ch Dr., Suite 100	Fiscal Year End : N/A					
Avon Park, F	TI 33825		Aud	it Status : N/A			
Provider Ty	pe:			Current Rate	New Rate	Effective Date	
X I	Rural Health Clinic			85.88	87.08	10/01/2021	
;	Swing-Bed Provider						
I	Federally Qualified Health Centers						
I	Hospice Provider						
	#0651 / H51 Routine Home Care (1-60)			,		
	#0651a / H5L Routine Home Care	(61 +)					
	#0652 / H52 Continuous Home Ca	are					
	#0551 / 0561 Continuous Home C	are - SIA					
	#0655 / H55 Inpatient Respite Car	е					
	#0656 / H56 General Inpatient Car	re					
	#0658 Room and Board						
Basi	s:	Rate	Туре	= :			
	Budget		X	Prospective			
	Unaudited costs			Total Prospective			
	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	is	
	Highlands						
Distrib	oution:	T. K. Feehrer,				Λ\/ Λ	
Fiscal A	Agent		emen	it Analyst Supe	rvisor	2h2	
Contrac	et Management	Medicaid Progr	ram l	Finance			
Perman	nent File						



660070100 - 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>			
Ex	press Care of Be	lleview, Inc	Provider Number : 660070100						
			Date: 09/08/2021						
10	762 S US Hwy 44	41		Fis	scal Year End : N	I/A			
Ве	lleview, FI 34420)		Au	dit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural H	lealth Clinic			86.18	87.39	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	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	555 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	re						
	#06	58 Room and Board							
	Basis :	7	R	ate 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				
	Х	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	s		
		Marion							
	<u>Distribution:</u>	<u> </u>	T. K. Feehi	rer,			۸٧.٨		
Fiscal Agent					ent Analyst Supe	rvisor	1/2t		
	Contract Mana	agement	Medicaid P	rogram	Finance				
	Permanent File	е							
	Program Deve	elopment:							



660071900 - 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

Nature Coast Family Medical	Provider Number : 660071900
Nature Coast Family	Date: 09/08/2021
3400 N. Lecanto Hwy Suite A	Fiscal Year End : N/A
Beverly Hills, FI 34464	Audit Status : N/A

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.56	83.72	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
	 Citrus		_

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



660072700 - 2021/10

		Medicaid Reimbursement Per	r Diem Ra	ates for No	<u>n-Insti</u>	tutional l	<u>Providers</u>			
Ra	jendra P. l	Bellam MD		Provider Number : 660072700						
				Date: 09/08/2021						
11	707 N. Wil	liams St Suite 3		Fis	cal Yea	ar End : N	I/A			
Du	nnellon, F	I 34432		Au	dit Stat	us : N/A				
Pre	ovider Ty _l	pe:			Curre	nt Rate	New Rate	Effective Date		
	X F	Rural Health Clinic				84.31	85.49	10/01/2021		
		Swing-Bed Provider					,			
	F	Federally Qualified Health Centers								
	ŀ	Hospice Provider								
		#0651 / H51 Routine Home Care ((1-60)							
		#0651a / H5L Routine Home Care	(61 +)							
		#0652 / H52 Continuous Home Ca	are							
		#0551 / 0561 Continuous Home C	are - SIA	1						
		#0655 / H55 Inpatient Respite Ca	re							
		#0656 / H56 General Inpatient Ca	re							
		#0658 Room and Board								
	Basi	s:	Т	Rate Typ	e:					
,		Budget		Х		Prospecti	ive			
•		Unaudited costs				Total Pro	spective			
•		Desk audited costs	-			Prospecti	ive Adjusted for I	New costs		
•		Field audited costs								
•		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	s		
		Marion								
	Distrib	ution:	T. K. F	eehrer,				۸٧.٨		
Fiscal Agent			Senior Management Analyst Supervisor							
	Contrac	t Management	Medica	id Program	Financ	ce				
	Perman	ent File								
	Progran	n Development:								
		For information Only (No Change in	rate)							



660075100 - 2021/10

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

		<u>L</u>	Medicaid Reimbursement Per	Diem Ra	ates for	No	on-Inst	itutional	<u>Providers</u>		
Ch	Charles S. Li MD				Provider Number : 660075100						
				Date: 09/08/2021							
76	47 W. G	ulf Lake H	lwy			Fis	scal Ye	ar End : N	I/A		
Cry	stal Riv	129			Au	ıdit Sta	tus : N/A				
Provider Type:							Curre	ent Rate	New Rate	Effective Date	
	X Rural Health Clinic Swing-Bed Provider							81.30	82.44	10/01/2021	
		Federal	ly Qualified Health Centers								
		Hospice	e Provider								
		#065	51 / H51 Routine Home Care (1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#065	52 / H52 Continuous Home Ca	re							
		#05	51 / 0561 Continuous Home Co	are - SIA	L						
		#065	55 / H55 Inpatient Respite Card	е							
		#065	56 / H56 General Inpatient Car	е							
		#065	58 Room and Board								
	Bas	sis :			Rate	Тур	oe :]			
'			Budget			X		Prospect	ive		
•			Unaudited costs	_				Total Pro	spective		
•			Desk audited costs				Prospective Adjusted for		ive Adjusted for	r 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	
			Citrus					_			
	<u>D</u> istri	ibution:		T. K. Fe	eehrer					A)/ /	
Fiscal Agent			T. K. Feehrer, Senior Management Analyst Supervisor						4		
	Contra	act Manag	gement	Medica	id Prog	ram	Finan	ce			
	Perma	anent File									
	Progra	am Devel	opment:								



660075101 - 2021/10

		Medicaid Reimbursement Per	<u>Diem</u>	Rates for N	<u>lon-In</u>	stitutional	<u>Providers</u>			
Cit	rus Spring	s RHC	Provider Number : 660075101							
				D	ate : (ate: 09/08/2021				
10	489 N. FI <i>A</i>	Ave		F	I/A					
Cit	rus Spring	s, FI 34434		A	udit S	tatus : N/A				
Pr	ovider Ty	De:			Cur	rent Rate	New Rate	Effective Date		
	X F	Rural Health Clinic				81.30	82.44	10/01/2021		
	5	Swing-Bed Provider					,			
	F	ederally Qualified Health Centers								
	ŀ	lospice Provider								
		#0651 / H51 Routine Home Care (1-60)					,		
		#0651a / H5L Routine Home Care	(61 +)							
		#0652 / H52 Continuous Home Ca	are							
		#0551 / 0561 Continuous Home C	are - S	SIA						
		#0655 / H55 Inpatient Respite Car	·e							
		#0656 / H56 General Inpatient Ca	re							
		#0658 Room and Board								
	Basis	s:		Rate Ty	/pe :					
		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				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	s		
		Citrus				_				
	Distrib	<u>ution:</u>	L_ T. K.	Feehrer,				ΛV. Λ		
	Fiscal Agent			Senior Management Analyst Supervisor						
	Contract Management			caid Prograi	m Fina	ance				
	Perman	ent File								
	Progran	n Development:								
		For information Only (No Change in	rate)							



660076000 - 2021/10

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

		1	Medicaid Reimbursement Per	Diem Rate	es for	r Noı	n-Institutional	<u>Providers</u>			
WFMA- Beverly Hills Med Ctr				Provider Number : 660076000							
AΙι	Alugubelli & Patel MD					Date: 09/08/2021					
37	3745 N Lecanto Hwy					Fisc	cal Year End : N	I/A			
Ве	verly Hills			Auc	lit Status : N/A						
Pr	ovider Ty					Current Rate	New Rate	Effective Date			
	X	Rural H	ealth Clinic				85.36	86.55	10/01/2021		
		Swing-E	Bed Provider								
		Federal	ly Qualified Health Centers								
		Hospice	e Provider								
		#065	51 / H51 Routine Home Care (1	1-60)							
		#065	51a / H5L Routine Home Care	(61 +)							
		#065	52 / H52 Continuous Home Ca	re							
		#05	51 / 0561 Continuous Home Ca	are - SIA							
		#065	55 / H55 Inpatient Respite Card	e							
		#065	56 / H56 General Inpatient Car	е							
		#065	58 Room and Board								
	Bas	is:			Rate	Тур	e :				
'			Budget		2	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		
			Citrus								
	Distrib	oution:		T. K. Fee	hrer,				ΛV. Λ		
Fiscal Agent			Senior Management Analyst Supervisor								
	Contra	ct Mana	gement	Medicaid	Progr	ram	Finance				
	Perma	nent File									
	Progra	m Devel	opment:								



660083200 - 2021/10

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

	-	<u>Medicaid Reimbursement Per</u>	Diem Rate	s for No	on-Institutio	onal F	<u>Providers</u>	
Lake Butler Hospital RHC			Provider Number : 660083200					
			Date: 09/08/2021					
85	0 E Main St			Fis	scal Year Er	nd : N	/A	
La	ke Butler, FL 320	054		Αι	ıdit Status :	N/A		
Pr	ovider Type:				Current Ra	ate	New Rate	Effective Date
	Rural H	lealth Clinic			17	'1.33	173.73	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	ire					
	#05	51 / 0561 Continuous Home C	are - SIA					
	#06	55 / H55 Inpatient Respite Car	е					
	#06	56 / H56 General Inpatient Car	'e					
	#06	58 Room and Board						
	Basis :]	F	Rate Ty _l	pe:			
'		Budget		Х	Pros	specti	ve	
,		Unaudited costs			Tota	l Pro	spective	
,		Desk audited costs			Pros	specti	ve Adjusted for	New costs
		Field audited costs						
'		Medicare - Prospective			Inter	rim		
	X	Payment System Rate			 Tota	ıl Inte	rim	
		Average Nursing Home Rate			Settl	lemei	nt based on cost	s
		Union						
	Distribution:		T. K. Feeh	rer.				A \
	Fiscal Agent				ent Analyst S	Super	visor	4
	Contract Mana	gement	Medicaid F	rogram	Finance			
	Permanent File	9						
	Program Deve	lopment:						



660087500 - 2021/10

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

			<u>Medicaid Reimbursement Per</u>	Diem R	Rates for	r Nor	<u>ı-Inst</u>	itutional	<u>Providers</u>	
Pa	Palm Glades Rural Hlth Assoc			Provider Number : 660087500						
						Date	e : 09	/08/2021		
21	7 W Ave					Fisc	al Ye	ar End : N	I/A	
Ве	lle Glade	e, FI 334	30			Aud	it Sta	tus : N/A		
Pre	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					84.84	86.02	10/01/2021
		Swing-l	Bed Provider							
		Federal	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	re						
		#05	51 / 0561 Continuous Home Ca	are - SI	A					
		#06	55 / H55 Inpatient Respite Card	е						
		#06	56 / H56 General Inpatient Car	е						
		#06	58 Room and Board							
	Bas	sis :]	l	Rate	Туре	e :]		
ָּ 			Budget			Х		Prospect	ive	
•			Unaudited costs	-				- Total Pro	spective	
			Desk audited costs	-				Prospect	ive Adjusted for	New costs
•			Field audited costs	-				-		
•			Medicare - Prospective	-				Interim		
		X	Payment System Rate	-				Total Inte	erim	
			Average Nursing Home Rate	-				Settleme	nt based on cost	ts
•			Palm Beach					-		
	Distri	bution:		L T. K. F	eehrer,					1V.1
	Fiscal	Agent		Senior	Manage	emen	nt Ana	alyst Supe	rvisor	2/h2+
	Contra	act Mana	gement	Medic	aid Prog	ram I	Finan	ce		
	Perma	anent File	•							
	Progra	am Devel	opment:							
		For in	formation Only (No Change in ra	ate)						



660089100 - 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>			
Hernando Medical Center			Provider Number : 660089100						
			Date : 09/08/2021						
10	489 N Florida Av	e	Fiscal Year End : N/A						
Cit	rus Springs, FI 3	34434		Au	idit Status : N/A				
Pr	ovider Type:			Current Rate	New Rate	Effective Date			
	X Rural H	lealth Clinic			83.73	84.90	10/01/2021		
	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	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 :	7	Ra	te Typ	pe:				
		Budget		Х	Prospec	tive			
•		Unaudited costs			Total Pro	ospective			
•		Desk audited costs			Prospec	tive Adjusted for	New costs		
•		Field audited costs							
		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	ent based on cost	ts		
•		Hernando							
	<u>Distribution:</u>	<u> </u>	T. K. Feehre	er.			AV 1		
	Fiscal Agent				ent Analyst Supe	ervisor	2K2		
	Contract Mana	agement	Medicaid Pro	ogram	Finance				
	Permanent File	е							
	Program Deve	lopment:							



660092100 - 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 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:	Current Rate	New Rate	Effective Date
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



660103100 - 2021/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for No	n-Institutional	<u>Providers</u>			
Lake Pediatrics			Provider Number : 660103100						
			Date: 09/08/2021						
488	0 N Hwy 19A		Fiscal Year End : N/A						
Mt. Dora, FI 32757				Au	dit Status : N/A				
Provider Type:					Current Rate	New Rate	Effective Date		
	X Rural I	Health Clinic			84.14	85.32	10/01/2021		
	Swing-	Bed Provider							
	Federa	Illy Qualified Health Centers							
	Hospic	e Provider							
	#06	651 / H51 Routine Home Care (1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	ire						
	#05	551 / 0561 Continuous Home C	are - SIA	1					
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Car	е						
	#06	558 Room and Board							
Γ	Basis :]		Rate Typ	oe :				
_		Budget		Х	Prospec	tive			
		Unaudited costs	-		Total Pro	spective			
		Desk audited costs	-		Prospec	tive Adjusted for	New costs		
_		Field audited costs							
		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Into	erim			
		Average Nursing Home Rate			Settleme	ent based on cost	S		
		Lake							
	Distribution	<u>:</u>	l T. K. Fe	eehrer,			AV 1		
	Fiscal Agent				ent Analyst Supe	rvisor	2/h2+		
	Contract Mana	agement	Medica	id Program	Finance				
	Permanent File	е							
	Program Deve	elopment:							



660122700 - 2021/10

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

	-	Medicaid Reimbursement Per	Diem Rate	s for No	on-Institutional	<u>Providers</u>		
Northwest Florida Community Hospital			Provider Number : 660122700					
				Da	ite: 09/08/2021			
32	50 Main Street		Fiscal Year End : N/A					
Vernon, FL 32462				Au	dit Status : N/A			
Pr	ovider 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	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	s	
•		Washington						
	<u>Distribution:</u>		T. K. Feel	nrer.			AV 1	
	Fiscal Agent				ent Analyst Supe	rvisor	2/h2+	
	Contract Mana	gement	Medicaid	Program	Finance			
	Permanent File	Э						
	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	Pro	Provider Number : 660123500		
DMH Mayo Family Medicine	Da	Date: 09/08/2021		
P.O. Box 228	Fiscal Year End : N/A			
Mayo, FI 32066	Au	Audit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		166.54	168.87	10/01/2021
Swing-Red Provider				

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,

Senior Management Analyst Supervisor

Medicaid Program Finance





660124300 - 2021/10

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

	-	<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		
Perry, FI 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	d Program	Finance			
	Permanent File)						
	Program Deve	lopment:						



660129400 - 2021/10

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

		1	Medicaid Reimbursement Per	Diem Rate	es for	No	n-Inst	itutional	<u>Providers</u>		
Fa	mily Meio	dcal Grou	ıp (Sebring)	Provider Number : 660129400							
				Date: 09/08/2021							
34	20 US 27	North				Fiscal Year End : N/A					
Se	bring, Fl	33870				Au	dit Sta	tus : N/A			
Pre	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					84.96	86.15	10/01/2021	
		Swing-E	Bed Provider							<u>'</u>	
		Federal	ly Qualified Health Centers								
		Hospice	Provider								
		#065	51 / H51 Routine Home Care (1	I-60)							
		#065	51a / H5L Routine Home Care	(61 +)							
		#065	52 / H52 Continuous Home Ca	re							
		#055	51 / 0561 Continuous Home Ca	are - SIA							
		#065	55 / H55 Inpatient Respite Card	е							
		#065	56 / H56 General Inpatient Car	е							
		#065	58 Room and Board								
	Bas	sis :			Rate	Тур	ре :]			
,			Budget			X		Prospect	ive		
•			Unaudited costs					- Total Pro	spective		
•			Desk audited costs	<u> </u>				- Prospect	ive Adjusted for	New costs	
•			Field audited costs					-			
			Medicare - Prospective					Interim			
	>	<	Payment System Rate					Total Inte	erim		
•			Average Nursing Home Rate					Settleme	nt based on cos	ts	
•			Highlands					-			
	Distri	bution:		T. K. Fee	hrer					A>/ A	
	Fiscal					eme	ent Ana	alyst Supe	rvisor		
		ict Manaç	gement	Medicaid	Progr	ram	Finan	ce		-	
		nent File									
	Progra	ım Devel	opment:								
	_										



660132400 - 2021/10

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

			<u>Medicaid Reimbursement Per</u>	Diem R	ates for No	on-Inst	<u>itutional l</u>	<u>Providers</u>			
Oa	k Hill Me	edical		Provider Number : 660132400 Date : 09/08/2021							
18	5A North	Rt. 1, P	O Box 373		Fiscal Year End : N/A						
Oa	k Hill, FL	32759			Au	ıdit Sta	tus : N/A				
Pro	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic				82.72	83.88	10/01/2021		
		Swing-l	Bed Provider								
		Federal	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	re							
		#05	51 / 0561 Continuous Home C	are - SI <i>A</i>	1						
		#06	55 / H55 Inpatient Respite Car	е							
		#06	56 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
	Bas	sis :]		Rate Typ	pe :					
•			Budget		Х		Prospecti	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs								
			Medicare - Prospective				Interim				
)	X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
			Volusia								
	<u>Distri</u>	bution:		T. K. F	eehrer,				۸٧.٨		
	Fiscal	Agent			Manageme		<u> </u>	rvisor	2/12		
	Contra	act Mana	gement	Medica	id Program	r Finan	ce				
	Perma	nent File)								
	Progra	am Devel	opment:								



660140500 - 2021/10

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

	-	Medicaid Reimbursement Per	Diem R	ates for No	on-Institutional	<u>Providers</u>			
An	dres R. Villar, M.	D.	Provider Number : 660140500 Date : 09/08/2021 Fiscal Year End : N/A						
P.C	D. Box 606								
Gle	en St. Mary, FL	32040		Au	dit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural H	lealth Clinic			83.3	84.55	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	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 :	7	ΙΓ	Rate Typ	pe:				
٠		Budget		Х	Prospec	tive			
-		Unaudited costs	-		Total Pr	ospective			
-		Desk audited costs			Prospec	tive Adjusted for	New costs		
-		Field audited costs							
-		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Int	erim			
-		Average Nursing Home Rate			Settleme	ent based on cost	ts		
-		Collier							
	<u>Distribution:</u>		L T. K. F	eehrer,			AV 1		
	Fiscal Agent				ent Analyst Supe	ervisor	2h2		
	Contract Mana	agement	Medica	aid Program	Finance				
	Permanent File	е							
	Program Deve	lopment:							



660141300 - 2021/10

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

	Medicaid Reimbursement Per	Diem Rates for	Non-In	stitutional	<u>Providers</u>			
Williston Pedi	atrics, PA	Provider Number : 660141300						
		Date: 09/08/2021						
223 N. Main S	Street	Fiscal Year End : N/A						
Williston, FL	32696		Audit S	Status : N/A				
Provider Typ	oe:		Cui	rrent Rate	New Rate	Effective Date		
X R	Rural Health Clinic			82.58	83.74	10/01/2021		
S	Swing-Bed Provider							
F	ederally Qualified Health Centers							
Н	lospice Provider							
	#0651 / H51 Routine Home Care ((1-60)						
	#0651a / H5L Routine Home Care	e (61 +)						
	#0652 / H52 Continuous Home Ca	are						
	#0551 / 0561 Continuous Home C	are - SIA						
	#0655 / H55 Inpatient Respite Car	re						
	#0656 / H56 General Inpatient Ca	re						
	#0658 Room and Board							
Basis	<u>s:</u>	Rate 1	Гуре :					
	Budget	X	<	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs			_				
	Medicare - Prospective			Interim				
X	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	s		
	Collier							
Distrib	ution:	T. K. Feehrer,				1V.1		
Fiscal A	gent	Senior Manager	ment A	nalyst Supe	rvisor	2/12		
Contract	t Management	Medicaid Progra	am Fin	ance				
Permane	ent File							
Program	Development:							



660142100 - 2021/10

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

		1	Medicaid Reimbursement Per	Diem Rat	es for	No	n-Inst	itutional	<u>Providers</u>	
Ra	jendra P	. Bellam l	MD	Provider Number : 660142100						
				Date: 09/08/2021						
Р.0	D. Box 6	9			Fiscal Year End : N/A					
Ing	lis, Fl 3	4449				Au	dit Sta	tus : N/A		
Pre	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					65.22	66.13	10/01/2021
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	Provider							
		#065	51 / H51 Routine Home Care (1-60)						
		#065	51a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home Ca	are - SIA						
		#065	55 / H55 Inpatient Respite Care	е						
		#065	56 / H56 General Inpatient Car	е						
		#065	58 Room and Board							
	Bas	sis :			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 cos	ts
•			Levy					-		
	Distri	ibution:		 T. K. Fee	ehrer					A>/ A
		Agent				eme	ent Ana	alyst Supe	rvisor	4
		act Manag	gement	Medicaid	Prog	ram	Finan	ce		
	Perma	anent File								
	Progra	am Devel	opment:							



660147200 - 2021/10

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

		1	Medicaid Reimbursement Per	Diem Rat	es for	No	on-Ins	titutional	<u>Providers</u>	
Do	ctor's Me	edical Ctr	of Walton Co, PA			Pr	ovider	Number :	660147200	
				Date: 09/08/2021						
21	West Ma	ain St			Fiscal Year End : N/A					
De	Funiak S	Springs, F	1 32435			Αι	ıdit Sta	itus : N/A		
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					87.45	88.67	10/01/2021
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	Provider							
		#06	51 / H51 Routine Home Care (1	1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#05	51 / 0561 Continuous Home Ca	are - SIA						
		#065	55 / H55 Inpatient Respite Card	е						
		#065	56 / H56 General Inpatient Car	е						
		#065	58 Room and Board							
	Bas	sis :			Rate	Туј	pe:]		
			Budget			X		Prospect	ive	
•			Unaudited costs					- Total Pro	spective	
•			Desk audited costs					- Prospect	ive Adjusted for	New costs
•			Field audited costs					-		
•			Medicare - Prospective					Interim		
	2	X	Payment System Rate					Total Inte	erim	
•			Average Nursing Home Rate					Settleme	nt based on cos	ts
•			Walton					-		
	Distri	ibution:		T. K. Fee	ehrer					A>/ A
		Agent				eme	ent Ana	alyst Supe	rvisor	4
	Contra	act Manag	gement	Medicaid	Prog	ram	Finar	ice		
	Perma	anent File								
	Progra	am Devel	opment:							



660151100 - 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

Andres R. Villar, M.D	Provider Number : 660151100
Children's Medical Ctr-Mt. Vernon	Date: 09/08/2021
P.O. Box 606	Fiscal Year End : N/A
Glen St. Mary, FI 32040	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	83.38	84.55	10/01/202
	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
	 Baker		_

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Program Development:

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Medicaid Program Finance

Senior Management Analyst Supervisor





660162600 - 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

Putnam Obstetrics & Gynecology, Inc.	Provider Number : 660162600
Putnam Obstetrics & Gynecology	Date: 09/08/2021
6061 St. Johns Ave, Ste A	Fiscal Year End : N/A
Palatka, FL 321776858	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	86.21	87.42	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 :	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
	Collier		_

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660167700 - 2021/10

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

		Medicaid Reimbursement Per	r Diem Rates	for No	on-Institutional	<u>Providers</u>		
So	uthern Family I	Healthcare, PA		Provider Number : 660167700				
			Date: 09/08/2021					
P.C	D. Box 692			Fis	scal Year End : N	I/A		
Chipley, FL 32428				Au	dit Status : N/A			
Pro	ovider Type:				Current Rate	New Rate	Effective Date	
	X Rura	l Health Clinic			81.41	82.54	10/01/2021	
	Swin	g-Bed Provider						
	Fede	rally Qualified Health Centers						
	Hosp	ice Provider						
	#(0651 / H51 Routine Home Care ((1-60)					
	#(0651a / H5L Routine Home Care	(61 +)					
	#(0652 / H52 Continuous Home Ca	are					
	#(0551 / 0561 Continuous Home C	Care - SIA					
	#(0655 / H55 Inpatient Respite Car	re					
	#(0656 / H56 General Inpatient Ca	re					
	#(0658 Room and Board						
	Basis :		R	ate Typ	pe :			
٠		 Budget		Х	Prospect	ive		
•		Unaudited costs			Total Pro	spective		
		Desk audited costs			Prospect	ive Adjusted for	New costs	
		Field audited costs						
•		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate			Settleme	nt based on cost	s	
		Collier						
	<u>Distributio</u>	<u>n:</u>	T. K. Feehr	rer,			1V.1	
	Fiscal Agent		Senior Mar	nageme	ent Analyst Supe	rvisor	2/12	
	Contract Ma	nagement	Medicaid P	rogram	Finance			
	Permanent F	File						
	Program Dev	velopment:						



660174000 - 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

	Medicald Reinibursement Fer D						
Children's Medica	al Center - Alachua	Pi	Provider Number : 660174000				
Children's Medica	al Center - Alachua	Da	ate: 09/08/2021				
14681 N.W. Hwy	441	Fi	scal Year End : N	I/A			
Alachua, FL 32615		Au	udit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date		
X Rura	l Health Clinic		80.25	81.38	10/01/2021		
Swin	g-Bed Provider						
Fede	erally Qualified Health Centers						
Hosp	pice Provider						
#	0651 / H51 Routine Home Care (1-0	60)					
#	0651a / H5L Routine Home Care (6	i1 +)					
#0652 / H52 Continuous Home Care							
	0551 / 0561 Continuous Home Car	e - SIA					
	0655 / H55 Inpatient Respite Care						
#	0656 / H56 General Inpatient Care						
#	0658 Room and Board						
Basis :		Rate Ty	pe:				
	Budget	X	Prospect	ive			
	Unaudited costs		Total Pro	spective			
	Desk audited costs		Prospect	ive Adjusted for	New costs		
	Field audited costs						
	Medicare - Prospective		Interim				
x	Payment System Rate		Total Inte	erim			
	Average Nursing Home Rate		Settleme	nt based on cost	ts		
	 Alachua						

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Medicaid Program Finance





660182100 - 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

Pediatrics in Brevard - Cocoa Beach	Provider Number : 660182100	
Pediatrics in Brevard, PA	Date: 09/08/2021	
699 W. Cocoa Beach Cswy	Fiscal Year End : N/A	
Cocoa Beach, FL 32931	Audit Status : N/A	

ovider	Туре:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.63	83.79	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
	 Brevard		_

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T. K. Feehrer,

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660183900 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rates fo	or I	Non	-Institutional I	<u>Providers</u>	
Ре	diatrics in Breva	rd - Hibiscus		F	Prov	vider Number :	660183900	
Pe	diatrics in Breva	ırd, PA	Date: 09/08/2021					
1755 HIbiscus Blvd				F	Fisc	al Year End : N	/A	
Melbourne, FL 32901				F	Audi	it Status : N/A		
Pro	ovider Type:				(Current Rate	New Rate	Effective Date
	X Rural	Health Clinic				82.63	83.79	10/01/2021
	Swing	-Bed Provider			T			
	Federa	ally Qualified Health Centers						
	Hospi	ce Provider						
	#0	651 / H51 Routine Home Care (1	l -60)					
	#0	651a / H5L Routine Home Care	(61 +)					
	#0	652 / H52 Continuous Home Ca	re					
	#0	551 / 0561 Continuous Home Ca	are - SIA					
	#0	655 / H55 Inpatient Respite Care	9					
	#0	656 / H56 General Inpatient Car	е					
	#0	658 Room and Board						
	Basis :	7	Rat	• T	уре) :		
,		 Budget		X		Prospecti	ve	
•		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospecti	ve Adjusted for I	New costs
•		Field audited costs						
•		Medicare - Prospective	-			Interim		
	Χ	Payment System Rate				Total Inte	rim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		Brevard						
	Distribution		T. K. Feehrei					A>/ A
	Fiscal Agent	-			men	t Analyst Supe	visor	
	Contract Man	agement	Medicaid Pro	gra	am F	inance		-
	Permanent Fi							
	Program Dev	elopment:						



660184700 - 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

Pediatrics in Brevard - Woods Dr	Provider Number : 660184700	
Pediatrics in Brevard, PA	Date: 09/08/2021	
134 S. Woods Dr	Fiscal Year End : N/A	
Rockledge, FL 32955	Audit Status : N/A	

ovider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.63	83.79	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
	 Brevard		_

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660187100 - 2021/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sun 'Lake Medical Group, PA	Provider Number : 660187100		
Sun 'N Lake Medical Group	Date: 09/08/2021		
4958 Sun ' N Lake Blvd	Fiscal Year End : N/A		
Sebring, FL 33872	Audit Status : N/A		

ovider	Туре:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	82.79	83.95	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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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



660200200 - 2021/10

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

			<u>Medicaid Reimbursement Per</u>	<u>Diem R</u>	Rates for	r Nor	<u>1-Inst</u>	<u>titutional l</u>	<u>Providers</u>	
Ga	rcia Med	dical Clini	С			Prov	vider	Number :	660200200	
						Date	e : 09	/08/2021		
41	1 E. Nels	son Aven	ue			Fisc	al Ye	ear End : N	I/A	
De	funiak S	prings, Fl	L 32433			Aud	lit Sta	itus : N/A		
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					82.66	83.81	10/01/2021
		Swing-l	Bed Provider							
Provide X Dis Fis Co Pel		Federal	ly Qualified Health Centers							
		Hospice	e Provider							
		#06	51 / H51 Routine Home Care (1	I-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	re						
		#05	51 / 0561 Continuous Home Ca	are - Sl	A					
		#06	55 / H55 Inpatient Respite Card	е						
		#06	56 / H56 General Inpatient Car	е					New Rate 83.81 10/01/2021 ve spective ve Adjusted for New costs rim nt based on costs	
		#06	58 Room and Board							
	Bas	sis :]	l	Rate	Туре	e :]		
,			Budget		,	X		Prospect	ive	
•			Unaudited costs	-				Total Pro	spective	
•			Desk audited costs	-				Prospect	ive Adjusted for	New costs
•			Field audited costs	-				_		
			Medicare - Prospective					Interim		
	Ż	X	Payment System Rate					Total Inte	erim	
·			Average Nursing Home Rate					Settleme	nt based on cos	ts
			Walton					_		
	<u>Distri</u>	bution:		L T. K. F	eehrer,					۸٧.٨
	Fiscal	Agent						alyst Supe	rvisor	2/12
	Contra	act Mana	gement	Medica	aid Progi	ram I	Finan	ice		
	Perma	anent File	•							
	Progra	am Devel	opment:							
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660204500 - 2021/10

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

		1	Medicaid Reimbursement Per	Diem Ra	tes for	No	on-Ins	titutional	<u>Providers</u>	
Ch	iefland M	ledical C	enter			Pr	ovider	Number :	660204500	
						Da	ate : 09	/08/2021		
11	13 N. W.	23rd Ave)			Fis	scal Ye	ear End : N	I/A	
Ch	iefland, F	FL 32626	3			Αu	ıdit Sta	itus : N/A		
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					80.92	82.06	10/01/2021
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	Provider							
		#065	51 / H51 Routine Home Care (1-60)						
		#065	51a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home C	are - SIA						
		#065	55 / H55 Inpatient Respite Car	е						
		#065	56 / H56 General Inpatient Car	е						
		#065	8 Room and Board							
	Bas	sis :			Rate	Туј	pe :			
'			Budget			X		Prospect	ive	
•			Unaudited costs					Total Pro	spective	
•			Desk audited costs					- Prospect	ive Adjusted for	New costs
•			Field audited costs					_		
			Medicare - Prospective					Interim		
)	X	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	ts
			Levy					_		
	Distri	bution:		I T. K. Fe	ehrer					A>/ A
	Fiscal					eme	ent Ana	alyst Supe	rvisor	4
		act Manag	gement	Medicai	id Prog	ram	Finar	ice		
	Perma	nent File								
	Progra	am Devel	opment:							



660205300 - 2021/10

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

			<u> Medicaid Reimbursement Per</u>	Diem R	ates for No	on-Inst	titutional	<u>Providers</u>				
Th	e Medica	l Center	LLC		Pr	ovider	Number :	660205300				
					Da	ate : 09	/08/2021					
204	454 N.E.	Finley A	ve		Fis	scal Ye	ear End : N	I/A				
Blo	untstowr	n, FL 32	424	Audit Status : N/A								
Pro	ovider Ty	уре:				Curre	ent Rate	New Rate	Effective Date			
	X	Rural H	ealth Clinic				82.47	83.62	10/01/2021			
		Swing-l	Bed Provider									
		Federal	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	re								
		#05	51 / 0561 Continuous Home C	are - Sl	A							
		#06	55 / H55 Inpatient Respite Car	е								
		#06	56 / H56 General Inpatient Car	е								
		#06	58 Room and Board									
	Bas	sis :]		Rate Ty	pe:						
٠			Budget		Х		Prospect	ive				
			Unaudited costs				Total Pro	spective				
			Desk audited costs	-			Prospect	ive Adjusted for	New costs			
			Field audited costs	-			_					
			Medicare - Prospective				Interim					
	>	<	Payment System Rate	-			Total Inte	erim				
			Average Nursing Home Rate				Settleme	nt based on cost	s			
-			Calhoun				_					
	Distri	bution:		L T. K. F	eehrer,				1V.1			
	Fiscal	Agent			Manageme	ent Ana	alyst Supe	rvisor	2/12			
	Contra	ict Mana	gement	Medica	aid Program	n Finan	ice					
	Perma	nent File	•									
	Progra	ım Devel	opment:									



660209600 - 2021/10

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

		-	Medicaid Reimbursement Per	Diem	Rates for	Non	-Inst	<u>itutional l</u>	<u>Providers</u>			
Cla	ark Clini	C				Prov	/ider	Number :	660209600			
				Date: 09/08/2021								
21	2 S. Flo	rida St				Fisc	iscal Year End : N/A					
Bu	shnell, F	FL 33513	3			Aud	it Sta	tus : N/A				
Pr	ovider 1	Гуре:				(Curre	ent Rate	New Rate	Effective Date		
	X	Rural H	lealth Clinic					82.43	83.58	10/01/2021		
		Swing-	Bed Provider									
		Federa	Ily Qualified Health Centers									
		Hospic	e Provider									
		#06	51 / H51 Routine Home Care (1-60)						,		
		#06	51a / H5L Routine Home Care	(61 +)								
		#06	52 / H52 Continuous Home Ca	re								
		#05	551 / 0561 Continuous Home C	are - S	IA							
		#06	555 / H55 Inpatient Respite Car	е								
		#06	556 / H56 General Inpatient Car	е								
		#06	558 Room and Board									
	Ва	sis :	7		Rate 1	Туре) :]				
			⊒ Budget			X		ı Prospecti	ve			
			Unaudited costs					- Total Pro	spective			
			Desk audited costs					- Prospecti	ve Adjusted for	New costs		
			Field audited costs					-				
			Medicare - Prospective					Interim				
		Χ	Payment System Rate					Total Inte	rim			
			Average Nursing Home Rate					Settleme	nt based on cost	S		
			Sumter					_				
	<u>Distr</u>	ibution:	<u>:</u>	L_ Т. К.	Feehrer,					٨٧.٨		
	Fisca	l Agent			or Manage				rvisor	2/h2+		
	Contr	act Mana	agement	Medi	caid Progra	am F	Finan	ce				
	Perm	anent File	e									
	Progr	am Deve	elopment:									
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660209605 - 2021/10

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

,			_	Medicaid Reimbursement Per	Diem	Rates for I	Non-	<u>Institutional</u>	<u>Providers</u>			
Provider Type: Current Rate New Rate Effective Date X Rural Health Clinic 82.98 84.14 10/01/2021 Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651 / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0656 / H56 General Inpatient Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type : X Prospective X Payment System Rate X Payment System Rate X Payment System Rate X Payment System Rate Rate Type : X Prospective X Prospective Rate Type : X Prospective X Prospective Rate Type : X Prospective X Prospective Rate Type : X Prospective	Cla	ark Clini	С			F	Provi	der Number :	660209605			
Bushnell, FL 33513 Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0655 / H52 Continuous Home Care #0551 / 10561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:							Date	: 09/08/2021				
Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective X Prospec	21:	2 S Flor	ida St			F	isca	l Year End : N	I/A			
X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type: X Prospective X Prospecti	Bu	shnell, FL 33513 pvider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Center Hospice Provider #0651 / H51 Routine Home C #0651a / H5L Routine Home (#0652) / H52 Continuous Home (#0551) / 0561 Continuous Home (#0655) / H55 Inpatient Respiter #0656 / H56 General Inpatien #0658 Room and Board Basis: Budget Unaudited costs				A	Audit	udit Status : N/A				
Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H51 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:	Pr	ovider 7	Гуре:				С	urrent Rate	New Rate	Effective Date		
Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:		X	Rural H	lealth Clinic				82.98	84.14	10/01/2021		
Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:			Swing-	Bed Provider								
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0658 Room and Board Rate Type :			Federa	lly Qualified Health Centers								
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:			Hospic	e Provider								
#0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :			#06	51 / H51 Routine Home Care (1-60)							
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Rate Type:			#06	51a / H5L Routine Home Care	(61 +)							
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Basis :			#06	52 / H52 Continuous Home Ca	ire							
#0656 / H56 General Inpatient Care #0658 Room and Board Rate Type :			#05	51 / 0561 Continuous Home C	are - S	IA						
#0658 Room and Board Basis :			#06	55 / H55 Inpatient Respite Car	е							
Basis: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake Distribution: Fiscal Agent Contract Management Permanent File Rate Type: X Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			#06	56 / H56 General Inpatient Car	е							
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake Distribution: Fiscal Agent Contract Management Permanent File X Prospective Total Prospective Prospective Adjusted for New costs Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			#06	58 Room and Board								
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Ва	ısis :]		Rate T	уре	:				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•			Budget		X		Prospect	ive			
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake Total Interim Settlement based on costs Lake T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance Medicaid Program Finance	•			Unaudited costs				Total Pro	spective			
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake Distribution: Fiscal Agent Contract Management Permanent File Medicare - Prospective Interim Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance				Desk audited costs				Prospect	ive Adjusted for	New costs		
X Payment System Rate Average Nursing Home Rate Lake Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	•			Field audited costs								
Average Nursing Home Rate Lake Distribution:	•			Medicare - Prospective				Interim				
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			Χ	Payment System Rate				Total Inte	erim			
Distribution: Fiscal Agent Contract Management Permanent File T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance				Average Nursing Home Rate				Settleme	nt based on cost	s		
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance	•			Lake								
Fiscal Agent Contract Management Permanent File Senior Management Analyst Supervisor Medicaid Program Finance		Distr	ibution:		L T. K.	Feehrer,				AV 1		
Permanent File		Fisca	l Agent				nent	Analyst Supe	rvisor	2/1/2		
		Contr	act Mana	gement	Medio	caid Progra	am Fi	nance				
Program Development:		Perm	anent File	e								
		Progr	am Deve	lopment:								



Program Development:

_____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

660209606 - 2021/10

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

Medicaid Reimbursement Po	er Diem Rates for	Non-Institutional	<u>Providers</u>			
Clark Clinic Inc.		Provider Number : 660209606				
Lowell F. Clark, MD. PA.		Date : 09/08/2021				
212 S. Floirda St.		Fiscal Year End : N	I/A			
Bushnell, FL 33513		Audit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic		82.98	84.14	10/01/2021		
Swing-Bed Provider						
Federally Qualified Health Centers						
Hospice Provider						
#0651 / H51 Routine Home Care	e (1-60)					
#0651a / H5L Routine Home Cal	re (61 +)					
#0652 / H52 Continuous Home (Care					
#0551 / 0561 Continuous Home	Care - SIA					
#0655 / H55 Inpatient Respite C	are					
#0656 / H56 General Inpatient C	are					
#0658 Room and Board						
Basis:	Rate	Туре :				
Budget	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Prospect	ive			
Unaudited costs		Total Pro	spective			
Desk audited costs		Prospect	ive Adjusted for	New costs		
Field audited costs						
Medicare - Prospective		Interim				
X Payment System Rate		Total Inte	erim			
Average Nursing Home Rate	•	Settleme	nt based on cost	ts		
Lake						
<u>Distribution:</u>	T. K. Feehrer,			AV 1		
Fiscal Agent		ment Analyst Supe	rvisor	1/4×		
Contract Management	Medicaid Progr	am Finance				
Permanent File						



660212600 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rat	tes for No	on-Institutional	<u>Providers</u>	
Мс	hammad Afzal/E	excel Pediatrics & Family Care		Pro	ovider Number :	660212600	
				Da	ite: 09/08/2021		
26	5 Citrus Tower B	lvd		Fis	scal Year End : N	I/A	
Cle	ermont, FL 3471	11908		Au	dit Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural I	lealth Clinic			87.49	88.71	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	are				
	#05	551 / 0561 Continuous Home C	are - SIA				
	#06	555 / H55 Inpatient Respite Car	re				
	Citrus Tower Blvd mont, FL 347111908 vider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Cent Hospice Provider #0651 / H51 Routine Home C #0651 / H52 Continuous Hor #0652 / H52 Continuous Hor #0655 / H55 Inpatient Respit #0656 / H56 General Inpatien #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate		re				
	#06	558 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	ts
•		Lake					
	Distribution	<u>.</u>	T. K. Fee	ehrer.			A \
	Fiscal Agent				ent Analyst Supe	rvisor	1/4°
Contract Management			Medicaio	d Program	Finance		
Permanent File							
	Program Deve						



660218500 - 2021/10

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

		<u>_ r</u>	Medicaid Reimbursement Per	Diem Ra	tes for	· No	on-Ins	titutional	<u>Providers</u>	
Dw	ight Pete	er Tiu/Acı	ute Care Pediatrics			Pr	ovider	Number :	660218500	
						Da	ate : 09	/08/2021		
13	01 Reid S	St				Fis	scal Ye	ear End : N	I/A	
Pa	latka, FL	32178				Αu	ıdit Sta	itus : N/A		
Pre	ovider Ty	/pe:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					82.43	83.58	10/01/2021
		Swing-E	Bed Provider							<u>'</u>
		Federal	ly Qualified Health Centers							
		Hospice	Provider							
		#065	51 / H51 Routine Home Care (1	1-60)						
		#065	51a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home Ca	are - SIA						
		#065	55 / H55 Inpatient Respite Card	е						
		#065	66 / H56 General Inpatient Car	е						
		#065	8 Room and Board							
	Bas	sis :			Rate	Туј	pe:]		
,			Budget			X		Prospect	ive	
•			Unaudited costs	_				Total Pro	spective	
			Desk audited costs	-				- Prospect	ive Adjusted for	New costs
			Field audited costs	-				_		
•			Medicare - Prospective	_				Interim		
	>	(Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	ts
			Putnam					_		
	Distri	bution:		I T. K. Fe	ehrer.					A>/ A
	Fiscal					eme	ent Ana	alyst Supe	rvisor	- TAKE
	Contra	ct Manag	gement	Medicai	d Prog	ram	Finar	nce		
	Perma	nent File								
	Progra	m Devel	opment:							



660219300 - 2021/10

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

		Medicaid Reimbursement Per	<u>r Diem Rates</u>	for No	on-Institutional	<u>Providers</u>			
Fa	mily Medical Gr	oup, P.A.		Pro	ovider Number :	660219300			
				Da	ite: 09/08/2021				
10	5 Tomoka Blvd	South		Fis	scal Year End : N	√A			
La	ke Placid, FL 3	3852		Au	udit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural	Health Clinic			82.43	83.58	10/01/2021		
	Swing	_J -Bed Provider							
	Feder	ally Qualified Health Centers							
	Hospi	ce Provider							
	#0	651 / H51 Routine Home Care ((1-60)						
	#0	651a / H5L Routine Home Care	(61 +)						
	#0	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SIA						
	amily Medical Group, P.A. 25 Tomoka Blvd South ake Placid, FL 33852 rovider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Ca #0652 / H52 Continuous Home #0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite #0656 / H56 General Inpatient #0658 Room and Board Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate	re							
	#0	656 / H56 General Inpatient Ca	re						
	#0	658 Room and Board							
	Basis :		Ra	ate Typ	pe:				
		 Budget		Х	Prospect	tive			
•		Unaudited costs	-		Total Pro	spective			
•		Desk audited costs			Prospec	tive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	ent based on cost	s		
		Highlands							
	Distribution	<u>ı:</u>	T. K. Feehr	er,			ΛV. Λ		
	Fiscal Agent				ent Analyst Supe	rvisor	2/1/2		
	Contract Man	agement	Medicaid P	rogram	Finance				
	Permanent Fi	ile							
	Program Dev	elopment:							



660230400 - 2021/10

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

		<u>L</u>	Medicaid Reimbursement Per	Diem R	ates for	N	<u>on-Ins</u>	titutional	<u>Providers</u>	
Ex	oress Ca	are of Lee	sburg			Pr	ovider	Number :	660230400	
						Da	ate : 09	9/08/2021		
25	00 Citrus	Blvd				Fi	scal Ye	ear End : N	I/A	
Le	esburg, I	FL 34748	3			Αι	udit Sta	atus : N/A		
Pro	ovider T	уре:					Curr	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					82.43	83.58	10/01/2021
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	e Provider							
		#065	51 / H51 Routine Home Care (1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#05	51 / 0561 Continuous Home Co	are - SI <i>A</i>	4					
		#065	55 / H55 Inpatient Respite Card	е						
		#065	56 / H56 General Inpatient Car	е						
		#065	58 Room and Board							
	Bas	sis :			Rate	Ту	pe:	7		
'			Budget			X		Prospect	ive	
•			Unaudited costs	_				Total Pro	spective	
			Desk audited costs	-				- Prospect	ive Adjusted for	New costs
•			Field audited costs	-				_		
•			Medicare - Prospective					Interim		
	,	X	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	ts
•			Lake					_		
	Distri	ibution:		TKF	eehrer,					A>/ A
		Agent				eme	ent An	alyst Supe	rvisor	4
	Contra	act Manag	gement	Medica	aid Prog	ran	n Finar	nce		
	Perma	anent File								
	Progra	am Devel	opment:							



660232100 - 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					
Vernon, FL 32462	Audit Status : N/A					
3027 Main St	Fiscal Year End : N/A					
Vernon Family Health Center	Date: 09/08/2021					
Dawn Rene, Inc	Provider Number : 660232100					

Provider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	76.27	77.33	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
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate	Average Nursing Home Rate	
	— Washington		_

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 JX7



660233900 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rates for	r No	<u>n-Institutional I</u>	<u>Providers</u>			
Ja	ckson Cou	nty Hospital		Provider Number : 660233900					
				Date: 09/08/2021					
43	18 5th Ave	nue		Fisc	iscal Year End : N/A				
Ma	ırianna, FL	32446		Auc	udit Status : N/A				
Provider Type:					Current Rate	New Rate	Effective Date		
	X F	Rural Health Clinic			82.37	83.52	10/01/2021		
Swing-Bed Provider									
Federally Qualified Health Centers									
	ŀ	lospice Provider							
		#0651 / H51 Routine Home Care (1	1-60)						
		#0651a / H5L Routine Home Care							
#0652 / H52 Continuous Home Care									
#0551 / 0561 Continuous Home Care - SIA									
		#0655 / H55 Inpatient Respite Care	е						
		#0656 / H56 General Inpatient Car	е						
		#0658 Room and Board							
	Basis	s:	Rate	Тур	e :				
'		Budget		Χ	Prospecti	ve			
,		Unaudited costs			Total Prospective				
,		Desk audited costs			Prospecti	pective Adjusted for New costs			
		Field audited costs							
'		Medicare - Prospective	-		Interim				
	Χ	Payment System Rate			Total Inte	rim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
		 Jackson							
	Distrib	ution:	T. K. Feehrer,				A>/ A		
Fiscal Agent Contract Management			Senior Management Analyst Supervisor						
			Medicaid Program Finance						
Permanent File									
		Development:							
	_	-							