

000387200 - 2022/10

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>			
Ac	ute Care Pediatri	cs of Palm Coast, PA	Provider Number: 000387200								
				Date: 08/31/2022							
39	7 SW Palm Coas	t Parkway, #309			Fis	cal Ye	ear End : N	I/A			
Pa	lm Coast, FL 32	137			Au	dit Sta	itus : N/A				
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date		
	X Rural F	lealth Clinic					83.71	86.32	10/01/2022		
	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								
#0551 / 0561 Continuous Home Care - SIA											
	#0655 / H55 Inpatient Respite Care										
	#06	556 / H56 General Inpatient Car	e								
	#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		
		Flagler									
	<u>Distribution:</u>	<u>.</u>	I T. K.	Feehrer,					AV 1		
	Fiscal Agent				eme	nt Ana	alyst Supe	rvisor	14X		
	Contract Mana	agement	Medio	caid Prog	ram	Finar	ice				
Permanent File											
	Program Deve	elopment:									



000707902 - 2022/10

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

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

Adventist Health System Sunbelt Inc	Provider Number : 000707902
Florida Hospital Heartland Medical Ctr Family Prac	Date: 08/31/2022
515 Carlton St	Fiscal Year End : N/A
Wauchula, FL 33873-3407	Audit Status : N/A

Provider	Туре:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	87.71	90.44	10/01/2022
	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
	Hardee	-		•

**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



000997400 - 2022/10

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

•	Medicaid Reimbursement Per	Dieiii Nates ioi	NO	ii-iiiStitutioiiai i	<u>FIOVIUEIS</u>				
lealthflo Medical C	linic, Inc.		Pro	vider Number :	000997400				
tidge Manor Medic	al Clinic		Date: 08/31/2022						
4498 Cortez Blvd			Fiscal Year End : N/A						
idge Manor, FL 3	35238908		Aud	dit Status : N/A					
rovider Type:				Current Rate	New Rate	Effective Dat			
X Rural I	lealth Clinic			85.47	86.32	10/01/202			
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								
#06	55 / H55 Inpatient Respite Car	·e							
#06	56 / H56 General Inpatient Car	re							
#06	558 Room and Board								
Basis:	7	Rate -	Тур	e :					
	Budget	)	X	Prospect	ive				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospect	ive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
X	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	nt based on cost	ts			
	Hernando								
Distribution						1			
Distribution:	1	T. K. Feehrer, Senior Manage	mei	nt Analyst Supe	rvisor	N4			

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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

Medicaid Program Finance





001165800 - 2022/10

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

		Medicaid Reimbursement Per	Diem	Rates for No	on-Inst	<u>itutional l</u>	<u>Providers</u>		
Litt	tle Pine Pediatric	es, PLLC	Provider Number : 001165800  Date : 08/31/2022						
17	02 S Jefferson S	t		Fis	scal Ye	ar End : N	I/A		
Pe	rry, FL 32348			Au	dit Sta	tus : N/A			
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date	
	X Rural I	Health Clinic				85.47	86.32	10/01/2022	
	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						
	#05	551 / 0561 Continuous Home C	are - S	IA					
	#06	655 / H55 Inpatient Respite Car	е						
	#06	656 / H56 General Inpatient Ca	re						
	#06	658 Room and Board							
	Basis :	7		Rate Typ	oe :	]			
		Budget		Х		Prospecti	ive		
•		Unaudited costs				Total Pro	spective		
		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs				_			
		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	S	
		Taylor							
	Distribution	<u>:</u>	L_ T. K.	Feehrer,				AV 1	
Fiscal Agent				or Manageme	ent Ana	alyst Supe	rvisor	2h2	
	Contract Mana	agement	Medio	caid Program	Finan	ce			
Permanent File									
	Program Deve	elopment:							



001165803 - 2022/10

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

		Medicaid Reimbursement Per	Diem R	tates for No	n-Institutional	<u>Providers</u>			
Litt	tle Pine Pediatri	cs-Madison	Provider Number: 001165803						
				Da	te: 08/31/2022				
19	4 NE Hancock A	ve		Fis	scal Year End : N	N/A			
Ма	adison, FI 32340	)		Au	dit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural	Health Clinic			85.89	86.75	10/01/2022		
	Swing	-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 - SI	A					
	#0	655 / H55 Inpatient Respite Car	e						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 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	ts		
		Madison							
	Distribution	<u>ı:</u>	l T. K. F	eehrer,			1V.1		
Fiscal Agent					ent Analyst Supe	ervisor	1/2 ×		
Contract Management				aid Program	Finance				
	Permanent Fi	le							
	Program Dev	elopment:							



001165807 - 2022/10

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>			
Litt	le Pine Pediatric	s-Alachua	Provider Number: 001165807						
			Date: 08/31/2022						
15	260 NW 147th D	rive		Fis	cal Year End : I	N/A			
Ala	achua, FL 32615			Au	dit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural H	lealth Clinic			83.71	86.32	10/01/2022		
	Swing-	Bed Provider							
	Federa	Illy Qualified Health Centers							
	Hospid	e Provider							
	#06	551 / H51 Routine Home Care (	1-60)						
	#06	551a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	ire						
	#05	551 / 0561 Continuous Home C	are - SIA	4					
	#06	655 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	е						
	#06	558 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				
	X	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	ent based on cost	ts		
		Taylor							
	<u>Distribution</u> :	<u>:</u>	T. K. F	eehrer,			۸٧.٨		
Fiscal Agent					ent Analyst Supe	ervisor	2/12		
	Contract Mana	agement	Medica	id Program	Finance				
	Permanent File	e							
	Program Deve	elopment:							



001524200 - 2022/10

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

		Medicaid Reimbursement Per	r Diem Rates f	for No	on-Institutional	<u>Providers</u>			
Αv	on Park Pediat	rics, PA	Provider Number : 001524200  Date : 08/31/2022						
15	71 US Hwy 27	North		Fis	scal Year End :	N/A			
Αv	on Park, FL 33	3825		Au	ıdit Status : N/A				
Pre	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rura	l Health Clinic			83.6	86.22	10/01/2022		
	Swin	g-Bed Provider							
	Fede	rally Qualified Health Centers							
	Hosp	ice Provider							
	#	0651 / H51 Routine Home Care	(1-60)						
	#	0651a / H5L Routine Home Care	e (61 +)						
	#	0652 / H52 Continuous Home C	are						
	#(	0551 / 0561 Continuous Home C	Care - SIA						
	#(	0655 / H55 Inpatient Respite Ca	re						
	#	0656 / H56 General Inpatient Ca	re						
	#	0658 Room and Board							
	Basis :		Ra	te Typ	pe:				
•		 Budget		Χ	Prospec	tive			
•		Unaudited costs			Total Pr	ospective			
•		Desk audited costs			Prospec	tive Adjusted for	New costs		
•		Field audited costs							
		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Int	erim			
		Average Nursing Home Rate			Settleme	ent based on cost	ts		
		Highlands							
	Distributio	<u>n:</u>	T. K. Feehre	er,			1V.1		
Fiscal Agent			Senior Mana	ageme	ent Analyst Supe	ervisor	2/12		
	Contract Ma	nagement	Medicaid Pro	ogram	n Finance				
	Permanent F	File							
	Program De	velopment:							



001532500 - 2022/10

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>			
No	rth Florida Pedia	atrics - Lake City	Provider Number : 001532500  Date : 08/31/2022						
18	59 SW Newland	Way		Fis	scal Year End : N	N/A			
Lal	ke City, FL 3202	256966		Au	ıdit Status : N/A				
Pre	ovider Type:				<b>Current Rate</b>	New Rate	Effective Date		
	X Rural	Health Clinic			88.46	91.21	10/01/2022		
	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	re						
	#0	656 / H56 General Inpatient Ca	re						
	#0	658 Room and Board							
	Basis :	7	Ra	ite Typ	pe:				
		Budget		Х	Prospect	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		
•		Columbia							
	Distribution	<u>:</u>	T. K. Feehro	er.			AV 1		
	Fiscal Agent				ent Analyst Supe	ervisor	2K2		
	Contract Man	agement	Medicaid Pr	ogram	Finance				
	Permanent Fi	le							
	Program Deve	elopment:							



001534800 - 2022/10

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

		=	Medicaid Reimbursement Per	Diem I	Rates fo	r No	<u>on-Ins</u>	<u>titutional</u>	<u>Providers</u>		
No	rth Floric	da Pedia	trics - Jasper	Provider Number: 001534800							
					Date: 08/31/2022						
11	17 US Hi	ighway 4	1 NW, Suite B			Fis	scal Ye	ear End : N	I/A		
Jas	sper, FL	320525	856			Au	idit Sta	atus : N/A			
Pro	ovider T	уре:					Curr	ent Rate	New Rate	Effective Date	
	X	Rural H	lealth Clinic					88.46	91.21	10/01/2022	
		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							
	#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care										
#0656 / H56 General Inpatient Care											
		#06	58 Room and Board								
	Bas	sis :	]		Rate	тур	oe:	1			
Ì			Budget			Χ		Prospect	ive		
•			Unaudited costs					Total Pro	spective		
			Desk audited costs					Prospect	ive Adjusted for	New costs	
			Field audited costs					_			
•			Medicare - Prospective					Interim			
	)	X	Payment System Rate					Total Inte	erim		
			Average Nursing Home Rate					Settleme	nt based on cos	ts	
			Hamilton								
	Distri	bution:		L Т. К.	Feehrer	i				A)/ /	
	Fiscal	Agent					ent An	alyst Supe	rvisor	2/h2	
	Contra	act Mana	gement	Medic	caid Pro	gram	Finar	nce			
Permanent File											
	Progra	am Deve	lopment:								



001589500 - 2022/10

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: 08/31/2022		
3733 Gulf To Lake Hwy.	Fiscal Year End : N/A		
Inverness, FL 344534830	Audit Status : N/A		

Provider	Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Х	Rural Health Clinic	83.69	86.30	10/01/2022
	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 T	ype :	
	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



001768600 - 2022/10

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: 08/31/2022				
306 NE Hwy 351	Fiscal Year End : N/A				
Cross City, FL 32628	Audit Status : N/A				

Provider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	83.69	86.30	10/01/2022
	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
	 Dixie		_

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

\_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



002074400 - 2022/10

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

	Medicaid Reimbursement Per	r Diem Rates fo	or No	<u>n-Institutional</u>	<u>Providers</u>				
/akulla Urgent Ca	are and Diagnostic Ctr PLC		Pro	vider Number	: 002074400				
			Date: 08/31/2022						
615 Crawfordville	e Hwy, Suite 103		Fise	cal Year End :	N/A				
rawfordville, FL	323272169		Aud	dit Status : N/A					
rovider Type:				Current Rate	New Rate	Effective Date			
X Rural	Health Clinic			85.4	6 86.31	10/01/202			
Swing	g-Bed Provider								
Feder	ally Qualified Health Centers								
Hosp	ice Provider								
#0	0651 / H51 Routine Home Care (	(1-60)							
#0	0651a / H5L Routine Home Care	e (61 +)							
#0	0652 / H52 Continuous Home Ca	are							
#0	0551 / 0561 Continuous Home C	Care - SIA							
#0	0655 / H55 Inpatient Respite Ca	re							
#0	0656 / H56 General Inpatient Ca	re							
#0	0658 Room and Board								
Basis :		Rate	е Тур	e :					
	 Budget		Х	Prospec	ctive				
	Unaudited costs			Total Pr	ospective				
	Desk audited costs			Prospec	tive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
X	Payment System Rate			Total In	erim				
	Average Nursing Home Rate			Settlem	ent based on cos	ts			
	Wakulla								
Distribution	<u>n:</u>	T. K. Feehrer	r.			A)/ /			
Fiscal Agent				nt Analyst Sup	ervisor	4			
Contract Mar	nagement	Medicaid Pro	gram	Finance					
Permanent F	ïle								
Program Dev	velopment:								



002335400 - 2022/10

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

		<u>.</u>	Medicaid Reimbursement Per	Diem Ra	ates for	No	on-Ins	titutional	<u>Providers</u>	
Sun n Lake Medical Group - Lake Placid				Provider Number: 002335400						
				Date: 08/31/2022						
51	511 West Interlake Blvd.					Fis	scal Ye	ear End : N	I/A	
Lal	Lake Placid, FL 33852					Αu	ıdit Sta	itus : N/A		
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					85.46	86.31	10/01/2022
		Swing-	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							
	Ва	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
			Highlands					_		
	Distr	ibution:		 T. K. Fe	ehrer					A>/ A
		Agent				eme	ent Ana	alyst Supe	rvisor	2K2
	Contra	act Mana	gement	Medica	id Prog	ram	Finar	ice		
	Perma	anent File								
	Progra	am Devel	opment:							



002952100 - 2022/10

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

	-	Medicaid Reimbursement Per	Diem R	tates for No	n-Institution	al Providers			
Pe	diatric & Internal	Medicine Specialists, PA	Provider Number: 002952100						
			Date: 08/31/2022						
PC	Box 2066		Fis	scal Year End	: N/A				
Le	canto, FL 34461			Au	dit Status : N/	A			
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural H	lealth Clinic			83.	87 86.48	10/01/2022		
	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 - SI	A					
	#06	555 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	е						
	#06	58 Room and Board							
	Basis :	7		Rate Typ	pe:				
		Budget		Х	Prospe	ective			
•		Unaudited costs			Total F	Prospective			
•		Desk audited costs			Prospe	ective Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim	l			
	X	Payment System Rate			Total I	nterim			
		Average Nursing Home Rate			Settler	nent based on cos	ets		
		Citrus							
	<u>Distribution</u> :	<u> </u>	l T. K. F	eehrer,			۸٧.٨		
	Fiscal Agent		Senior	Manageme	ent Analyst Su	pervisor	2/1/2		
	Contract Mana	agement	Medic	aid Program	Finance				
	Permanent File	е							
	Program Deve	lopment:							



003198500 - 2022/10

		Medicaid Reimbursement Per	Diem Ra	ates for N	lon-In	stitutional	<u>Providers</u>				
Pre	emier Pedi	atrics, LLC		Р	rovide	er Number :	003198500				
				Date: 08/31/2022							
79	60 SW 60t	h Ave.		F	Fiscal Year End : N/A						
Oc	ala, FL 34	4766457		А	udit S	tatus : N/A					
Pr	ovider Typ	oe:			Cur	rent Rate	New Rate	Effective Date			
	X F	Rural Health Clinic				83.90	86.52	10/01/2022			
	S	Swing-Bed Provider									
	F	ederally Qualified Health Centers									
	F	lospice Provider									
		#0651 / H51 Routine Home Care (1	I-60)								
		#0651a / H5L Routine Home Care	(61 +)								
		#0652 / H52 Continuous Home Ca	re								
		#0551 / 0561 Continuous Home Ca	are - SIA	١							
		#0655 / H55 Inpatient Respite Card	е								
		#0656 / H56 General Inpatient Car	е								
		#0658 Room and Board									
	Basis	<u> </u>	Т	Rate Ty	/pe :						
		J Budget		X	-	l 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	-			_					
	Distrib	ution:	 T. K. F	eehrer.				A \			
	Fiscal A	gent			ent A	nalyst Supe	rvisor	2/1/2			
	Contrac	t Management	Medica	id Prograi	m Fina	ance					
	Perman	ent File									
	Program	Development:									
		For information Only (No Change in ra	ate)								



003432700 - 2022/10

			<u>Medicaid Reimbursement Per</u>	<u>Diem F</u>	Rates for	r Nor	<u>ı-Inst</u>	itutional	<u>Providers</u>		
High Springs Pediatrics, LLC				Provider Number: 003432700							
					Date: 08/31/2022						
21	0 NW 1s	st Ave.			Fiscal Year End : N/A						
Hiç	h Sprin	gs, FL 32	26431002			Aud	it Sta	tus : N/A			
Pre	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	lealth Clinic					83.87	86.48	10/01/2022	
		Swing-l	Bed Provider								
		Federal	lly Qualified Health Centers								
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (	1-60)					,		
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	re							
		#05	51 / 0561 Continuous Home Ca	are - SI	Α						
		#06	55 / H55 Inpatient Respite Care	е							
		#06	56 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
	Ва	sis :	]		Rate	Туре	e :	]			
ן ו			Budget	'		Χ		ر Prospect	ive		
			- Unaudited costs	-				- Total Pro	spective		
•			Desk audited costs	-				- Prospect	ive Adjusted for	New costs	
•			Field audited costs					-			
			Medicare - Prospective					Interim			
		X	Payment System Rate					Total Inte	erim		
•			Average Nursing Home Rate					Settleme	nt based on cost	s	
•			Alachua					-			
	Distr	ibution:			eehrer,					٨٧.٨	
	Fiscal	Agent						alyst Supe	rvisor	1/h	
	Contr	act Mana	gement	Medic	aid Prog	ram I	Finan	ce			
	Perma	anent File	)								
	Progr	am Devel	lopment:								
		For in	formation Only (No Change in ra	ate)							



003557700 - 2022/10

		-	Medicaid Reimbursement Per	<u>Diem F</u>	Rates for	<u>r Nor</u>	<u>1-Inst</u>	titutional	<u>Providers</u>		
Gra	ace Hea	Ithcare S	olutions, Inc.			Prov	vider	Number :	003557700		
					Date: 08/31/2022						
73	68 State	Road 15	5, US 441			Fisc	al Ye	ear End : N	I/A		
Pa	hokee, I	FL 33476	61736			Aud	lit Sta	itus : N/A			
Pre	ovider 1	уре:					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	lealth Clinic					83.89	86.50	10/01/2022	
		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								
	Ва	sis :	1		Rate	Туре	e :	]			
ָּ 			Budget	'		Χ		ם Prospect	ive		
•			Unaudited costs					- Total Pro	spective		
			Desk audited costs					- Prospect	ive Adjusted for	New costs	
			Field audited costs					-			
•			Medicare - Prospective					Interim			
		Χ	Payment System Rate	•				Total Inte	erim		
·			Average Nursing Home Rate					Settleme	nt based on cost	s	
•			Palm Beach					_			
	Distr	ibution:		l T. K. I	eehrer,					1V.1	
	Fisca	l Agent						alyst Supe	rvisor	2/12	
	Contr	act Mana	gement	Medic	aid Prog	ram I	Finan	ice			
	Perm	anent File	е								
	Progr	am Deve	lopment:								
		For ir	nformation Only (No Change in r	ate)							



003682000 - 2022/10

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: 08/31/2022			
7991 S. Suncoast Blvd.	Fiscal Year End : N/A			
Homasassa, FL 344465005	Audit Status : N/A			

Provider	Туре:	<b>Current Rate</b>	New Rate	Effective Date
Х	Rural Health Clinic	83.87	86.48	10/01/2022
	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



003682002 - 2022/10

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: 003682002
Suncoast Primary Care Specialists	Date: 08/31/2022
4363 S Suncoast Blvd	Fiscal Year End : N/A
Homosassa Springs, FL 34446-1182	Audit Status : N/A

vider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	83.87	86.48	10/01/2022
	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
	— 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



004510300 - 2022/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	<u>Medicaid Reimbursement</u>	t Per Diem Rates to	or NO	n-institutionai	<u>Providers</u>		
West Flor	ida Medical Associates		Pro	vider Number :	004510300		
Nature Co	past Family Medical Clinic		Dat	Date: 08/31/2022			
PO Box 6	40573		Fisc	cal Year End : N	I/A		
Beverly H	ills, FL 344533838		Auc	dit Status : N/A			
Provider	Type:			Current Rate	New Rate	Effective Date	
Х	Rural Health Clinic			84.13	86.75	10/01/2022	
	Swing-Bed Provider						
	Federally Qualified Health Cente	ers					
	Hospice Provider						
	#0651 / H51 Routine Home C	are (1-60)					
	#0651a / H5L Routine Home (	Care (61 +)					
	#0652 / H52 Continuous Hom	ne Care					
	#0551 / 0561 Continuous Hor	ne Care - SIA					
	#0655 / H55 Inpatient Respite	Care					
	#0656 / H56 General Inpatien	t Care					
	#0658 Room and Board						
В	asis:	Rate	Э Тур	e :			
	Budget		Χ	Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
	X Payment System Rate			Total Inte	erim		
	Average Nursing Home R	ate		Settleme	nt based on cost	is	
	Citrus						
<u>Dist</u>	ribution:	T. K. Feehrer,	,			٨٧.٨	
Fisc	al Agent			nt Analyst Supe	rvisor	1/h/2	
Con	tract Management	Medicaid Prog	gram	Finance			

Contract Management

Permanent File

Program Development:

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



004567100 - 2022/10

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

		Medicaid Reimbursement Per	r Diem Rates	for	Non	<u>-Inst</u>	<u>itutional l</u>	<u>Providers</u>	
Ira	Fialko, DC	, PA		Provider Number: 004567100					
					Date: 08/31/2022				
61	71 West G	ulf to Lake Highway			Fisc	al Ye	ar End : N	/A	
Cry	stal River,	FL 344292679			Aud	it Sta	tus : N/A		
Pro	ovider Typ	e:			(	Curre	nt Rate	New Rate	Effective Date
	X R	ural Health Clinic					84.13	86.75	10/01/2022
	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	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	::	R	ate	Туре	<b>)</b> :			
'		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							
	Distribu	ution:	T. K. Feehr	er.					AV/ A
	Fiscal A	gent	Senior Man		emen	t Ana	lyst Super	visor	2K2
	Contract	Management	Medicaid P	rogr	ram F	inan	се		
	Permane	ent File							
	Program	Development:							



004770700 - 2022/10

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: 08/31/2022
1050 US HWY 27N Suite 5	Fiscal Year End : N/A
Clermont, FL 34714	Audit Status : N/A

ovider	Туре:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	84.13	86.75	10/01/2022
	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		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
	 Lake	-		_

<u>Distribution:</u>

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

SKA



004771000 - 2022/10

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				
Tavares, FL 32778	Audit Status : N/A				
2523 Dora Ave	Fiscal Year End : N/A				
Tavares Pediatrics Inc	Date: 08/31/2022				
Afzal Mohammad MD	Provider Number : 004771000				

Provider <sup>-</sup>	Гуре:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	84.13	86.75	10/01/2022
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

**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



005919400 - 2022/10

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

		<u>.l</u>	<u> Medicaid Reimbursement Per</u>	Diem Rate	es for	Non	-Institutional	<u>Providers</u>	
We	est Florid	a Medica	l Assoc. PA			Prov	ider Number :	005919400	
						Date	: 08/31/2022		
37	75 N. Le	canto Hw	у			Fisca	al Year End : N	I/A	
Ве	verly Hill	s, FL 34	4653504			Audi	t Status : N/A		
Pr	ovider T	уре:				C	Current Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic				84.13	86.75	10/01/2022
		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					
		#05	51 / 0561 Continuous Home C	are - SIA					
		#065	55 / H55 Inpatient Respite Car	е					
		#065	56 / H56 General Inpatient Car	·e					
		#065	58 Room and Board						
	Bas	sis :			Rate 1	Туре	:		
<b>'</b>			Budget		Х	X	Prospect	ive	
,			Unaudited costs				Total Pro	spective	
			Desk audited costs				Prospect	ive Adjusted for	New costs
			Field audited costs						
'			Medicare - Prospective				Interim		
	)	<	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	ts
			Citrus						
	Distri	bution:		T. K. Feel	hrer				A \
	Fiscal					ment	t Analyst Supe	rvisor	
		ct Mana	gement	Medicaid	Progra	am F	inance		
		nent File							
	Progra	ım Devel	opment:						
	-								



005951500 - 2022/10

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: 08/31/2022
11707 N. Williams Street, Suite 2	Fiscal Year End : N/A
Dunnellon, FL 34432	Audit Status : N/A

Provider	Туре:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	84.13	86.75	10/01/2022
	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
	 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



005951502 - 2022/10

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

Diem Rates for	Non-In	stitutional	<u>Providers</u>			
	Provide	er Number :	005951502			
	Date: 08/31/2022					
	Fiscal Year End : N/A					
	Audit S	udit Status : N/A				
	Cui	rrent Rate	New Rate	Effective Date		
		82.88	85.46	10/01/2022		
1-60)						
(61 +)						
re						
are - SIA						
e						
e						
Rate 1	Гуре :					
×	(	Prospect	ive			
		Total Pro	spective			
		Prospect	ive Adjusted for	New costs		
		Interim				
		Total Inte	erim			
		Settleme	nt based on cost	ts		
T. K. Feehrer.				A \  / A		
	ment A	nalyst Supe	rvisor	2/42		
Medicaid Progra	am Fin	ance				
	I-60) (61 +) re are - SIA e e  T. K. Feehrer, Senior Manage	Provide Date : () Fiscal \( \) Audit S  Cui  (61 +) re are - SIA e e  T. K. Feehrer, Senior Management A	Provider Number: Date: 08/31/2022 Fiscal Year End: N Audit Status: N/A  Current Rate 82.88  Rate Type: X Prospect Total Propospect Interim Total Interim Settleme  T. K. Feehrer,	Fiscal Year End : N/A  Audit Status : N/A    Current Rate		



005951504 - 2022/10

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: 08/31/2022
2671 W Norvell Bryant Hwy	Fiscal Year End : N/A
Lecanto, FL 34461	Audit Status : N/A

vider	vider Type:		New Rate	Effective Date	
X	Rural Health Clinic	84.12	86.74	10/01/2022	
	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
	— 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



005951508 - 2022/10

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

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

V Down Lills and Others		04.40	00.74	40/04/0000
Provider Type:		Current Rate	New Rate	Effective Date
Inglis, FL 34449-9463		dit Status : N/A		
41 N Inglis Ave Ste B	Fiscal Year End : N/A			
Deven Medical Center	Date: 08/31/2022			
West Florida Medical Associates PA	Pro	ovider Number :	005951508	

Provider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	84.12	86.74	10/01/2022
	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
	 Levy	-	_

<u>Distribution:</u>

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



006449300 - 2022/10

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>	
So	nnis Pec	liatrics P	A		Pro	ovider Number :	006449300	
					Da	ite: 08/31/2022		
11:	25 South	Sixth Av	venue		Fis	scal Year End : N	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			84.13	86.75	10/01/2022
		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	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	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 Inte	erim	
			Average Nursing Home Rate			Settleme	ent based on cost	S
			Hardee					
	Distri	bution:		T. K. Fe	ehrer,			۸٧.٨
	Fiscal	Agent		Senior M	/lanageme	ent Analyst Supe	ervisor	1/h
	Contra	act Mana	gement	Medicaio	d Program	Finance		
	Perma	anent File	•					
	Progra	am Devel	opment:					



006480000 - 2022/10

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

		Medicaid Reimbursement Per	Diem Rates fo	r No	on-Institutional	<u>  Providers</u>	
Su	nshine Pediatri	cs of Ocala, PA		Pro	ovider Number	: 006480000	
				Da	ite: 08/31/2022		
19	00 SW 20th Pla	ace		Fis	scal Year End :	N/A	
Oc	ala, FL 344717	7870		Au	dit Status : N/A		
Pre	ovider Type:				<b>Current Rate</b>	New Rate	Effective Date
	X Rural	Health Clinic			84.1	3 86.75	10/01/2022
	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	re .				
	#(	0656 / H56 General Inpatient Ca	re				
	#(	0658 Room and Board					
	Basis :		Rate	Тур	pe :		
,		Budget		Х	Prospec	ctive	
•		Unaudited costs			Total Pr	ospective	
•		Desk audited costs			Prospec	ctive Adjusted for	New costs
•		Field audited costs					
		Medicare - Prospective			Interim		
	X	Payment System Rate			Total In	terim	
•		Average Nursing Home Rate	-		Settlem	ent based on cos	ts
•		 Marion					
	Distribution	n:	T. K. Feehrer,				A>/ A
	Fiscal Agent				ent Analyst Sup	ervisor	
	Contract Mar		Medicaid Prog	gram	Finance		•
	Permanent F						
	Program Dev						
	-						



007197500 - 2022/10

		Medicaid Reimbursement Per	<u>Diem R</u>	lates for	Non	<u>-Insti</u>	tutional l	<u>Providers</u>	
Lo	uis J. Radn	othy, DO			Prov	/ider N	Number :	007197500	
					Date	e : 08/	31/2022		
39	0 S. Centra	Ave.			Fisc	al Yea	ar End : N	/A	
Un	natilla, FL 3	327842325			Aud	it Stat	us : N/A		
Pr	ovider Typ	e:			(	Curre	nt Rate	New Rate	Effective Date
	X R	ural Health Clinic					84.06	86.68	10/01/2022
	S	wing-Bed Provider							
	Fe	ederally Qualified Health Centers							
	H	ospice Provider							
		#0651 / H51 Routine Home Care (1	l <b>-60</b> )						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	re						
		#0551 / 0561 Continuous Home Ca	are - Sl	A					
		#0655 / H55 Inpatient Respite Care	9						
		#0656 / H56 General Inpatient Care	е						
		#0658 Room and Board							
	Basis	:		Rate	Турє	<b>;</b>			
'		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 cos	ts
		 Lake	-						
	Distribu	tion:	L T. K. F	eehrer,					۸٧.٨
	Fiscal Ag	ent					lyst Supe	rvisor	2/12
	Contract	Management	Medica	aid Progr	am F	inand	ce		
	Permane	nt File							
	Program	Development:							
		For information Only (No Change in ra	ate)						



007210600 - 2022/10

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

		Medicaid Reimbursement Pe	<u>r Diem Rates</u>	for No	on-Institutional	<u>Providers</u>		
We	eirsdale Fami	ly Health Center Inc.		Pro	ovider Number :	007210600		
			Date: 08/31/2022					
16	400 South Hi	ghway 25		Fis	scal Year End : N	I/A		
Wi	ersdale, FL	321952442		Au	dit Status : N/A			
Pre	ovider Type:				Current Rate	New Rate	Effective Date	
	X Rui	ral Health Clinic			84.06	86.68	10/01/2022	
	Sw	ing-Bed Provider						
	Fed	derally Qualified Health Centers						
	Hos	spice Provider						
		#0651 / H51 Routine Home Care	(1-60)					
		#0651a / H5L Routine Home Care	e (61 +)					
		#0652 / H52 Continuous Home C	are					
		#0551 / 0561 Continuous Home (	Care - SIA					
		#0655 / H55 Inpatient Respite Ca	re					
		#0656 / H56 General Inpatient Ca	ire					
		#0658 Room and Board						
	Basis :		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			
	Χ	Payment System Rate			Total Inte	erim		
•		Average Nursing Home Rate			Settleme	nt based on cost	s	
•		Marion						
	Distribut	ion:	T. K. Feehi	rer.			AV 1	
	Fiscal Age	nt			ent Analyst Supe	rvisor	2/h2+	
	Contract M	1anagement	Medicaid P	rogram	Finance			
	Permanen	t File						
	Program D	Development:						



007864900 - 2022/10

		-	Medicaid Reimbursement Per	Diem	Rates for	Non	-Inst	<u>itutional l</u>	<u>Providers</u>		
А١	Vomans	Place, Ir	nc.			Prov	vider l	Number :	007864900		
						Date	ate: 08/31/2022				
14	15 NW 2	3rd Ave.				Fisc	al Ye	ar End : N	I/A		
Chiefland, FL 326440058						Audi	it Sta	tus : N/A			
Pr	ovider T	уре:				C	Curre	nt Rate	New Rate	Effective Date	
	X	Rural H	lealth Clinic					84.06	86.68	10/01/2022	
		Swing-	Bed Provider								
		Federa	lly Qualified Health Centers								
		Hospic	e Provider								
		#06	551 / 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								
	Bas	sis :	1		Rate	Туре	) :				
,			⊔ Budget			X		ı Prospecti	ive		
			Unaudited costs					Total Pro	spective		
•			Desk audited costs					Prospecti	ive Adjusted for	New costs	
•			Field audited costs					•			
•			– Medicare - Prospective					Interim			
	)	Χ	Payment System Rate		-			Total Inte	erim		
•			Average Nursing Home Rate					Settleme	nt based on cos	ts	
•			Levy					•			
	Distri	bution:		L_ T. K.	Feehrer,					٨٧.٨	
	Fiscal	Agent			or Manage			· ·	rvisor	2/12	
	Contra	act Mana	gement	Medi	caid Progr	am F	inan	ce			
	Perma	nent File	е								
	Progra	am Deve	lopment:								
		For ir	nformation Only (No Change in r	ate)							



008413600 - 2022/10

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: 08/31/2022
16939 SW 134th Ave	Fiscal Year End : N/A
Archer, FL 326185413	Audit Status : N/A

rovider	Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	84.06	86.68	10/01/2022
	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
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Alachua		_

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



009615800 - 2022/10

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

		Medicaid Reimbursement Per	Diem Rate	s for No	n-Institutional	<u>Providers</u>			
Na	ture Coast Medi	cal Group PA		Pro	ovider Number :	009615800			
				Da	Pate: 08/31/2022				
13	0 SW 7th Street			Fis	scal Year End : N	I/A			
Wi	lliston, FL 32696	62404		Au	Audit Status : N/A				
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural I	Health Clinic			84.06	86.67	10/01/2022		
	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	652 / H52 Continuous Home Ca	are						
	#0	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	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				
	X	Payment System Rate			Total Inte	erim			
'		Average Nursing Home Rate			Settleme	nt based on cost	is		
•		Levy							
	Distribution	<u>.</u>	I T. K. Feeh	rer.			A \		
	Fiscal Agent				ent Analyst Supe	rvisor	2K2		
	Contract Mana	agement	Medicaid I	rogram	Finance				
	Permanent Fil	e							
	Program Deve	elopment:							



009634300 - 2022/10

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

		Medicaid Reimbursement Per	Diem Rate	es for No	on-Institutional	<u>Providers</u>			
Ma	agnolia Pediatrics	LLC		Pro	ovider Number :	009634300			
			Date: 08/31/2022						
11	40 SW Bascom I	Norris Drive Ste 104		Fis	scal Year End : N	I/A			
La	ke City, FL 3202	51329		84.06 86.68 10					
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural I	lealth Clinic			84.06	86.68	10/01/2022		
	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	are						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	555 / H55 Inpatient Respite Car	·e						
	#06	556 / H56 General Inpatient Ca	re						
	#06	558 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		
		Columbia							
	Distribution		T. K. Fee	hror			AV / A		
	Fiscal Agent	<u>.</u>			ent Analyst Supe	rvisor	JKJ		
	Contract Mana	agement	Medicaid	Program	Finance				
	Permanent Fil								
	Program Deve								
	-	•							



Permanent File

Program Development:

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

### Florida Agency for Health Care Administration

010332700 - 2022/10

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

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

	Medicaid Reimbursement Per	Diem Rates i	or inc	on-institutional	<u>Providers</u>		
Healthflo Medic		Provider Number : 010332700					
Bushnell Medic	al Clinic		Da	ate: 08/31/2022			
117 W Belt Ave	e, Ste A		Fis	scal Year End : N	I/A		
Bushnell, FL 3	3513		Au	idit Status : N/A			
Provider Type	:			<b>Current Rate</b>	New Rate	Effective Date	
X Ru	ral Health Clinic			85.70	88.36	10/01/2022	
Sw	ing-Bed Provider					1	
Fed	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 :		Rat	е Тур	pe:			
	Budget		Χ	Prospect	ive		
	Unaudited costs			Total Pro	Total Prospective		
	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	
	Sumter						
Distribut	<u>ion:</u>	T. K. Feehre	.,			1V.1	
Fiscal Age	Fiscal Agent		Senior Management Analyst Supervisor				
Contract Management		Medicaid Pro	gram	Finance			



010633400 - 2022/10

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>			
Grace Pediatrics PL	Provider Number: 010633400						
		Date: 08/31/2022					
4196 W US Highway 90 STE 105		Fis	cal Year End : N	I/A			
Lake City, FL 320558834		Aud	dit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date		
X Rural Health Clinic			84.17	86.79	10/01/2022		
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	e						
#0656 / H56 General Inpatient Car	е						
#0658 Room and Board							
Basis:	Rate	Тур	e:				
Budget		Χ	Prospect	ive			
Unaudited costs			Total Pro	spective			
Desk audited costs			Prospect	ive Adjusted for	New costs		
Field audited costs	-						
Medicare - Prospective			Interim				
X Payment System Rate			Total Inte	erim			
Average Nursing Home Rate			Settleme	nt based on cost	S		
Columbia							
<u>Distribution:</u>	T. K. Feehrer,				AV 1		
Fiscal Agent		eme	nt Analyst Supe	rvisor	2/42		
Contract Management	Medicaid Progr	ram	Finance				
Permanent File							
Program Development:							



010801000 - 2022/10

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 Hea	alth and Wellness Clinic	Provider Number: 010801000							
				Date: 08/31/2022						
30	0A NW 1st Ave				Fisc	cal Ye	ar End : N	/A		
Wi	lliston, FL 3269	6			Auc	dit Sta	tus : N/A			
Pro	ovider Type:					Curre	nt Rate	New Rate	Effective Date	
	X Rural	Health Clinic					84.06	86.68	10/01/2022	
	Swing	-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	ire							
	#0	551 / 0561 Continuous Home C	are - SIA	\						
	#0	655 / H55 Inpatient Respite Car	е							
	#0	656 / H56 General Inpatient Car	е							
	#0	658 Room and Board								
	Basis :			Rate	Тур	e :				
,		 Budget		)	X		ı Prospect	ve		
•		Unaudited costs	_				Total Pro	spective		
		Desk audited costs	-				Prospect	ve Adjusted for	New costs	
•		Field audited costs	-							
•		Medicare - Prospective					Interim			
	Χ	Payment System Rate					Total Inte	rim		
		Average Nursing Home Rate					Settleme	nt based on cost	ts	
•		 Levy					•			
	Distribution	n:	 T. K. Fe	eehrer					A \	
	Fiscal Agent	_			emer	nt Ana	lyst Supe	rvisor		
	Contract Man	agement	Medica	id Progr	ram	Finan	ce		-	
	Permanent F	_								
	Program Dev	elopment:								



010855400 - 2022/10

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

		Medicaid Reimbursement Per	Diem Rate	s for	Non	-Institutional	<u>Providers</u>		
Pre	emier Medical	Pediatric Clinic	Provider Number: 010855400						
			Date: 08/31/2022						
31	5 East Ash Sti	reet			Fisc	al Year End : N	I/A		
Pe	rry, FL 32347	2029			Audi	it Status : N/A			
Pro	ovider Type:					Current Rate	New Rate	Effective Date	
	X Rura	al Health Clinic				83.71	86.32	10/01/2022	
	Swi	ng-Bed Provider							
	Fed	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							
	Basis :		F	Rate T	Гуре	·:			
'		 Budget		Х	(	Prospect	ive		
•		Unaudited costs				Total Pro	spective		
		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs							
•		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cos	ts	
•		Taylor							
	Distribution	on:	T. K. Feel	nrer				A>/ A	
	Fiscal Ager				men	t Analyst Supe	rvisor		
	Contract Ma		Medicaid I	Progra	am F	inance			
	Permanent	File							
	Program De	evelopment:							



014637300 - 2022/10

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

		<u>.l</u>	<u> Medicaid Reimbursement Per</u>	Diem Rates f	or No	on-Inst	itutional	<u>Providers</u>	
Fir	st Coast	Obstetric	cs & Gyncology	Provider Number : 014637300					
					Da	ate : 08	/31/2022		
PC	Box 519	9			Fi	scal Ye	ar End : N	I/A	
Pa	latka, Fl	32178-0	519		Αι	udit Sta	tus : N/A		
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic				84.17	86.79	10/01/2022
		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 :		Rat	е Ту	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
			Putnam				_		
	<u>D</u> istri	bution:		T. K. Feehre	•_				A \
		Agent		Senior Mana		ent Ana	alyst Supe	rvisor	2K2+
		act Mana	gement	Medicaid Pro	gran	n Finan	ce		
		nent File	-						
	Progra	am Devel	opment:						



014683500 - 2022/10

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

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

Sumter Pediatrics	Provider Number : 014683500		
Mohammad Afzal	Date: 08/31/2022		
265 Citrus Tower Blvd Ste 102	Fiscal Year End : N/A		
Clermont, FI 34711	Audit Status : N/A		

rovider	Туре:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	84.17	86.79	10/01/2022
	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
	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



015048100 - 2022/10

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

		Medicaid Reimbursement Per	Diem R	ates for N	lon-Ins	titutional l	<u>Providers</u>		
No	rth Florida Pedia	trics-Columbia Co	Provider Number: 015048100						
				Date: 08/31/2022					
18	59 SW Newland	Way		Fi	iscal Y	ear End : N	I/A		
La	ke City, FI 32025	5		A	udit St	atus : N/A			
Pre	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
	X Rural I	lealth Clinic				84.16	86.78	10/01/2022	
	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	4					
	#06	555 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	re						
	#06	558 Room and Board							
	Basis :	]		Rate Ty	/pe :	]			
١		Budget		Х		Prospect	ive		
•		Unaudited costs	-			Total Pro	spective		
•		Desk audited costs	-			Prospecti	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	
		Suwannee							
	Distribution	:	l KF	eehrer,				A \	
	Fiscal Agent				ent An	alyst Supe	rvisor	2K2	
	Contract Mana	agement	Medica	aid Prograr	m Finai	nce			
	Permanent File	е							
	Program Deve	elopment:							



016554200 - 2022/10

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

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

B '	0 . 0 . 1 . 1 . 1 . 1 . 1 . 1 . 1
Citra, FI 32113	Audit Status : N/A
17805 N US Hwy 301	Fiscal Year End : N/A
Citra Family Hlth	Date: 08/31/2022
SNC Holding Co	Provider Number : 016554200

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	84.14	86.76	10/01/2022
	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	, I		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



018968900 - 2022/10

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>			
Fam	ily & After Hour	s Care	Provider Number: 018968900							
				Da	ate : 08	3/31/2022				
1413	NW 23rd Ave		Fiscal Year End : N/A							
Chie	fland, Fl 32626	)		Αι	udit Sta	ntus : N/A				
Prov	ider Type:				Curre	ent Rate	New Rate	Effective Date		
	X Rural F	lealth Clinic				84.13	86.75	10/01/2022		
	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	е							
	#06	58 Room and Board								
Γ	Basis :	]	Ra	te Ty	pe:	]				
_		Budget		Х		Prospect	ive			
		Unaudited costs				Total Pro	spective			
		Desk audited costs				Prospect	ive Adjusted for	New costs		
		Field audited costs				_				
		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		Levy								
	<u>Distribution:</u>		T. K. Feehre	er.				AV 1		
	Fiscal Agent		Senior Mana		ent Ana	alyst Supe	rvisor	2/42		
	Contract Mana	gement	Medicaid Pr	ogran	n Finar	nce				
	Permanent File	e								
	Program Deve	lopment:								



018968904 - 2022/10

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

		<u>_</u>	Medicaid Reimbursement Per	Diem F	Rates for	No	on-Ins	titutional	<u>Providers</u>		
FA	MILY AN	ND AFTE	R HOUR CARE LLC	Provider Number: 018968904							
				Date: 08/31/2022							
59 <sup>-</sup>	15 North	Oceansl	nore Blvd	Fiscal Year End : N/A							
Pa	lm Coas	t, FL 321	37			Αι	ıdit Sta	itus : N/A			
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					84.13	86.75	10/01/2022	
		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 - SI	A						
		#06	55 / H55 Inpatient Respite Car	е							
		#06	56 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
	Bas	sis :			Rate	Ту	pe:	]			
			Budget	'		X		Prospect	ive		
•			Unaudited costs					- Total Pro	spective		
•			Desk audited costs	-				- Prospect	ive Adjusted for	New costs	
•			Field audited costs	-				_			
•			Medicare - Prospective	-				Interim			
		X	Payment System Rate	-				Total Inte	erim		
•			Average Nursing Home Rate	-				Settleme	nt based on cos	ts	
•			Levy					_			
	Distri	ibution:		 KF	eehrer,					A>/ A	
		Agent				eme	ent Ana	alyst Supe	rvisor	4	
		act Mana	gement	Medic	aid Prog	ram	Finar	nce			
	Perma	anent File									
	Progra	am Devel	opment:								



019432300 - 2022/10

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

	Medicaid Reimbursement Per	Diem Rates fo	r Noi	n-Institutional	<u>Providers</u>				
orth Florida Ped	liatrics-Cross City		Pro	vider Number :	019432300				
			Date: 08/31/2022						
19 NE 241st St S	Ste A	Fiscal Year End : N/A							
ross City, FI 326	628		Auc	dit Status : N/A					
ovider Type:				Current Rate	New Rate	Effective Date			
X Rural	l Health Clinic			84.13	86.75	10/01/202			
Swin	g-Bed Provider								
Fede	rally Qualified Health Centers								
Hosp	ice Provider								
#(	0651 / H51 Routine Home Care (	(1-60)							
#(	0651a / H5L Routine Home Care	e (61 +)							
#(	0652 / H52 Continuous Home Ca	are							
#(	0551 / 0561 Continuous Home C	are - SIA							
#(	0655 / H55 Inpatient Respite Car	re							
#(	0656 / H56 General Inpatient Ca	re							
#(	0658 Room and Board								
Basis :	$\overline{}$	Rate	Тур	e :					
•	 Budget		Χ	Prospec	tive				
	Unaudited costs			Total Pro	spective				
	Desk audited costs			Prospec	tive Adjusted for	New costs			
	Field audited costs								
	Medicare - Prospective			Interim					
Χ	Payment System Rate			Total Inte	erim				
	Average Nursing Home Rate			Settleme	ent based on cost	S			
	 Dixie								
Distributio	<u>n:</u>	T. K. Feehrer,				A \			
Fiscal Agent				nt Analyst Supe	rvisor	4			
Contract Mai	nagement	Medicaid Prog	gram	Finance					
Permanent F	File								
Program Dev	velopment:								



019474000 - 2022/10

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

	-	Medicaid Reimbursement Per	Diem Rates f	or No	on-Institutiona	<u>al Providers</u>				
Div	aker Pediatrics		Provider Number : 019474000							
				Da	ate: 08/31/202	2				
65	51 N Orange Blo	ssom Trl	Fiscal Year End : N/A							
Mc	ount Dora, Fl 327	757		Au	ıdit Status : N//	4				
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural H	lealth Clinic			84.	13 86.75	10/01/2022			
	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 Ca	re							
	#06	58 Room and Board								
	Basis :	7	Rat	te Typ	pe:					
		Budget		Χ	Prospe	ective				
•		Unaudited costs			Total F	rospective				
•		Desk audited costs			Prospe	ctive Adjusted for	New costs			
		Field audited costs								
•		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Ir	nterim				
		Average Nursing Home Rate			Settlen	nent based on cos	ets			
		Lake								
	<u>Distribution:</u>		T. K. Feehre	r,			۸٧.٨			
	Fiscal Agent				ent Analyst Su	pervisor	2/1/2			
	Contract Mana	agement	Medicaid Pro	ogram	Finance					
	Permanent File	е								
	Program Deve	lopment:								



020403901 - 2022/10

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>			
Re	liant Ac	ute Care				Prov	/ider	Number :	020403901			
						Date	9: 08	/31/2022				
57	81 Lee I	Blvd				Fisc	scal Year End : N/A					
Le	high Acı	res, FL 3	3971		Audit Status : N/A							
Pr	ovider 1	Гуре:					Current Rate		New Rate	Effective Date		
	X	Rural H	lealth Clinic					84.14	86.76	10/01/2022		
		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 Ca	are - S	SIA							
		#06	555 / H55 Inpatient Respite Care	е								
		#06	556 / H56 General Inpatient Car	е								
		#06	558 Room and Board									
	Ва	nsis :	7		Rate	Туре	) :	]				
			⊒ Budget			X		J Prospecti	ive			
			Unaudited costs					Total Pro	spective			
			Desk audited costs					- Prospecti	ive Adjusted for	New costs		
			Field audited costs					-				
			– Medicare - Prospective					- Interim				
		Χ	Payment System Rate					- Total Inte	erim			
			Average Nursing Home Rate					Settleme	nt based on cost	ts		
			Lee					-				
	Distr	ibution	<u>.</u>	L_ T. K.	Feehrer,					٨٧.٨		
	Fisca	l Agent			or Manage			<u> </u>	rvisor	2/1/2		
	Contr	act Mana	agement	Medi	caid Progr	ram F	inan	ce				
	Perm	anent File	е									
	Progr	am Deve	elopment:									
		For i	nformation Only (No Change in ra	ate)								



023548300 - 2022/10

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

		Medicaid Reimbursement Per	Diem F	Rates for No	n-Institutional	<u>Providers</u>				
Kic	ls Health Alli	ance, P.A.	Provider Number: 023548300							
			Date: 08/31/2022							
26	50 NW 2nd 9	Street Suite 100	Fiscal Year End : N/A							
Oc	ala, FL 344	75		Au	dit Status : N/A					
Pro	ovider Type	:			Current Rate	New Rate	Effective Date			
	X Ru	ral Health Clinic			84.13	86.75	10/01/2022			
	Sw	ving-Bed Provider								
	Fe	derally Qualified Health Centers								
	Но	spice Provider								
		#0651 / H51 Routine Home Care (	1-60)							
		#0651a / H5L Routine Home Care	(61 +)							
		#0652 / H52 Continuous Home Ca	are							
		#0551 / 0561 Continuous Home C	are - SI	A						
		#0655 / H55 Inpatient Respite Car	e							
		#0656 / H56 General Inpatient Ca	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					
	Х	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	ts			
		Marion								
	Distribut	<u>iion:</u>	I T. K. F	eehrer,			1V.1			
	Fiscal Age	ent			ent Analyst Supe	rvisor	2/12			
	Contract N	Management	Medic	aid Program	Finance					
	Permaner	nt File								
	Program [	Development:								



023710500 - 2022/10

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: 08/31/2022
1376 Brickyard Rd Ste 4	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

Provider	Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	83.82	86.43	10/01/2022
	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:

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

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

JK4



023710502 - 2022/10

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

		Medicaid Reimbursement Per	<u>Diem F</u>	Rates for No	on-Inst	<u>itutional l</u>	<u>Providers</u>			
No	rthwest F	lorida Healthcare, Inc		Pro	ovider	Number :	023710502			
				Da	ite : 08	/31/2022				
PC	Box 889			Fis	scal Year End : N/A					
Ch	ipley, FL	32428	Audit Status : N/A							
Pr	ovider Ty	pe:			Curre	ent Rate	New Rate	Effective Date		
	X	Rural Health Clinic				83.82	86.43	10/01/2022		
		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	ire							
		#0551 / 0561 Continuous Home C	are - SI	A						
		#0655 / H55 Inpatient Respite Car	е							
		#0656 / H56 General Inpatient Car	·e							
		#0658 Room and Board								
	Bas	is:		Rate Typ	oe :	]				
,		Budget	'	Х		ı Prospecti	ve			
,		Unaudited costs	-			- Total Pro	spective			
		Desk audited costs	-			Prospect	ve Adjusted for I	New costs		
•		Field audited costs	-			-				
,		Medicare - Prospective	-			Interim				
	X	Payment System Rate	-			Total Inte	rim			
		Average Nursing Home Rate	-			Settleme	nt based on cost	s		
		Washington				_				
	<u>Distrib</u>	oution:	L T. K. f	eehrer,				NV./		
	Fiscal /	Agent		r Manageme			rvisor	2/1/2		
	Contra	ct Management	Medic	aid Program	ı Finan	ce				
	Perma	nent File								
	Progra	m Development:								
		For information Only (No Change in r	ate)							



023710507 - 2022/10

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 F	Florida H	ealthcare, Inc	Provider Number : 023710507							
					Da	ite: 08/31/2022	e: 08/31/2022				
10	1 E Wisc	onsin Av	е	Fiscal Year End : N/A							
Во	nifay, FL	32425-	1809		Au	dit Status : N/A					
Pre	ovider Ty	уре:				Current Rate	New Rate	Effective Date			
	X	Rural H	ealth Clinic			83.82	86.43	10/01/2022			
		Swing-l	Bed Provider								
		Federal	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	tive				
•			Unaudited costs			Total Pro	spective				
•			Desk audited costs			Prospec	tive Adjusted for	New costs			
•			Field audited costs								
			Medicare - Prospective			Interim					
	>	<	Payment System Rate			Total Inte	erim				
			Average Nursing Home Rate Holmes	-		Settleme	ent based on cost	S			
		bution:		T. K. Fe		ent Analyst Supe	nvisor	N/1			
	Fiscal	•			d Program	<u> </u>	111001				
		ct Mana	-	caican	og.am						
		nent File									
	Progra	ım Devel	opment:								



024917965 - 2022/10

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

		1	Medicaid Reimbursement Per	Diem Rates f	or No	on-Ins	titutional l	<u>Providers</u>				
St	Vincent's	s Ambula	tory Care, Inc		Pr	ovider	Number :	024917965				
					Da	ate : 08	3/31/2022					
42	05 Belfor	t Rd			Fis	Fiscal Year End : N/A						
Ja	cksonville	e, FL 322	216		Αι	ıdit Sta						
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date			
	X	Rural H	ealth Clinic				84.14	86.76	10/01/2022			
		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								
		#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	sis :		Rat	te Ty	pe :	7					
ľ			Budget		Х		Prospecti	ve				
•			Unaudited costs				Total Pro	spective				
•			Desk audited costs				Prospecti	ve Adjusted for	New costs			
			Field audited costs				_					
			Medicare - Prospective				Interim					
	)	X	Payment System Rate				Total Inte	rim				
			Average Nursing Home Rate				Settleme	nt based on cost	ts			
•			Nassau				_					
	<u>Distri</u>	bution:		T. K. Feehre					NV.A			
	Fiscal	Agent		Senior Mana			<u> </u>	rvisor	2/12			
	Contra	act Mana	gement	Medicaid Pro	ogram	n Finar	nce					
	Perma	nent File										
	Progra	am Devel	opment:									
		For in	formation Only (No Change in ra	ate)								



029506000 - 2022/10

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

		1	Medicaid Reimbursement Per	Diem Ra	ites for	No	on-Inst	titutional	<u>Providers</u>		
Tre	enton Me	edical Cer	nter			Pro	ovider	Number :	029506000		
				Date: 08/31/2022							
91	1 S. Mair	n St				Fis	scal Ye	ear End : N	I/A		
Tre	enton, FL	32693				Au	ıdit Sta	itus : N/A			
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date	
	Χ	Rural H	ealth Clinic					90.06	92.86	10/01/2022	
		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 C	are - SIA							
		#065	55 / H55 Inpatient Respite Car	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	
•			Collier					-			
	Distri	bution:		l T. K. Fe	ehrer					A>/ A	
		Agent				eme	ent Ana	alyst Supe	rvisor	4	
	Contra	act Manag	gement	Medicai	d Progi	ram	Finan	ice			
	Perma	anent File									
	Progra	am Devel	opment:								



029511600 - 2022/10

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

			<u>Medicaid Reimbursement Per</u>	<u>Diem F</u>	Rates for	r Nor	n-Inst	titutional	<u>Providers</u>	
AC	V Comm	nunity Se	rvices			Prov	vider	Number :	029511600	
						Date	e : 08	3/31/2022		
PC	Box 467	75				Fisc	al Ye	ear End : N	I/A	
Do	wling Pa	rk, FL 32	2064			Aud	it Sta	itus : N/A		
Pre	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					82.59	85.16	10/01/2022
		Swing-l	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 - SI	Α					
		#06	55 / H55 Inpatient Respite Care	е						
		#06	56 / H56 General Inpatient Car	е						
		#06	58 Room and Board							
	Bas	sis :	]		Rate	Туре	<b></b>	]		
ן ו			Budget	'		Χ		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
•			Not Selected	•				_		
	<u>Distri</u>	bution:		l T. K. F	eehrer,					٨٧.٨
	Fiscal	Agent						alyst Supe	rvisor	2/42
	Contra	act Mana	gement	Medic	aid Prog	ram I	Finan	ice		
	Perma	nent File	•							
	Progra	am Devel	opment:							
		For in	formation Only (No Change in r	ate)						



100167400 - 2022/10

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>			
Dу	namic Health Ce	nters-Lake City	Provider Number : 100167400						
				Da	te: 08/31/2022				
16	3 Sw Stonegate	Tercace Suite 109		Fis	scal Year End : N	N/A			
Lal	ke City, FL 320	24		Au	ıdit Status : N/A				
Pre	ovider Type:				<b>Current Rate</b>	New Rate	Effective Date		
	X Rural I	lealth Clinic			84.15	86.77	10/01/2022		
	Swing-	Bed Provider							
	Federa	Illy Qualified Health Centers							
	Hospic	e Provider							
	#06	551 / H51 Routine Home Care (	1-60)						
	#06	551a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	655 / H55 Inpatient Respite Car	re .						
	#06	556 / H56 General Inpatient Ca	re						
	#06	558 Room and Board							
	Basis :	]	Ra	ite 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	ts		
•		Columbia							
	Distribution	<u>.</u>	T. K. Feehro	er.			AV 1		
	Fiscal Agent				ent Analyst Supe	ervisor	2/h2+		
	Contract Mana	agement	Medicaid Pr	ogram	Finance				
	Permanent Fil	е							
	Program Deve	elopment:							



100739300 - 2022/10

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>	
No	rthwest	Florida F	Healthcare			Prov	vider l	Number :	100739300	
						Date	: 08	/31/2022		
54	29 Colle	ege Dr				Fisc	al Ye	ar End : N	I/A	
Gr	aceville,	, FL 324	40			Audi	it Sta	tus : N/A		
Pr	ovider 1	Гуре:				(	Curre	nt Rate	New Rate	Effective Date
	X	Rural H	lealth Clinic					84.40	87.02	10/01/2022
		Swing-	Bed Provider							
		Federa	Illy Qualified Health Centers							
		Hospic	ce Provider							
		#06	651 / H51 Routine Home Care (	1-60)						
		#06	551a / H5L Routine Home Care	(61 +)						
		#06	552 / H52 Continuous Home Ca	re						
		#05	551 / 0561 Continuous Home C	are - S	SIA					
		#06	655 / H55 Inpatient Respite Car	е						
		#06	556 / H56 General Inpatient Car	е						
		#06	558 Room and Board							
	Ва	ısis :	7		Rate	Туре	) :			
			∟ Budget		)	X		ı Prospecti	ive	
			Unaudited costs					Total Pro	spective	
			Desk audited costs					Prospecti	ive Adjusted for	New costs
			Field audited costs					•		
			– Medicare - Prospective					Interim		
		Χ	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	ts
	Distr	ibution	<u>:</u>	L T. K.	Feehrer,					٨.٧٨
	Fisca	l Agent			or Manage			•	rvisor	2/12
	Contr	act Mana	agement	Medi	caid Progr	ram F	inan	ce		
	Perm	anent Fil	e							
	Progr	am Deve	elopment:							
		For i	nformation Only (No Change in r	ate)						



101319900 - 2022/10

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

	<u> </u>					
Jeffrey A. Carame	os PLLC		Provide	r Number :	101319900	
Rainbow River Me	dical		Date : 0	8/31/2022		
20312 Robinson R	oad		Fiscal Y	ear End : N	I/A	
Dunnellon, FL 344	31		Audit St	tatus : N/A		
Provider Type:			Cur	rent Rate	New Rate	Effective Date
X Rural	Health Clinic			84.14	86.76	10/01/202
Swing	-Bed Provider					
Feder	ally Qualified Health Centers					
Hospi	ce Provider					
#0	651 / H51 Routine Home Care (1-6	0)				
#0	651a / H5L Routine Home Care (61	+)				
#0	652 / H52 Continuous Home Care					
#0	551 / 0561 Continuous Home Care	- SIA				
#0	655 / H55 Inpatient Respite Care					
#0	656 / H56 General Inpatient Care					
#0	658 Room and Board					
Basis :	7	Rate	Гуре :	7		
•	Budget	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<	 Prospect	ive	
	Unaudited costs			Total Pro	spective	
	Desk audited costs			Prospect	ive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			 Interim		
Х	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	ts
	— Marion					

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

\_ For information Only (No Change in rate)

Senior Management Analyst Supervisor Medicaid Program Finance





101707000 - 2022/10

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

		Medicaid Reimbursement Pe	<u>r Diem Rates</u>	for No	on-Institutional	<u>Providers</u>			
No	rth Florida P	ediatrics-Chiefland	Provider Number : 101707000						
22	20 North You	ıng Blvd		Fis	scal Year End : N	I/A			
Ch	iefland, FL 3	32626		Au	dit Status : N/A				
Pre	ovider Type:	•			Current Rate	New Rate	Effective Date		
	X Ru	ral Health Clinic			84.14	86.76	10/01/2022		
	Sw	ing-Bed Provider							
	Fed	derally Qualified Health Centers							
	Но	spice Provider							
		#0651 / H51 Routine Home Care	(1-60)						
		#0651a / H5L Routine Home Care	e (61 +)						
		#0652 / H52 Continuous Home C	are						
		#0551 / 0561 Continuous Home (	Care - SIA						
		#0655 / H55 Inpatient Respite Ca	re						
		#0656 / H56 General Inpatient Ca	ire						
		#0658 Room and Board							
	Basis :		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				
	X	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	s		
		Levy							
	Distribut	<u>ion:</u>	T. K. Feehr	er,			1V.1		
	Fiscal Age	ent			ent Analyst Supe	rvisor	1/2×		
	Contract M	/lanagement	Medicaid P	rogram	Finance				
	Permanen	t File							
	Program D	Development:							



101707400 - 2022/10

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

		<u>_l</u>	<u> Medicaid Reimbursement Per</u>	Diem Rates f	for No	on-Inst	<u>itutional l</u>	<u>Providers</u>			
No	rth Florid	da Pediat	rics-Starke	Provider Number : 101707400							
					Da	Pate: 08/31/2022					
41	7 E Call	St			Fis	scal Ye	ar End : N	/A			
Sta	arke, FL	32091			Αι	udit Sta	tus : N/A				
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic				84.14	86.76	10/01/2022		
		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							
		#06	56 / H56 General Inpatient Car	·e							
		#06	58 Room and Board								
	Bas	sis :		Ra	te Ty	pe :	]				
<b>'</b>			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		
			Bradford				_				
	<u>D</u> istri	ibution:		T. K. Feehre	•r.				A \		
		Agent		Senior Mana		ent Ana	alyst Supe	rvisor	2K2+		
		act Mana	gement	Medicaid Pro	ogran	n Finan	ce				
	Perma	anent File									
	Progra	am Devel	opment:								



102610200 - 2022/10

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

X Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #0651 / H51 Routine Home Care (1-60)  #0651a / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #0655 / H55 Inpatient Respite Care  #0658 Room and Board    Basis:	<u>Medicaid Reimbu</u>	sement Per Diem Rates	for No	on-Institutiona	<u>l Providers</u>				
Arcadia, FL 34266  Provider Type:  X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board    Rate Type:   X Prospective Migusted for New Medicare - Prospective Medicare - Prospective Adjusted for New Medicare - Prospective Medicare - Pr	Port Charlotte HMA Physician Manage	nent	Provider Number : 102610200						
Arcadia, FL 34266  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 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board    Rate Type:   X Prospective     Unaudited costs     Desk audited costs     Field audited costs     Medicare - Prospective     X Payment System Rate     Average Nursing Home Rate     Desoto     Distribution:   T. K. Feehrer,	Bayfront Health Medical Group		Date: 08/31/2022						
Provider Type:  X Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #0651 / H51 Routine Home Care (1-60)  #0651a / H5L Routine Home Care (61 +)  #0652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #0655 / H55 Inpatient Respite Care  #0658 Room and Board    Rate Type:   X Prospective     Unaudited costs     Desk audited costs     Field audited costs     Medicare - Prospective     X Payment System Rate     Desoto     Distribution:   T. K. Feehrer,	1012 N Mills Ave		Fis	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 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #0655 / H55 Inpatient Respite Care  #0658 Room and Board    Basis:	Arcadia, FL 34266		Au	dit Status : N/A	1				
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:	Provider Type:			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 - SIA  #0655 / H55 Inpatient Respite Care  #0656 / H56 General Inpatient Care  #0658 Room and Board    Rate Type:	X Rural Health Clinic			82.9	00 85.48	10/01/2022			
Hospice Provider  #0651 / H51 Routine Home Care (1-60)  #0651a / H5L Routine Home Care (61 +)  #0652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #0655 / H55 Inpatient Respite Care  #0656 / H56 General Inpatient Care  #0658 Room and Board    Rate Type :	Swing-Bed Provider								
#0651 / H51 Routine Home Care (1-60)  #0651a / H5L Routine Home Care (61 +)  #0652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #0655 / H55 Inpatient Respite Care  #0658 Room and Board    Basis:	Federally Qualified Heal	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    Basis :	Hospice Provider								
#0652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #0655 / H55 Inpatient Respite Care  #0656 / H56 General Inpatient Care  #0658 Room and Board    Rate Type :	#0651 / H51 Routine	ome Care (1-60)							
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board    Basis:	#0651a / H5L Routine	lome Care (61 +)							
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board    Basis :	#0652 / H52 Continue	s Home Care							
#0656 / H56 General Inpatient Care  #0658 Room and Board    Basis :	#0551 / 0561 Continu	us Home Care - SIA							
#0658 Room and Board    Basis :	#0655 / H55 Inpatient	espite Care							
Basis:    Budget	#0656 / H56 General	patient Care							
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Desoto  T. K. Feehrer, Spring Management Applied Supervisor	#0658 Room and Bo	d							
Unaudited costs  Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Desoto  Total Prospective  Prospective Adjusted for Ne  Interim  Total Interim  Settlement based on costs  Total Prospective  Prospective Adjusted for Ne  Settlement  Total Interim  Total Interim  Settlement based on costs  Desoto	Basis :	Ra	ite Typ	pe:					
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Desoto  T. K. Feehrer, Sprior Management Applied Supervisors	Budget		Х	Prospe	ctive				
Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Desoto  T. K. Feehrer,  Sprior Management Applied Supersiger	Unaudited costs			Total P	rospective				
Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Desoto  T. K. Feehrer, Serier Management Applied Supersiger	Desk audited cos			Prospe	ctive Adjusted for	New costs			
X Payment System Rate Average Nursing Home Rate Desoto  T. K. Feehrer, Sprior Management Applyet Supervisor	Field audited cos								
Average Nursing Home Rate  Desoto  T. K. Feehrer,  Serier Management Analyst Supervisor	Medicare - Prosp	ctive		Interim					
Desoto  T. K. Feehrer, Soniar Management Analyst Supervisor	X Payment System	ate		Total Ir	terim				
Distribution:  T. K. Feehrer, Senior Management Analyst Supervisor				Settlem	ent based on cos	ts			
Senior Management Angly of Supervisor	Des	0							
Senior Management Analyst Supervisor	Distribution:					NVJ			
riscal Agent	Fiscal Agent				ervisor	2/2			
Contract Management Medicaid Program Finance	Contract Management	Medicaid Pr	ogram	Finance					
Permanent File	Permanent File								
Program Development:	Program Development:								



102625100 - 2022/10

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

		<u>_</u>	Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Ins	titutional	<u>Providers</u>	
Ph	ilip Colai	zzo MD F	PA			Pr	ovider	Number :	102625100	
				Date: 08/31/2022						
17	) S Barfi	eld Hwy	STE 108			Fis	scal Ye	ear End : N	I/A	
Pa	hokee, F	L 33476				Αu	ıdit Sta	itus : N/A		
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					84.14	86.76	10/01/2022
		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 - SI	A					
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	·e						
		#06	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
			Palm Beach					_		
	Distri	ibution:		l_ K F	eehrer,					A>/ A
		Agent				eme	ent Ana	alyst Supe	rvisor	4
	Contra	act Mana	gement	Medic	aid Prog	ram	Finar	ice		
	Perma	anent File								
	Progra	am Devel	opment:							



105763900 - 2022/10

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: 08/31/2022
11392 E Highway 316 Ste 92	Fiscal Year End : N/A
Fort McCoy, FL 32134-8114	Audit Status : N/A

vider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	82.90	85.48	10/01/2022
	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		<del></del>
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Marion		<del></del>

**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



107889600 - 2022/10

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

			Medicaid Reimbursement Per	Diem	Rates for	Non	ı-Inst	<u>titutional l</u>	<u>Providers</u>	
Kic	ds Care	Pediatric	S	Provider Number : 107889600  Date : 08/31/2022						
69	10 Old V	Volf Bay	Rd	Fiscal Year End : N/A						
Pa	latka, Fl	_ 32177				Aud	it Sta	itus : N/A		
Pr	ovider 1	уре:				(	Curre	ent Rate	New Rate	Effective Date
	X	Rural H	Health Clinic					88.46	91.21	10/01/2022
		Swing-	Bed Provider							
		Federa	Illy Qualified Health Centers							
		Hospic	e Provider							
		#06	651 / 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	558 Room and Board							
	Ва	sis :	7		Rate	Туре	<b>:</b>	]		
			∟ Budget			X		ם Prospecti	ive	
			Unaudited costs					- Total Pro	spective	
			Desk audited costs					- Prospecti	ive Adjusted for	New costs
			Field audited costs					-		
			Medicare - Prospective					Interim		
		Χ	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	ts
			Putnam					-		
	<u>Distr</u>	ibution	<u>:</u>	L Т. К.	Feehrer,					٨٧.٨
	Fisca	l Agent			or Manage				rvisor	3/4
	Contr	act Mana	agement	Medi	caid Progr	ram F	Finan	ice		
	Perma	anent Fil	e							
	Progr	am Deve	elopment:							
		For i	nformation Only (No Change in r	ate)						



109045401 - 2022/10

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 Care	e Medical	Center II LLC			Pro	ovider	Number :	109045401		
				Date: 08/31/2022							
819	9 N Mills	Ave				Fis	iscal Year End : N/A				
Arc	adia, FL	34266				Au	dit Sta	tus : N/A			
Pro	ovider T	ype:					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					85.30	87.95	10/01/2022	
		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	<b>e</b>							
		#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			
	)	<	Payment System Rate					Total Inte	erim		
			Average Nursing Home Rate					Settleme	nt based on cos	ts	
			Desoto					_			
	Distri	bution:		T. K. Fee	hrer					A>/ A	
	Fiscal					eme	ent Ana	alyst Supe	rvisor	4	
	Contra	ct Manag	gement	Medicaid	Progi	ram	Finan	ce			
	Perma	nent File									
	Progra	ım Devel	opment:								



109368700 - 2022/10

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: 08/31/2022
2910 HOSPITAL DR	Fiscal Year End : N/A
BONIFAY, FL 32425	Audit Status : N/A

ovider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	84.28	86.91	10/01/2022
	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
	- Holmes		-

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

- AXA



109437500 - 2022/10

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>		
He	artland Pediatric	Associates	Provider Number : 109437500  Date : 08/31/2022  Fiscal Year End : N/A					
72	15 US Hwy 27 N	orth						
Se	bring, FL 33870			Au	ıdit Status : N/A			
Pre	ovider Type:				<b>Current Rate</b>	New Rate	Effective Date	
	X Rural I	Health Clinic			84.28	86.91	10/01/2022	
	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	are					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	re .					
	#06	656 / H56 General Inpatient Ca	re					
	#06	558 Room and Board						
	Basis :	7	Ra	ite Typ	pe:			
		Budget		Х	Prospect	tive		
•		Unaudited costs			Total Pro	spective		
•		Desk audited costs			Prospect	tive Adjusted for	New costs	
•		Field audited costs						
•		Medicare - Prospective			Interim			
	X	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate			Settleme	ent based on cost	ts	
•		Highlands						
	Distribution	<u> </u>	T. K. Feehro	er.			A V / A	
	Fiscal Agent				ent Analyst Supe	rvisor	2K2	
	Contract Mana	agement	Medicaid Pr	ogram	Finance			
	Permanent File	е						
	Program Deve	elopment:						



110545600 - 2022/10

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>		
Hea	art 2 Heart Fam	ily Practice	Provider Number : 110545600					
			Date: 08/31/2022					
132	6 State Road 1	00	Fiscal Year End : N/A					
Mel	rose, FL 3266	6-3701		Au	dit Status : N/A			
Pro	vider Type:				Current Rate	New Rate	Effective Date	
	X Rural	Health Clinic			89.93	92.73	10/01/2022	
	Swing	-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					
		655 / H55 Inpatient Respite Car						
		656 / H56 General Inpatient Car	re					
	#0	658 Room and Board						
Γ	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			
	Χ	Payment System Rate			Total Inte	erim		
_		Average Nursing Home Rate			Settleme	nt based on cost	s	
		Putnam						
	Distribution	<u>1:</u>	T. K. Feeh				NVJ	
	Fiscal Agent				ent Analyst Supe	rvisor	2/1/2	
	Contract Man	agement	Medicaid F	rogram	Finance			
	Permanent Fi	le						
	Program Dev	elopment:						



110621800 - 2022/10

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

		<u>Medica</u>	<u>iid Reimbursement Per</u>	Diem Rat	es for	Non	<u>Institutional</u>	<u>Providers</u>	
Ad	ventist H	ealth System - S	Sunbelt Inc	Provider Number : 110621800					
				Date: 08/31/2022					
20	0 S SCEI	NIC HWY				Fisc	al Year End : N	I/A	
Fro	ostproof,	FL 33843				Aud	it Status : N/A		
Pr	ovider Ty	/pe:				(	Current Rate	New Rate	Effective Date
	X	Rural Health C	Clinic				88.75	91.51	10/01/2022
		Swing-Bed Pr	ovider						
		Federally Qua	lified Health Centers						
		Hospice Provi	der						
		#0651 / H5	1 Routine Home Care (	1-60)					
		#0651a / H	5L Routine Home Care	(61 +)					
		#0652 / H5	2 Continuous Home Ca	re					
		#0551 / 056	61 Continuous Home C	are - SIA					
		#0655 / H5	5 Inpatient Respite Car	е					
		#0656 / H5	6 General Inpatient Car	е					
		#0658 Roo	m and Board						
	Bas	is:			Rate	Туре	<b>e</b> :		
, '		Budge	et		>	X	Prospect	ive	
,		Unaud	dited costs				Total Pro	spective	
'		Desk a	audited costs				Prospect	ive Adjusted for	New costs
		Field a	audited costs						
		Medic	are - Prospective				Interim		
	X	C Payme	ent System Rate				Total Inte	erim	
		Avera	ge Nursing Home Rate				Settleme	nt based on cost	ts
			Polk						
	<u>Distri</u>	<u>bution:</u>		T. K. Fee	ehrer.				A \
	Fiscal	Agent				emen	t Analyst Supe	rvisor	1/4°
	Contra	ct Management	t	Medicaio	Progr	ram F	inance		
	Perma	nent File							
	Progra	m Developmen	t:						



110740900 - 2022/10

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

		1	Medicaid Reimbursement Per	Diem R	ates for	. N	<u>on-Ins</u>	titutional	<u>Providers</u>		
Pa	nhandle	Rural He	alth & Primary Care, Inc	Provider Number : 110740900							
				Date: 08/31/2022							
202	274 Cen	tral Ave V	V			Fi	scal Year End : N/A				
Blo	untstow	n, FL 32	424			Αι	udit Sta	atus : N/A			
Pro	ovider T	уре:					Curr	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					88.75	91.51	10/01/2022	
		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	A						
		#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			Χ		Prospect	ive		
•			Unaudited costs	-				Total Pro	spective		
•			Desk audited costs	-				- Prospect	ive Adjusted for	New costs	
•			Field audited costs	-				_			
•			Medicare - Prospective	-				Interim			
	,	X	Payment System Rate					Total Inte	erim		
•			Average Nursing Home Rate					Settleme	nt based on cos	ts	
•			Calhoun	-				_			
	<u>Dist</u> ri	ibution:		 	eehrer,					A \/ A	
	Fiscal	Agent				eme	ent An	alyst Supe	rvisor	1/2+	
	Contra	act Manag	gement	Medica	aid Prog	ran	n Finar	nce			
	Perma	anent File									
	Progra	am Devel	opment:								



110818300 - 2022/10

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

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

Rural Primary Care South-Walton, Inc	Provider Number : 110818300
Rural Primary Care South	Date: 08/31/2022
5551 US Highway 98	Fiscal Year End : N/A
Santa Rosa Beach, FL 32459	Audit Status : N/A

rovider	Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	88.75	91.51	10/01/2022
	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
	 Walton		-

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



110836000 - 2022/10

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

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

Accension Sacred Heart Gulf	Provider Number: 110836000
ASCENSION SACRED HEART GULF PSJ RHC	Date: 08/31/2022
4205 Belfort Rd Ste 4015	Fiscal Year End : N/A
Jacksonville, FL 32216-3623	Audit Status : N/A

Provider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	90.21	93.01	10/01/2022
	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
	 Gulf	-	_

**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



111314300 - 2022/10

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

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

Premier I				ovider	Number :	111314300		
Premier I				te : 08	3/31/2022			
7960 SW	60th Ave			Fis	cal Ye	ear End : N	I/A	
Ocala, Fl	L 34476-6	6408		Au	dit Sta	itus : N/A		
Provider	Provider Type:				Curre	ent Rate	New Rate	Effective Date
Х	Rural	Health Clinic				90.24	93.05	10/01/2022
	Swing	-Bed Provider						
	Federally Qualified Health Centers							
	Hospi	ce Provider						
	#0	651 / H51 Routine Home Care (1-60	0)					
	#0	651a / H5L Routine Home Care (61	+)					
	#0	652 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#0	655 / H55 Inpatient Respite Care						
	#0	656 / H56 General Inpatient Care						
	#0	658 Room and Board						
В	Basis :		Rate	е Тур	ре :	]		
<u> </u>		∟ Budget		Х		Prospective		
-		Unaudited costs				Total Pro	spective	
-		Desk audited costs				- Prospect	ive Adjusted for	New costs
Field audited costs					-			
		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	ts
		 Marion				_		

<u>Distribution:</u>

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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

T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance





113722800 - 2022/10

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

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

Allied Health Organization	Provider Number : 113722800
Allied Health Organization	Date: 08/31/2022
14001 NW 4th St, Ste B	Fiscal Year End : N/A
Sunrise, FL 33325-6206	Audit Status : N/A

ovider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	89.99	92.79	10/01/2022
	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
	- Broward		_

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

\_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



113804800 - 2022/10

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

		Medicaid Reimbursement Per	Diem R	ates for	Non	<u>-Institutional I</u>	<u>Providers</u>	
Braden Clinic LLC				Provider Number: 113804800				
Bra	aden Clinic	Date: 08/31/2022						
50	50 Ave Maria Bl	/d			Fisca	al Year End : N	I/A	
Αv	e Maria, FL 341	42-9505			Audi	t Status : N/A		
Provider Type:					C	Current Rate	New Rate	Effective Date
	X Rural I	Health Clinic				89.99	92.79	10/01/2022
	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	652 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SIA	4				
		655 / H55 Inpatient Respite Car						
	#06	656 / H56 General Inpatient Ca	re					
	#06	658 Room and Board						
	Basis :	]		Rate	Туре	:		
•		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
		Collier						
	Distribution	<u>.</u>	L T. K. F	eehrer,				1 V 1
	Fiscal Agent				ement	t Analyst Supei	rvisor	2/1/2
	Contract Mana	agement	Medica	aid Progr	ram F	inance		
	Permanent Fil	е						
	Program Deve	elopment:						



251469901 - 2022/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for N	lon-Ins	titutional l	<u>Providers</u>	
Не	artland Pediatric	Provider Number : 251469901						
				D	ate : 08	3/31/2022		
13	54 State Road 6	0 East		Fi	iscal Y	ear End : N	/A	
Lal	ke Wales, Fl 33	853		А	udit Sta	atus : N/A		
Pro	Provider Type:				Curr	ent Rate	New Rate	Effective Date
	X Rural	Health Clinic				78.53	80.97	10/01/2022
	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	4				
	#0	655 / H55 Inpatient Respite Car	е					
	#0	656 / H56 General Inpatient Car	re					
	#0	658 Room and Board						
[	Basis :	7		Rate Ty	/pe :	1		
		Budget		Х		Prospecti	ve	
•		Unaudited costs	_			Total Pro	spective	
•		Desk audited costs				Prospecti	ve Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	rim	
•		Average Nursing Home Rate Polk	-			Settleme	nt based on cost	is .
	<u>Distribution</u> Fiscal Agent	<u>ı:</u>	T. K. Fe Senior		ent An	alyst Supe	rvisor	11/4
	Contract Man	agement	Medica	id Prograr	m Finai	nce		
	Permanent Fi							
	Program Dev							



253535101 - 2022/10

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

	Medicaid Reimbursement Per	Diem Rates for	Non-	Institutional I	<u>Providers</u>			
artland Pediat	Provider Number : 253535101							
			Date	Date: 08/31/2022				
4 East Royal F	4 East Royal Palm St, Ste 3			I Year End : N	I/A			
ke Placid, Fl 3	33852		Audit	Status : N/A				
ovider Type:			С	urrent Rate	New Rate	Effective Date		
X Rural Health Clinic				78.52	80.96	10/01/2022		
Swir	ng-Bed Provider				,			
Fede	erally Qualified Health Centers							
Hos	pice Provider							
#	10651 / H51 Routine Home Care (	(1-60)						
#	0651a / H5L Routine Home Care	(61 +)						
#	10652 / H52 Continuous Home Ca	are						
#	10551 / 0561 Continuous Home C	are - SIA						
#	10655 / H55 Inpatient Respite Car	re						
#	10656 / H56 General Inpatient Ca	re						
#	0658 Room and Board							
Basis :		Rate	Гуре	:				
	Budget	>	(	Prospecti	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospecti	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
Χ	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	s		
	Highlands							
Distributio	<u>on:</u>	T. K. Feehrer,				AV 1		
Fiscal Agen	t	Senior Manage	ment	Analyst Supe	rvisor	1/4 <sup>2</sup>		
Contract Ma	anagement	Medicaid Progra	am Fi	inance				
Permanent	File							
Program De	evelopment:							



370861601 - 2022/10

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>			
Children's Medical Clinic	P	Provider Number : 370861601				
	Date: 08/31/2022					
1002 SW 11th Street	F	iscal Year End : N	I/A			
Live Oak, FL 32064	A	udit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic		78.34	80.78	10/01/2022		
Swing-Bed Provider						
Federally Qualified Health Center	rs					
Hospice Provider						
#0651 / H51 Routine Home Ca	are (1-60)					
#0651a / H5L Routine Home C	Care (61 +)					
#0652 / H52 Continuous Hom	e Care					
#0551 / 0561 Continuous Hon	ne Care - 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 Ra	ate	Settleme	nt based on cost	ts		
Suwannee						
<u>Distribution:</u>	T. K. Feehrer,			AV 1		
Fiscal Agent		ent Analyst Supe	rvisor	2K2		
Contract Management	Medicaid Program	m Finance				
Permanent File						
Program Development:						



370861604 - 2022/10

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

		Medicaid Reimbursement Per	r Diem Rates fo	or No	on-Institutio	onal I	<u>Providers</u>		
Ch	ildren's Medical	Center	Provider Number : 370861604						
				Da	ate: 08/31/2022				
78	9 West Duval Str	reet		Fis	scal Year Er	nd : N	/A		
Lal	ke City, FL 3205	55		Au	ıdit Status :	N/A			
Pre	ovider Type:			Current R	ate	New Rate	Effective Date		
	X Rural I	Health Clinic			7	78.34	80.78	10/01/2022	
	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	are						
	#05	551 / 0561 Continuous Home C	Care - SIA						
	#06	655 / H55 Inpatient Respite Car	re						
	#06	656 / H56 General Inpatient Ca	re						
	#06	558 Room and Board							
	Basis :	7	Rat	е Тур	pe:				
		Budget		Χ	Pros	specti	ve		
•		Unaudited costs			Tota	al Pro	spective		
•		Desk audited costs			Pros	specti	ve Adjusted for	New costs	
•		Field audited costs							
•		Medicare - Prospective			Inte	rim			
	Χ	Payment System Rate			Tota	al Inte	rim		
		Average Nursing Home Rate			Sett	leme	nt based on cost	ts	
•		Columbia							
	Distribution	<u> </u>	T. K. Feehrei	•				AV 1	
	Fiscal Agent		Senior Mana		ent Analyst S	Supei	visor	2/h2+	
	Contract Mana	agement	Medicaid Pro	gram	Finance				
	Permanent Fil	е							
	Program Deve	elopment:							



372143401 - 2022/10

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

Medicaid Reimbursement Per	Diem Rates for	r Nor	n-Institutional I	<u>Providers</u>				
Jack M. Matheny RHC		Provider Number : 372143401						
		Date: 08/31/2022						
205 Zeagler Drive, Suite #101	Fiscal Year End : N/A							
Palatka, FL 32177		Aud	it Status : N/A					
Provider Type:			Current Rate	New Rate	Effective Date			
X Rural Health Clinic			88.46	91.21	10/01/2022			
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			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			
Putnam								
<u>Distribution:</u>	T. K. Feehrer,				A > / A			
Fiscal Agent		emer	nt Analyst Super	visor				
Contract Management	Medicaid Prog	ram l	Finance					
÷	ū							
Permanent File	S							



377682401 - 2022/10

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

		-	Medicaid Reimbursement Per	Diem	Rates for	Nor	<u>ı-Ins</u>	<u>titutional</u>	<u>Providers</u>	
Se	bring Pe	diatrics				Prov	vider	Number :	377682401	
						Date	9 : 08	3/31/2022		
15	50 Lakev	iew Dr.		Fiscal Year End : N/A						
Se	bring, FL	33870				Aud	it Sta	atus : N/A		
Pr	ovider Ty	/pe:					Curre	ent Rate	New Rate	Effective Date
	Χ	Rural H	lealth Clinic					82.71	85.29	10/01/2022
		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							
	Bas	is :	7		Rate	Туре	<del></del>	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		
	>	(	Payment System Rate					- Total Inte	erim	
			Average Nursing Home Rate					_ Settleme	nt based on cost	ts
			- Highlands					_		
	<u>Distri</u>	bution:		L Т. К.	Feehrer,					Λ. ν
	Fiscal	Agent			or Manage				rvisor	2/h2
	Contra	ct Mana	gement	Medi	caid Progr	ram F	Finar	nce		
	Perma	nent File	е							
	Progra	m Deve	lopment:							
		For ir	nformation Only (No Change in r	ate)						



378772904 - 2022/10

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

		1	Medicaid Reimbursement Per	Diem Rate	s for	Nor	ı-Inst	titutional	<u>Providers</u>				
Th	e Pediatr	ric Cente	r			Prov	/ider	Number :	378772904				
						Date	e : 08	3/31/2022					
14	47 Medic	al Park E	Blvd, Suite 402			Fisc	Fiscal Year End : N/A						
We	ellington,	FL 3341	14			Aud	udit Status : N/A						
Pr	ovider T	уре:				(	Curre	ent Rate	New Rate	Effective Date			
	X	Rural H	ealth Clinic					84.13	86.75	10/01/2022			
		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									
		#05	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 :	]		Rate 1	Туре	<b>:</b>	]					
'			Budget		>	X		Prospect	ive				
'			Unaudited costs					Total Pro	spective				
			Desk audited costs					Prospect	ive Adjusted for	New costs			
			Field audited costs					_					
'			Medicare - Prospective					Interim					
	)	X	Payment System Rate					Total Inte	erim				
			Average Nursing Home Rate					Settleme	nt based on cos	ts			
			Palm Beach					_					
	<u>Distri</u>	bution:		T. K. Feel						NV.J			
	Fiscal	Agent						alyst Supe	rvisor	3/4			
	Contra	act Mana	gement	Medicaid	Progra	am F	Finan	ice					
	Perma	nent File											
	Progra	am Devel	opment:										
		For in	formation Only (No Change in r	ate)									



660018201 - 2022/10

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

		-	Medicaid Reimbursement Per	Diem	Rates for	Non-	-Institutional	<u>Providers</u>			
He	artland	Pediatric	Associates	Provider Number : 660018201							
						Date	: 08/31/2022				
12	0 Heartl	and Way		Fiscal Year End : N/A							
Wa	auchula,	FL 3383	375000			Audi	t Status : N/A				
Pr	ovider 7	Гуре:			Effective Date						
	X	Rural F	lealth Clinic				78.72	81.17	10/01/2022		
		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	sis :	]		Rate 1	Гуре	:				
			Budget		×	(	Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs								
			Medicare - Prospective				Interim				
		X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Hardee								
	Distr	ibution:		L_ T. K.	Feehrer,				AV 1		
	Fisca	l Agent				ment	t Analyst Supe	rvisor	2/12		
	Contr	act Mana	gement	Medi	caid Progra	am F	inance				
	Perm	anent File	Э								
	Progr	am Deve	lopment:								



660022100 - 2022/10

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

			<u> Medicaid Reimbursement Per</u>	Diem Ra	ates for No	<u>on-Insti</u>	itutional	<u>Providers</u>			
Jay	y Medica	l Center		Provider Number : 660022100							
					Da	ite: 08/	/31/2022				
14	088 Alab	ama St		Fiscal Year End : N/A							
Jay	y, FL 32	565			Au	dit Stat	us : N/A				
Pro	ovider T	уре:				Curre	nt Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic				90.33	93.14	10/01/2022		
		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	1						
		#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				
	)	X	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cos	ts		
•			Collier								
	Distri	bution:		l T. K. Fe	eehrer,				۸٧.٨		
	Fiscal	Agent			Manageme		<u> </u>	rvisor	2/12		
	Contra	act Mana	gement	Medica	id Program	Financ	ce				
	Perma	anent File	•								
	Progra	am Devel	opment:								



660026300 - 2022/10

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

		_	<u>Medicaid Reimbursement Per</u>	Diem Rat	es for No	<u>on-Institutional</u>	<u>Providers</u>			
Со	mmunity	Medical	CtrDeland	Provider Number : 660026300						
119	90 North	Stone S	treet	Fiscal Year End : N/A						
De	land, FL	32720			Au	idit Status : N/A				
Pre	ovider T	уре:				Current Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic			89.67	92.46	10/01/2022		
		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							
	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				
	)	X	Payment System Rate			Total Int	erim			
•			Average Nursing Home Rate			Settleme	ent based on cost	is		
•			Volusia							
	Distri	bution:		T. K. Fee	ehrer.			AV 1		
	Fiscal	Agent				ent Analyst Supe	ervisor	2K2		
	Contra	act Mana	gement	Medicaio	d Program	Finance				
	Perma	nent File	)							
	Progra	am Deve	opment:							



660026302 - 2022/10

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

		<u>_</u>	Medicaid Reimbursement Per	Diem Rate	es for	No	n-Inst	itutional	<u>Providers</u>		
Со	mm. Me	Provider Number : 660026302									
						Da	te : 08	/31/2022			
81	O Comm	ed Boule	vard	Fiscal Year End : N/A							
Ora	ange Cit	y, FL 327	763			Au	dit Sta	tus : N/A			
Pro	ovider T	уре:		Current				ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					84.15	86.77	10/01/2022	
		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 Card	е							
		#06	56 / H56 General Inpatient Car	е							
		#06	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	
			Volusia					_			
	Distri	ibution:		T. K. Fee	hrer					A>/ A	
		Agent				eme	ent Ana	alyst Supe	rvisor	4	
	Contra	act Mana	gement	Medicaid	Progi	ram	Finan	ce			
	Perma	anent File									
	Progra	am Devel	opment:								



660027100 - 2022/10

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

		_	<u>Medicaid Reimbursement Per</u>	Diem	Rates to	r No	<u>n-Ins</u>	titutional	<u>Providers</u>			
N.	FI. Pedi	atrics RH	С			Pro	ovider	Number :	660027100			
						Da	te : 08	3/31/2022				
43	16 Fifth	Avenue				Fis	cal Ye	ear End : N	I/A			
Ма	rianna,	FL 32446	6			Au	udit Status : N/A					
Pro	ovider 1	Гуре:					Curr	ent Rate	New Rate	Effective Date		
	X	Rural H	lealth Clinic					88.46	91.21	10/01/2022		
		Swing-l	Bed Provider									
		Federal	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 - S	IA							
		#06	55 / H55 Inpatient Respite Car	е								
		#06	56 / H56 General Inpatient Car	е								
		#06	58 Room and Board									
	Ва	sis :	]		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 cos	ts		
			Jackson									
	Distr	ibution:			Feehrer,					٨٧.٨		
	Fisca	l Agent						alyst Supe	rvisor	3/17		
	Contr	act Mana	gement	Medio	caid Prog	ram	Finar	nce				
	Perm	anent File	)									
	Progr	am Devel	lopment:									
		For in	formation Only (No Change in r	ate)								



660039500 - 2022/10

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

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

Yunus Rural Health Clinic	Provider Number : 660039500
Mohammad Yunus, MD	Date: 08/31/2022
404 East Hwy 90	Fiscal Year End : N/A
Bonifay, FL 32425	Audit Status : N/A

ovider	Туре:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	88.46	91.21	10/01/2022
	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,

Medicaid Program Finance

Senior Management Analyst Supervisor

SH



660046800 - 2022/10

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>			
Ric	chard A. Campb	pell RHC	Provider Number : 660046800						
				Da	ite: 08/31/2022				
10	5 Tomoka Boul	evard South	Fiscal Year End : N/A						
Lal	ke Placid, FL 3	3852		Au	dit Status : N/A				
Pre	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural	Health Clinic			88.07	90.81	10/01/2022		
	Swin	g-Bed Provider							
	Fede	rally Qualified Health Centers							
	Hosp	ice Provider							
	#(	0651 / H51 Routine Home Care	(1-60)						
	#(	0651a / H5L Routine Home Care	e (61 +)						
	#(	0652 / H52 Continuous Home C	are						
	#(	0551 / 0561 Continuous Home 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		
		Highlands							
	Distribution	<u>n:</u>	T. K. Feel	nrer,			1 V 1		
	Fiscal Agent		Senior Ma	nageme	ent Analyst Supe	rvisor	1/h		
	Contract Mar	nagement	Medicaid I	Program	Finance				
	Permanent F	ile							
	Program Dev	velopment:							



660053100 - 2022/10

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

		_	<u> Medicaid Reimbursement Per</u>	Diem F	Rates for N	<u>on-Ins</u>	titutional	<u>Providers</u>	
Ch	ildren's (	Clinic			Pi	ovider	Number :	660053100	
					Da	ate : 08	3/31/2022		
11	00 N. Ma	in St			Fi	scal Ye	ear End : N	I/A	
Ве	lle Glade	e, FL 334	430		Au	udit Sta	atus : N/A		
Pro	ovider T	уре:				Curr	ent Rate	New Rate	Effective Date
	X	Rural H	lealth Clinic				88.46	91.21	10/01/2022
		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 - Sl	Α				
		#06	55 / H55 Inpatient Respite Car	е					
		#06	56 / H56 General Inpatient Car	е					
		#06	58 Room and Board						
	Bas	sis :	]		Rate Ty	pe :	]		
			Budget	'	Х		Prospect	ive	
•			Unaudited costs				Total Pro	spective	
•			Desk audited costs				Prospect	ive Adjusted for	New costs
•			Field audited costs				_		
•			Medicare - Prospective				Interim		
		X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cos	its
•			Palm Beach						
	Distri	bution:		l T. K. I	Feehrer,				A V . A
	Fiscal	Agent			r Managem	ent An	alyst Supe	rvisor	2/1/2
	Contra	act Mana	gement	Medic	aid Progran	n Finar	nce		
	Perma	anent File	9						
	Progra	am Devel	lopment:						



660054900 - 2022/10

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

		Medicaid Reimbursement Per	Diem Rate	s for No	n-Institutional	<u>Providers</u>				
Ma	rion RHC dba F	Forest Family Health		Pro	ovider Number :	660054900				
				Da	ite: 08/31/2022	1/2022				
15	932 E. 40			Fis	scal Year End : N	I/A				
Sil	ver Springs, FL	34488		Au	dit Status : N/A					
Pre	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural	Health Clinic			87.22	89.94	10/01/2022			
	Swing	-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							
	arion RHC dba Forest Family Health  1932 E. 40  Iver Springs, FL 34488  Iver Springs, Flow Springs, Flow Springs  Iver Springs, Fl	re								
	#0	656 / H56 General Inpatient Ca	re							
	#0	658 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			
•		Marion								
	Distribution	<u>ı:</u>	T. K. Feeh	nrer.			AV 1			
	Fiscal Agent				ent Analyst Supe	rvisor	2/h2+			
	Contract Man	agement	Medicaid I	Program	Finance					
	Permanent F	le								
	Program Dev	elopment:								



660056500 - 2022/10

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>	
Ah	mad T. Ismail R	HC		Pro	ovider Number :	660056500	
				Da	te: 08/31/2022		
11	0 E. Byrd Avenu	ie		Fis	cal Year End : N	I/A	
Во	nifay, FL 32425	5		Au	dit Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural	Health Clinic			77.96	80.39	10/01/2022
	Swing	-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	1			
	#0	655 / H55 Inpatient Respite Car	е				
	#0	656 / H56 General Inpatient Car	·e				
	#0	658 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		
	Χ	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cost	s
		Holmes					
	Distribution	<u>ı:</u>	I T. K. Fe	eehrer,			1V.1
	Fiscal Agent				ent Analyst Supe	rvisor	2/12
	Contract Man	agement	Medica	id Program	Finance		
	Permanent Fi	le					
	Program Dev	elopment:					



660069700 - 2022/10

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

		Medicaid Reimbursement Per	Diem Rates fo	r No	on-Institu	<u>utional l</u>	<u>Providers</u>	
Flo	rida Family Rur	al Hith Care		Pro	ovider N	umber :	660069700	
				Da	ite: 08/3	1/2022		
23	98 N. Beach Dr.	., Suite 100		Fis	scal Year	r End : N	I/A	
Αv	on Park, FI 338	325		Au	ıdit Statu			
Pro	ovider Type:				Curren	t Rate	New Rate	Effective Date
	X Rural	Health Clinic				87.08	89.79	10/01/2022
	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 +)					
			are					
	#0552 / H52 Continuous Home  #0551 / 0561 Continuous Home  #0655 / H55 Inpatient Respite (  #0656 / H56 General Inpatient (  #0658 Room and Board	are - SIA						
		·e						
		re						
	#0	658 Room and Board						
	Basis :		Rate	Тур	oe :			
'		 Budget		Х	F	Prospecti	ive	
		Unaudited costs			Т	otal Pro	spective	
•		Desk audited costs			F	Prospect	ive Adjusted for	New costs
•		Field audited costs						
•		Medicare - Prospective	-		lı	nterim		
	Χ	Payment System Rate			T	otal Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
		Highlands						
	<u>Distributior</u>	 1:	T. K. Feehrer,					A \ / A
	Fiscal Agent	<del>_</del>	Senior Manag		ent Analy	st Supe	rvisor	
	Contract Mar	nagement	Medicaid Prog	gram	Finance	9		
	Permanent F							
	Program Dev	relopment:						



660070100 - 2022/10

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>	
Express Care of Belleview, Inc	Pr	ovider Number :	660070100	
	Da	ate: 08/31/2022		
10762 S US Hwy 441	Fi	scal Year End : N	I/A	
Belleview, FI 34420	Au	udit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		87.39	90.11	10/01/2022
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#0651 / H51 Routine Home Care (	(1-60)			
#0651a / H5L Routine Home Care	e (61 <b>+</b> )			
#0652 / H52 Continuous Home Ca	are			
#0551 / 0561 Continuous Home C	are - SIA			
#0655 / H55 Inpatient Respite Car	re			
#0656 / H56 General Inpatient Ca	re			
#0658 Room and Board				
Basis :	Rate Ty	pe:		
Budget	X	Prospect	ive	
Unaudited costs		Total Pro	spective	
Desk audited costs		Prospect	ive Adjusted for	New costs
Field audited costs				
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte	erim	
Average Nursing Home Rate		Settleme	nt based on cost	ts
Marion				
<u>Distribution:</u>	T. K. Feehrer,			AV 1
Fiscal Agent	Senior Manageme	ent Analyst Supe	rvisor	2/h2+
Contract Management	Medicaid Progran	n Finance		
Permanent File				
Program Development:				



660071900 - 2022/10

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

		Medicaid Reimbursement Per	Diem Rates t	or No	on-Institutional	<u>Providers</u>				
Na	ture Co	ast Family Medical		Pr	ovider Number :	660071900				
Na	ture Co	ast Family		Da	ate: 08/31/2022					
34	00 N. Le	ecanto Hwy Suite A		Fis	scal Year End : N	N/A				
Ве	verly Hi	lls, FI 34464		Αu	udit Status : N/A					
Pr	ovider 7	Гуре:			<b>Current Rate</b>	New Rate	Effective Date			
	X	Rural Health Clinic			83.72	86.32	10/01/2022			
		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 Car	re							
		#0658 Room and Board								
	Ва	asis :	Rat	е Туן	pe:					
, '		Budget		Х	Prospect	tive				
•		Unaudited costs			Total Pro	spective				
		Desk audited costs			Prospect	tive Adjusted for	New costs			
'		Field audited costs								
'		Medicare - Prospective			Interim					
		X Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	ent based on cost	ts			
		Citrus								
	Distr	<u>ribution:</u>	T. K. Feehre	r,			AV 1			
	Fisca	l Agent			ent Analyst Supe	rvisor	2K2			
	Contr	ract Management	Medicaid Pro	gram	n Finance					
	Perm	anent File								
	Progr	ram Development:								



660072700 - 2022/10

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

		-	Medicaid Reimbursement Per	<u>Diem</u>	Rates for	· Nor	<u>ı-Ins</u>	<u>titutional l</u>	<u>Providers</u>			
Ra	jendra F	P. Bellam	MD			Prov	vider	Number :	660072700			
				Date: 08/31/2022 Fiscal Year End: N/A								
11	707 N. V	Villiams S	St Suite 3			Fisc	al Ye	ear End : N	I/A			
Du	nnellon,	ellon, FI 34432 der Type:				Aud	it Sta	itus : N/A				
Pr	ovider T	ype:					Curre	ent Rate	New Rate	Effective Date		
	X	Rural H	lealth Clinic					85.49	88.15	10/01/2022		
		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	SIA							
		#06	555 / H55 Inpatient Respite Car	е								
		#06	556 / H56 General Inpatient Car	е								
		#06	558 Room and Board									
	Ва	sis :	7		Rate	Туре	<del></del>	]				
,			⊒ Budget			X		J Prospecti	ive			
			Unaudited costs					- Total Pro	spective			
·			Desk audited costs					- Prospecti	ive Adjusted for	New costs		
			Field audited costs					_				
•			– Medicare - Prospective					- Interim				
		Χ	Payment System Rate					- Total Inte	erim			
			Average Nursing Home Rate					Settleme	nt based on cos	ts		
			 Marion					-				
	Distr	<u>ibution:</u>	<u>.</u>	L T. K.	Feehrer,					AV 1		
	Fiscal	l Agent				emen	t Ana	alyst Supe	rvisor	2) hat		
	Contr	act Mana	agement	Medi	caid Progr	ram l	Finar	ice				
	Perma	anent File	е									
	Progr	am Deve	elopment:									
		For i	nformation Only (No Change in r	ate)								



660072702 - 2022/10

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

		1	Medicaid Reimbursement Per	Diem Ra	ates for	No	on-Ins	titutional	<u>Providers</u>		
Ra	jendra P	. Bellam,	MD			Pr	ovider	Number :	660072702		
						Da	ate : 08	3/31/2022			
41	N INGLI	S AVE				Fis	scal Ye	ear End : N	I/A		
IN	GLIS, FL	34449-9	9463			Αι	udit Sta	atus : N/A			
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					85.49	88.15	10/01/2022	
		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 C	are - SIA	١						
		#065	55 / H55 Inpatient Respite Car	е							
		#065	56 / H56 General Inpatient Car	е							
		#065	58 Room and Board								
	Bas	sis :			Rate	Ту	pe :	]			
'			Budget	-		X		Prospect	ive		
•			Unaudited costs	_				Total Pro	spective		
			Desk audited costs	-				- Prospect	ive Adjusted for	New costs	
•			Field audited costs	-				_			
			Medicare - Prospective	-				Interim			
		X	Payment System Rate	-				Total Inte	erim		
			Average Nursing Home Rate					Settleme	nt based on cos	ts	
•			Levy					_			
	Distri	bution:		l T. K. Fe	ehrer					A>/ A	
		Agent				eme	ent Ana	alyst Supe	rvisor	4	
		act Manag	gement	Medica	id Prog	ran	n Finar	nce			
	Perma	anent File									
	Progra	am Devel	opment:								



660075100 - 2022/10

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

		_	<u>Medicaid Reimbursement Per</u>	Diem	Rates for	r No	n-Inst	itutional	<u>Providers</u>	
Ch	arles S.	Li MD				Pro	vider	Number :	660075100	
						Dat	te : 08	/31/2022		
76	x Aural Health Clinic Swing-Bed Provider	Hwy			Fis	cal Ye	ar End : N	I/A		
Cr	ystal Riv	er, FI 34	429			Aud	dit Sta	tus : N/A		
Pr	ovider 1	Гуре:					Curre	ent Rate	New Rate	Effective Date
	Χ	Rural H	ealth Clinic					82.44	85.0	1 10/01/2022
		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	are						
		#05	51 / 0561 Continuous Home C	are - S	IA					
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	e						
		#06	58 Room and Board							
	Ва	sis :	]		Rate	Тур	e :	]		
, '			Budget			X		Prospect	ive	
•			Unaudited costs					Total Pro	spective	
			Desk audited costs					Prospect	ive Adjusted fo	r New costs
'			Field audited costs					_		
'			Medicare - Prospective					Interim		
		X	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on co	sts
			Citrus							
	Distr	ibution:		L T. K.	Feehrer,					A \  / A
	Fisca	l Agent				eme	nt Ana	lyst Supe	rvisor	Jh2+
	Contr	act Mana	gement	Medio	caid Prog	ram	Finan	ce		
	Perm	anent File	•							
	Progr	am Devel	opment:							



660075101 - 2022/10

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

		<u>.I</u>	Medicaid Reimbursement Per	Diem R	ates for	. No	on-Ins	titutional	<u>Providers</u>		
Cit	rus Sprir	ngs RHC				Pr	ovider	Number :	660075101		
						Da	ate : 08	3/31/2022			
10	489 N. F	l Ave				Fis	scal Ye	ear End : N	I/A		
Cit	rus Sprir	ngs, Fl 34	1434			Αι	udit Sta	atus : N/A			
Pro	ovider T	уре:					Curr	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					82.44	85.01	10/01/2022	
		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 C	are - Sl	A						
		#065	55 / H55 Inpatient Respite Car	е							
		#065	56 / H56 General Inpatient Car	е							
		#065	58 Room and Board								
	Bas	sis :			Rate	Ту	pe :	]			
'			Budget			X		Prospect	ive		
•			Unaudited costs	-				Total Pro	spective		
			Desk audited costs	-				- Prospect	ive Adjusted for	New costs	
•			Field audited costs	-				_			
•			Medicare - Prospective	-				Interim			
	)	X	Payment System Rate	-				Total Inte	erim		
			Average Nursing Home Rate	-				Settleme	nt based on cos	ts	
•			Citrus					_			
	Distri	bution:		l_ K F	eehrer,					A>/ A	
	Fiscal					eme	ent Ana	alyst Supe	rvisor		
	Contra	act Manag	gement	Medica	aid Prog	ram	n Finar	nce			
	Perma	nent File									
	Progra	am Devel	opment:								



660076000 - 2022/10

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

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

V Bural Haalth Clinia		96 55	90.25	10/01/2022
Provider Type:		<b>Current Rate</b>	New Rate	Effective Date
Beverly Hills, FI 34465	Au	dit Status : N/A		
3745 N Lecanto Hwy		cal Year End : N	/A	
Alugubelli & Patel MD		te: 08/31/2022		
WFMA- Beverly Hills Med Ctr	Pro	ovider Number :	660076000	

ovider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	86.55	89.25	10/01/2022
	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,

Medicaid Program Finance

Senior Management Analyst Supervisor

- AXA



660087500 - 2022/10

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

		-	Medicaid Reimbursement Per	Diem	Rates for	Non	ı-Inst	<u>itutional l</u>	<u>Providers</u>		
Palm Glades Rural Hlth Assoc				Provider Number : 660087500							
						Date	ate: 08/31/2022				
21	7 W Ave					Fisc	al Ye	ar End : N	I/A		
Ве	lle Glade	, FI 334	30			Aud	it Sta	tus : N/A			
Pr	Provider Type: X Rural Health Clinic						Current Rate		New Rate	Effective Date	
	X	Rural H	lealth Clinic					86.02	88.70	10/01/2022	
		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								
	Bas	is :	7		Rate	Туре	<b>:</b>	]			
			∟ Budget			X		J Prospecti	ive		
			Unaudited costs					Total Pro	spective		
			Desk audited costs					- Prospecti	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	
			Palm Beach					-			
	<u>Distri</u>	bution:		l T. K.	Feehrer,					٨٧.٨	
	Fiscal	Agent		Senio	or Manage	emen	t Ana	lyst Supe	rvisor	2/12	
	Contra	ct Mana	agement	Medi	caid Progr	ram F	inan	ce			
	Perma	nent File	е								
	Progra	m Deve	lopment:								
		For ir	nformation Only (No Change in r	ate)							



660089100 - 2022/10

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

		<u>.I</u>	Medicaid Reimbursement Per	Diem R	ates for	N	<u>on-Ins</u>	titutional	<u>Providers</u>			
Hernando Medical Center				Provider Number : 660089100								
					Date: 08/31/2022							
10	489 N Fl	orida Ave				Fi	scal Ye	ear End : N	I/A			
Cit	rus Sprir	ngs, Fl 34	1434			Αι	udit Sta	atus : N/A				
Provider Type:							Curr	ent Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic					84.90	87.55	10/01/2022		
		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 C	are - SIA	4							
		#065	55 / H55 Inpatient Respite Car	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		
•			Hernando					_				
	Distri	bution:		TKF	eehrer,					A>/ A		
		Agent				eme	ent An	alyst Supe	rvisor	4		
	Contra	act Manag	gement	Medica	aid Prog	ran	n Finar	nce				
	Perma	nent File										
	Progra	am Devel	opment:									



660089102 - 2022/10

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 : 660089102
Hernando Medical Center	Date: 08/31/2022
213 S. Pine Ave.	Fiscal Year End : N/A
Inverness , FL 34452-4830	Audit Status : N/A

vider	Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	84.90	87.54	10/01/2022
	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



660103100 - 2022/10

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>				
La	ke Pediatrics		Provider Number : 660103100							
			Date: 08/31/2022							
48	80 N Hwy 19A			Fis	cal Year End : N	I/A				
Mt.	. Dora, FI 3275	7		Au	dit Status : N/A					
Pre	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural	Health Clinic			85.32	87.98	10/01/2022			
	Swing	<sub>J</sub> -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 - Sl	A						
	#0	655 / H55 Inpatient Respite Car	е							
	#0	656 / H56 General Inpatient Car	re							
	#0	658 Room and Board								
	Basis :			Rate Typ	oe :					
,		Budget		Х	Prospect	tive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs	-		Prospect	tive Adjusted for	New costs			
•		Field audited costs								
		Medicare - Prospective			Interim					
	Х	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	ent based on cost	S			
		Lake								
	Distribution	<u>ı:</u>	l T. K. F	eehrer,			AV 1			
	Fiscal Agent				ent Analyst Supe	rvisor	2/12			
	Contract Man	agement	Medica	aid Program	Finance					
	Permanent F	ile								
	Program Dev	elopment:								



660129400 - 2022/10

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

		_	<u> Medicaid Reimbursement Per</u>	Diem F	Rates for No	on-Inst	titutional I	<u>Providers</u>		
Family Meidcal Group (Sebring)				Provider Number : 660129400						
				Date: 08/31/2022						
34	20 US 27	North			Fis	scal Ye	ar End : N	/A		
Sebring, FI 33870					Αι	ıdit Sta	itus : N/A			
Pro	ovider T	ype:				Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	lealth Clinic				86.15	88.83	10/01/2022	
		Swing-	Bed Provider							
		Federa	lly Qualified Health Centers							
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (	1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	re						
		#05	51 / 0561 Continuous Home C	are - SI	A					
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	е						
		#06	58 Room and Board							
	Bas	sis :	]		Rate Ty	pe :	]			
			Budget	'	Х		Prospecti	ve		
•			Unaudited costs				Total Pro	spective		
•			Desk audited costs	<del>-</del>			Prospect	ve Adjusted for	New costs	
•			Field audited costs				_			
•			Medicare - Prospective				Interim			
	>	<	Payment System Rate				Total Inte	rim		
			Average Nursing Home Rate				Settleme	nt based on cost	ts	
•			Highlands				_			
	Distri	bution:		L T. K. F	eehrer,				۸٧.٨	
	Fiscal	Agent		Senio	Manageme	ent Ana	alyst Supe	rvisor	2/12	
	Contra	ct Mana	gement	Medic	aid Program	n Finan	ice			
	Perma	nent File								
	Progra	ım Devel	lopment:							



660140500 - 2022/10

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>			
Andres R. Villar, M.D.			Provider Number : 660140500						
			Date: 08/31/2022						
P.C	D. Box 606			Fis	scal Year End : I	N/A			
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			84.55	87.18	10/01/2022		
	Swing-	Bed Provider							
	Federa	Ily Qualified Health Centers							
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (	1-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	52 / H52 Continuous Home Ca	ire						
	#05	51 / 0561 Continuous Home C	are - SI <i>A</i>	1					
	#06	55 / H55 Inpatient Respite Car	е						
	#06	56 / H56 General Inpatient Car	е						
	#06	58 Room and Board							
ſ	Basis :	7		Rate Typ	pe :				
٠		Budget		Х	Prospec	tive			
•		Unaudited costs			Total Pro	ospective			
•		Desk audited costs			Prospec	tive Adjusted for	New costs		
•		Field audited costs							
•		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
•		Average Nursing Home Rate			Settleme	ent based on cost	ts		
		Collier							
	<u>Distribution:</u>		T. K. F	eehrer,			1 V 1		
	Fiscal Agent				ent Analyst Supe	ervisor	2h2		
	Contract Mana	agement	Medica	id Program	Finance				
	Permanent File	е							
	Program Deve	lopment:							



660141300 - 2022/10

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

		Medicaid Reimbursement Per	Diem Rates for	<u>r Noı</u>	<u>n-Institutional I</u>	<u>Providers</u>		
Wi	lliston Pedi	atrics, PA	Provider Number : 660141300					
22	3 N. Main S	Street		Fisc	cal Year End : N	/A		
Wi	lliston, FL	32696		Auc	lit Status : N/A			
Pro	ovider Typ	e:			Current Rate	New Rate	Effective Date	
	X R	ural Health Clinic			83.74	86.34	10/01/2022	
	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 Ca	are - SIA					
		#0655 / H55 Inpatient Respite Care	e					
		#0656 / H56 General Inpatient Car	е					
		#0658 Room and Board						
	Basis	:	Rate	Тур	e:			
,		Budget		Χ	Prospecti	ve		
•		Unaudited costs			Total Pro	spective		
•		Desk audited costs			Prospecti	ve Adjusted for	New costs	
		Field audited costs						
		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	rim		
•		Average Nursing Home Rate	-		Settleme	nt based on cost	s	
•		Collier						
	Distribu	ution:	T. K. Feehrer,				A \	
	Fiscal A			emer	nt Analyst Supe	visor	4	
		Management	Medicaid Prog	gram	Finance			
	Permane	•						
		Development:						
	J	•						



660147200 - 2022/10

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

			<u> Medicaid Reimbursement Per</u>	Diem Rates	for No	on-Inst	itutional	<u>Providers</u>		
Doctor's Medical Ctr of Walton Co, PA				Provider Number : 660147200						
					Date: 08/31/2022					
21 West Main St					Fis	scal Ye	ar End : N	I/A		
De	Funiak S	Springs, F	1 32435		Αι	udit Sta	tus : N/A			
Pr	ovider T	уре:				Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic				88.67	91.43	10/01/2022	
		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 :		Ra	ite Ty	pe :	]			
<b>'</b>			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				-			
	Distri	ibution:		T. K. Feehre	er				A \ / A	
		Agent		Senior Mana		ent Ana	lyst Supe	rvisor	2K2+	
		act Mana	gement	Medicaid Pr	ogran	n Finan	се			
		anent File								
	Progra	am Devel	opment:							
	=									



660151100 - 2022/10

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: 08/31/2022	
P.O. Box 606	Fiscal Year End : N/A	
Glen St. Mary, FI 32040	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
Х	Rural Health Clinic	84.55	87.18	10/01/2022
	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	i .		Total Prospective
	Desk audited costs	ļ .		Prospective Adjusted for New costs
	Field audited costs	'		_
	Medicare - Prospective	'		_ Interim
X	Payment System Rate	'		Total Interim
_	Average Nursing Home Rate	'		Settlement based on costs
	 Baker	'		_

**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



660162600 - 2022/10

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: 08/31/2022	
6061 St. Johns Ave, Ste A	Fiscal Year End : N/A	
Palatka, FL 321776858	Audit Status : N/A	

Provider	rovider Type:		New Rate	<b>Effective Date</b>
X	Rural Health Clinic	87.42	90.14	10/01/2022
	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
	 Collier		-

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



660167700 - 2022/10

	<u>_l</u>	Medicaid Reimbursement Per	Diem Rates fo	r No	n-Ins	<u>titutional l</u>	<u>Providers</u>		
Southern Family Healthcare, PA					Provider Number : 660167700				
				Dat	Pate: 08/31/2022				
Р.0	D. Box 692			Fise	cal Ye	ear End : N	/A		
Ch	ipley, FL 32428			Aud	dit Sta	ntus : N/A			
Pro	ovider Type:				Curre	ent Rate	New Rate	<b>Effective Date</b>	
	X Rural H	lealth Clinic				82.54	85.12	10/01/2022	
	Swing-l	Bed Provider							
	Federal	lly Qualified Health Centers							
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (	1-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	52 / H52 Continuous Home Ca	re						
	#05	51 / 0561 Continuous Home Ca	are - SIA						
	#06	55 / H55 Inpatient Respite Care	е						
	#06	56 / H56 General Inpatient Car	е						
	#06	58 Room and Board							
	Basis :	]	Rate	Тур	e :	1			
'		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	
•		Collier				_			
	Distribution:		T. K. Feehrer,					NV./	
	Fiscal Agent		Senior Manag				rvisor	2/h2	
	Contract Mana	gement	Medicaid Prog	gram	Finar	nce			
	Permanent File	<b>;</b>							
	Program Devel	lopment:							
	For in	nformation Only (No Change in ra	ate)						



660174000 - 2022/10

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

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

Children's Medical Center - Alachua	Provider Number : 660174000
Children's Medical Center - Alachua	Date: 08/31/2022
14681 N.W. Hwy 441	Fiscal Year End : N/A
Alachua, FL 32615	Audit Status : N/A

vider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	81.38	83.91	10/01/2022
	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
	— 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



660187100 - 2022/10

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

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

Sun 'Lake Medical Group, PA	Provider Number : 660187100
Sun 'N Lake Medical Group	Date: 08/31/2022
4958 Sun ' N Lake Blvd	Fiscal Year End : N/A
Sebring, FL 33872	Audit Status : N/A

vider	Type:	Current Rate	New Rate	Effective Date
X	Rural Health Clinic	83.95	86.56	10/01/2022
	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 :	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
	– Highlands		_

**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



660200200 - 2022/10

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

		<u>_N</u>	Medicaid Reimbursement Per	Diem Rates	for	Nor	<u>ı-Insti</u>	tutional	<u>Providers</u>		
Gar	cia Med	ical Clinic	;	Provider Number : 660200200							
						Date	e : 08/	31/2022			
411	E. Nels	on Avenu	ie			Fisc	al Ye	ar End : N	I/A		
Def	uniak Sp	orings, FL	. 32433			Aud	it Stat	us : N/A			
Pro	vider T	уре:					Curre	nt Rate	New Rate	Effective Date	
	X	Rural He	ealth Clinic					83.81	86.42	10/01/2022	
		Swing-E	Bed Provider								
		Federall	y Qualified Health Centers								
		Hospice	Provider								
		#065	1 / H51 Routine Home Care (1	-60)							
		#065	1a / H5L Routine Home Care	(61 +)							
		#065	2 / H52 Continuous Home Ca	re							
		#055	1 / 0561 Continuous Home Ca	are - SIA							
		#065	55 / H55 Inpatient Respite Care	•							
		#065	66 / H56 General Inpatient Card	е							
		#065	8 Room and Board								
	Bas	sis :		R	ate 1	Туре	e :				
_			Budget		X	X		Prospect	ive		
-			Unaudited costs					Total Pro	spective		
_			Desk audited costs					Prospect	ive Adjusted for	New costs	
_			Field audited costs								
-			Medicare - Prospective					Interim			
	>	(	Payment System Rate					Total Inte	erim		
			Average Nursing Home Rate					Settleme	nt based on cos	ots	
			Walton								
	Distri	bution:		T. K. Feehr	er.					A \	
	Fiscal	Agent		Senior Man		mer	nt Ana	lyst Supe	rvisor	1/2×	
	Contra	ct Manag	gement	Medicaid P	rogra	am I	Financ	ce			
	Perma	nent File									
	Progra	m Develo	opment:								



660204500 - 2022/10

		Medicaid Reimbursement Po	er Diem Rates for	Non-I	nstitutional	<u>Providers</u>	
Ch	iefland Me	edical Center		Provid	ler Number :	660204500	
				Date :	08/31/2022		
111	13 N. W. 2	23rd Ave		Fiscal	Year End : N	I/A	
Ch	iefland, FL	_ 32626		Audit	Status : N/A		
Pro	ovider Typ	pe:		Cı	irrent Rate	New Rate	Effective Date
	X F	Rural Health Clinic			82.06	84.61	10/01/2022
	\$	Swing-Bed Provider					
	F	Federally Qualified Health Centers					
	ŀ	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 Ca	are				
		#0656 / H56 General Inpatient C	are				
		#0658 Room and Board					
ſ	Basis	s :	Rate 1	Гуре :			
٠		Budget	X	(	Prospect	ive	
-		Unaudited costs			Total Pro	spective	
-		Desk audited costs			Prospect	ive Adjusted for	New costs
_		Field audited costs					
-		Medicare - Prospective			Interim		
_	Х	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cost	ts
		Levy					
	<u>Distrib</u>	ution:	T. K. Feehrer,				٨٧.٨
	Fiscal A	gent	Senior Manager			rvisor	2/12
	Contrac	t Management	Medicaid Progra	am Fir	nance		
	Perman	ent File					
	Progran	n Development:					
		_ For information Only (No Change ir	n rate)				



660205300 - 2022/10

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>			
Th	e Medica	al Center	LLC	Provider Number : 660205300							
					Da	ate: 08	/31/2022				
20	454 N.E.	Finley A	ve		Fis	scal Ye	ar End : N	I/A			
Blo	untstow	n, FL 32	424		Αι	ıdit Sta	tus : N/A				
Pro	ovider T	уре:				Curre	nt Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic				83.62	86.23	10/01/2022		
		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	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 :		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		
			Calhoun								
	<u>D</u> istri	bution:		T. K. Feehro	er.				A \		
		Agent		Senior Man		ent Ana	lyst Supe	rvisor	2K2+		
		act Mana	gement	Medicaid Pr	ogram	Finan	ce				
	Perma	anent File									
	Program Development:										
	Program Development:										



660209600 - 2022/10

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>					
Cla	rk Clinic		Provider Number : 660209600								
			Date: 08/31/2022								
212	2 S. Florida St			Fis	cal Year End : N	I/A					
Bus	shnell, FL 335	13		Au	dit Status : N/A						
Pro	vider Type:				Current Rate	New Rate	Effective Date				
	X Rural	Health Clinic			83.58	86.18	10/01/2022				
	Swing	g-Bed Provider									
	Feder	rally Qualified Health Centers									
	Hosp	ice Provider									
	#0	0651 / H51 Routine Home Care (	1-60)								
	#0	0651a / H5L Routine Home Care	(61 +)								
	#0	0652 / H52 Continuous Home Ca	are								
	#0	0551 / 0561 Continuous Home C	are - SIA								
	#0	0655 / H55 Inpatient Respite Car	е								
	#0	0656 / H56 General Inpatient Car	re								
	#0	0658 Room and Board									
ſ	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	s				
		Sumter									
	Distribution	<u>n:</u>	I T. K. Fe	ehrer,			AV 1				
	Fiscal Agent				ent Analyst Supe	rvisor	2/12				
	Contract Mar	nagement	Medicai	d Program	Finance						
	Permanent F	ïle									
	Program Dev	velopment:									



660209605 - 2022/10

		Medicaid Reimbursement Per	Diem	Rates for N	lon-Ir	<u>  stitutional                                    </u>	<u>Providers</u>				
Cla	ark Clinic		Provider Number : 660209605								
					ate:	08/31/2022					
21	2 S Florida	St		F	iscal	Year End : N	I/A				
Bu	shnell, FL	33513		Audit Status : N/A							
Pr	ovider Type	e:			Cu	rrent Rate	New Rate	Effective Date			
	X R	ural Health Clinic				84.14	86.76	10/01/2022			
	Sı	wing-Bed Provider									
	Fe	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	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 Ty	ype:	$\neg$					
		J Budget		X	-	 Prospect	ive				
		Unaudited costs				— Total Pro	spective				
		Desk audited costs				— Prospect	ive Adjusted for I	New costs			
		Field audited costs									
		Medicare - Prospective				 Interim					
	Х	Payment System Rate				 Total Inte	erim				
		Average Nursing Home Rate				 Settleme	nt based on cost	s			
		Lake									
	Distribu	<u>ition:</u>	I T. K.	Feehrer,				٨٧.٨			
	Fiscal Ag	ent				nalyst Supe	rvisor	2/12			
	Contract	Management	Medi	caid Progra	m Fin	ance					
	Permane	nt File									
	Program	Development:									
		For information Only (No Change in	rate)								



660209606 - 2022/10

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>						
Clark Clinic Inc.				Provider Number : 660209606							
_owell F. Clark, M	ID. PA.	Date : 08/31/2022									
212 S. Floirda St.			Fis	scal Year End : N	I/A						
Bushnell, FL 335	13										
Provider Type:				<b>Current Rate</b>	Effective Date						
X Rural	Health Clinic			84.14	86.76	10/01/2022					
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	4								
#(	0655 / H55 Inpatient Respite Car	·e									
#(	0656 / H56 General Inpatient Car	re									
#(	0658 Room and Board										
Basis :			Rate Ty	pe:							
	 Budget		Х	Prospect	Prospective						
	Unaudited costs	-		Total Pro	spective						
	Desk audited costs	-		Prospect	ive Adjusted for	New costs					
	Field audited costs	-									
	Medicare - Prospective	-		Interim							
X	Payment System Rate	-		Total Inte	erim						
	Average Nursing Home Rate	-		Settleme	nt based on cost	s					
	 Lake										
Distributio	 <b>n</b> :	 T. K. F	eehrer			A\/ /I					
Fiscal Agent				ent Analyst Supe	rvisor	4					
Contract Mai	nagement	Medica	aid Program	r Finance							
Permanent F	ile										
Program Dev	velopment:										



660212600 - 2022/10

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

	Medicaid Reimbursement Per	<u>r Diem Rates for</u>	Non-	<u>Institutional l</u>	<u>Providers</u>	
Iohammad Afzal	Excel Pediatrics & Family Care		Provi	der Number :	660212600	
			Date	: 08/31/2022		
65 Citrus Tower	Blvd		Fisca	I Year End : N	/A	
lermont, FL 347	111908		Audit	Status : N/A		
rovider Type:			С	urrent Rate	New Rate	Effective Date
X Rural	Health Clinic			88.71	91.47	10/01/202
Swing	g-Bed Provider					
Feder	rally Qualified Health Centers					
Hosp	ice Provider					
#0	0651 / H51 Routine Home Care (	(1-60)				
#0	0651a / H5L Routine Home Care	e (61 +)				
#0	0652 / H52 Continuous Home Ca	are				
#0	0551 / 0561 Continuous Home C	Care - SIA				
#0	0655 / H55 Inpatient Respite Ca	re				
#0	0656 / H56 General Inpatient Ca	re				
#0	0658 Room and Board					
Basis :		Rate	Туре	:		
	 Budget		X	Prospect	ve	
	Unaudited costs			Total Pro	spective	
	Desk audited costs			Prospect	ve Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
X	Payment System Rate			Total Inte	rim	
	Average Nursing Home Rate			Settleme	nt based on cost	is
	Lake					
Distribution	<u>n:</u>	T. K. Feehrer,				AV 1
Fiscal Agent		Senior Manage	ement	Analyst Supe	rvisor	1K2
Contract Mar	nagement	Medicaid Progr	ram Fi	nance		
Permanent F	ïle					
Program Dev	velopment:					



660218500 - 2022/10

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

			<u>Medicaid Reimbursement Per</u>	Diem I	Rates to	r No	<u>n-Inst</u>	itutional	<u>Providers</u>			
Dw	wight Peter Tiu/Acute Care Pediatrics			Provider Number : 660218500								
						Da	te : 08	/31/2022				
13	01 Reid	St				Fis	cal Ye	ar End : N	I/A			
Pa	latka, FL	32178				Audit Status : N/A						
Pr	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic					83.58	86.18	10/01/2022		
		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 - S	IA							
		#06	55 / H55 Inpatient Respite Car	е								
		#06	е									
		#06	58 Room and Board									
	Ba	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		
			Putnam									
	Distr	ibution:		I T. K.	Feehrer,					A \		
	Fiscal	Agent				eme	nt Ana	alyst Supe	rvisor	3K#		
	Contra	act Mana	gement	Medic	caid Prog	ram	Finan	ce				
	Perma	anent File	)									
Program Development:												



660219300 - 2022/10

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

		<u>.</u>	Medicaid Reimbursement Per	Diem Ra	ates for	No	on-Ins	titutional	<u>Providers</u>	
Fa	mily Med	dical Grou	ıp, P.A.			Pr	ovider	Number :	660219300	
						Da	ate : 08	3/31/2022		
10	5 Tomok	a Blvd So	outh			Fis	scal Ye	ear End : N	I/A	
Lal	ke Placio	d, FL 338	352			Αι	udit Sta	itus : N/A		
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					83.58	86.18	10/01/2022
		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	е						
		#06	58 Room and Board							
	Bas	sis :			Rate	Ту	pe :			
'			Budget			X		Prospect	ive	
•			Unaudited costs	_				Total Pro	spective	
•			Desk audited costs	-				- Prospect	ive Adjusted for	New costs
•			Field audited costs	-				_		
			Medicare - Prospective					Interim		
	,	X	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	ts
			Highlands					_		
	Distri	ibution:		l T. K. Fe	eehrer					A>/ A
		Agent				eme	ent Ana	alyst Supe	rvisor	4
	Contra	act Mana	gement	Medica	id Prog	ran	n Finar	nce		
	Perma	anent File								
	Program Development:									



660230400 - 2022/10

		-	Medicaid Reimbursement Per	Diem	Rates for	Non	-Inst	<u>itutional l</u>	<u>Providers</u>				
Ex	press Ca	are of Le	esburg			Prov	vider	Number :	660230400				
						Date	9 : 08	/31/2022					
25	00 Citrus	Blvd				Fisc	scal Year End : N/A						
Le	esburg, f	FL 3474	8		Audit Status : N/A								
Pr	ovider T	уре:				(	Curre	ent Rate	New Rate	Effective Date			
	X	Rural H	lealth Clinic					83.58	86.18	10/01/2022			
		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	IA								
		#06	55 / H55 Inpatient Respite Care	е									
		#06	56 / H56 General Inpatient Car	е									
		#06	58 Room and Board										
	Bas	sis :	1		Rate 1	Туре	) :	]					
,			ם Budget		X	X		ı Prospecti	ve				
			Unaudited costs					- Total Pro	spective				
•			Desk audited costs					- Prospecti	ve Adjusted for	New costs			
•			Field audited costs					-					
•			- Medicare - Prospective					Interim					
	)	X	Payment System Rate					Total Inte	rim				
•			Average Nursing Home Rate					Settleme	nt based on cost	s			
•			_ Lake					-					
	Distri	bution:		L_ T. K.	Feehrer,					٨٧.٨			
	Fiscal	Agent			or Manage				rvisor	2/12			
	Contra	act Mana	gement	Medi	caid Progra	am F	inan	ce					
	Perma	anent File	Э										
	Progra	am Deve	lopment:										
		For ir	nformation Only (No Change in r	ate)									



660232100 - 2022/10

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 Da	Date: 08/31/2022				
Dawn Rene, Inc	Provider Number : 660232100				

rovider Type:		<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	77.33	79.74	10/01/2022
	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		_

**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



660233900 - 2022/10

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

	-	Medicaid Reimbursement Per	<u>Diem Rates f</u>	or No	<u>on-Institutio</u>	nal l	<u>Providers</u>		
Jackson County Hospital			Provider Number : 660233900						
				Da	Date: 08/31/2022				
4318 5th Avenue			Fiscal Year End : N/A						
Ма	rianna, FL 3244	6	Audit Status : N/A						
Provider Type:					Current Ra	te	New Rate	Effective Date	
	X Rural H	lealth Clinic			83	3.52	86.13	10/01/2022	
	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	re .						
	#06	556 / H56 General Inpatient Car	re						
	#06	58 Room and Board							
	Basis :	7	Rat	е Тур	pe:				
		Budget		Χ	Prosp	pect	ive		
•		Unaudited costs			Total	Pro	spective		
•	Desk audited costs		-		Prosp	Prospective Adjusted for New costs			
•		Field audited costs							
•		Medicare - Prospective			Interi	m			
	X	Payment System Rate			Total	Inte	erim		
		Average Nursing Home Rate Jackson			Settle	eme	nt based on cost	S	
	<u>Distribution</u> :	<u>:</u>	T. K. Feehre		ant Anglyot C		ndoor	N/1	
Contract Management			Senior Management Analyst Supervisor  Medicaid Program Finance						
			ivieuicalu PIC	yran	i i illalice				
	Permanent File								
	Program Deve	elopment:							