

000640100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry County Hospital Authority	Provider Number : 000640100
Hendry Regional Convenient Care Center	Date: 09/21/2023
450 S. Main Street, Suite 1	Fiscal Year End : N/A
Labelle, FL 33935	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	132.67	137.46	10/01/2023
Swing-Bed Provider		<u>'</u>	
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)		<u>'</u>	
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

<u>Distribution:</u>

Fiscal Agent

Contract Management

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Program Development:

_____ For information Only (No Change in rate)

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

SKA



000707900 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health System	Provider Number : 000707900
Family Practice Center of Avon Park	Date: 09/21/2023
1006 W. Pleasant Street	Fiscal Year End : N/A
Avon Park, FL 338252966	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	90.44	93.71	10/01/2023
Swing-Bed Provider		<u>'</u>	
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)		<u>'</u>	
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

visor J



005955000 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Calhoun Liberty Hospital Assoc.	Provider Number : 005955000
Calhoun Liberty Hospital Primary Care Clinic	Date: 09/21/2023
20370 NE Burns Ave.	Fiscal Year End : N/A
Blountstown, FL 324241045	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	92.43	95.77	10/01/2023
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
	 Calhoun		-

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



008004300 - 2023/10

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

	-	Medicaid Reimbursement Per	Diem Ra	tes for No	on-Institutional	<u>Providers</u>		
Sacred Heart Medical Group on the Gulf		Provider Number: 008004300						
				Da	Pate: 09/21/2023			
55	55 Avenue E			Fis	scal Year End : N	I/A		
Ар	alachicola, FL 32	23201763		Au	dit Status : N/A			
Pr	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural F	lealth Clinic			129.89	134.58	10/01/2023	
	Swing-	Bed Provider						
	Federa	lly Qualified Health Centers						
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	are					
	#05	51 / 0561 Continuous Home C	are - SIA					
	#06	55 / H55 Inpatient Respite Car	'e					
	#06	56 / H56 General Inpatient Car	re					
	#06	58 Room and Board						
	Basis :]		Rate Typ	pe:			
		Budget		Х	Prospect	ive		
•		Unaudited costs			Total Pro	spective		
•		Desk audited costs			Prospect	ive Adjusted for	New costs	
•		Field audited costs						
		Medicare - Prospective			Interim			
	X	Payment System Rate			Total Interim			
	Average Nursing Home Rate			Settleme	nt based on cost	s		
•		Franklin						
	<u>Distribution:</u>		T. K. Fe	ehrer.			AV 1	
	Fiscal Agent				ent Analyst Supe	rvisor	2/h2+	
	Contract Mana	gement	Medicaio	d Program	Finance			
	Permanent File	Э						
	Program Deve	lopment:						



010834300 - 2023/10

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 F	kates to	r NOI	<u>1-institutional </u>	<u>Providers</u>	
Baker Rural Health Clinic 159 N 3rd Street Fig. 159 N 3rd Street		Provider Number : 010834300				
		Date	Date: 09/21/2023			
		Fisc	al Year End : N	I/A		
		Aud	Audit Status : N/A			
Provider Type:				Current Rate	New Rate	Effective Date
Rural I	lealth Clinic			129.88	134.57	10/01/2023
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 Care					
#05	551 / 0561 Continuous Home Care - SI	Α				
#06	555 / H55 Inpatient Respite Care					
#06	556 / H56 General Inpatient Care					
#06	558 Room and Board					
Basis :	7	Rate	Туре	e :		
	ا		X	——I Prospect	ive	
	Unaudited costs			Total Pro	spective	
	Desk audited costs			Prospect	ive Adjusted for	New costs
Field audited costs			,			

	Baker	
Distribution: Fiscal Agent		K. Feehrer, Senior Management Analyst Supervisor
Contract Management	M	Medicaid Program Finance

Interim

Total Interim

Settlement based on costs

Contract Management

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Program Development:

_____ For information Only (No Change in rate)

Medicare - Prospective Payment System Rate

Average Nursing Home Rate

Χ



018056100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jay Hospital, Inc.	Provider Number : 018056100
Century Medical Center	Date: 09/21/2023
8401 North Century Boulevard	Fiscal Year End : N/A
Century, FL 32535	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	130.40	135.10	10/01/2023
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
	 Escambia	•		-

Distribution:

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Contract Management

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Program Development:

_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



106170600 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

					<u>Providers</u>		
anklin County BoC	С		Prov	ovider Number : 106170600			
eems Med Ctr We	st		Date	ate: 09/21/2023			
D Box 580			Fisc	al Year End : N	/A		
oalachicola, FL 32	329		Aud	it Status : N/A			
ovider Type:			(Current Rate	New Rate	Effective Da	
Rural He	ealth Clinic			91.96	95.27	10/01/20	
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 Care						
#055	1 / 0561 Continuous Home Care	- SIA					
#065	55 / H55 Inpatient Respite Care						
#065	66 / H56 General Inpatient Care						
#065	8 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	
	Franklin						

Medicaid Program Finance

Fiscal Agent

Contract Management

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Program Development:



106362400 - 2023/10

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

	-	Medicaid Reimbursement Per	Diem R	ates for	r Nor	<u>n-Inst</u>	titutional I	<u>Providers</u>	
Fra	anklin County Bo	CC			Provider Number : 106362400				
W	eems Med Ctr Ea	st			Date	e : 09	/21/2023		
PC	D Box 580				Fisc	al Ye	ar End : N	/A	
Αp	alachicola, FL 3	2329			Aud	lit Sta	itus : N/A		
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural H	lealth Clinic					91.96	95.27	10/01/2023
	Swing-	Bed Provider							
	Federa	lly Qualified Health Centers							
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-60)						
	#06	(61 +)							
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SIA	4					
	#06	555 / H55 Inpatient Respite Car	e						
	#06	556 / H56 General Inpatient Car	re						
	#06	58 Room and Board							
	Basis :	1		Rate	Тур	e :]		
		Budget	-		X		Prospecti	ve	
		Unaudited costs					Total Pro	spective	
		Desk audited costs					Prospecti	ve Adjusted for	New costs
		Field audited costs					_		
		Medicare - Prospective					Interim		
	X	Payment System Rate	_				Total Inte	rim	
		Average Nursing Home Rate	<u>-</u>				Settleme	nt based on cost	s
		Franklin							
	<u>Distribution:</u>	<u>.</u>	L T. K. F	eehrer,					AV 1
	Fiscal Agent				emer	nt Ana	alyst Super	rvisor	1/4°
	Contract Mana	agement	Medica	aid Prog	ram	Finan	ice		
	Permanent File	е							
	Program Deve	lopment:							



112711800 - 2023/10

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		
Leesburg, FL 34788-7508	Audit Status : N/A					
8113 Centralia Ct	Fiscal Year End : N/A					
Leesburg Pediatrics PA	Da	Date : 09/21/2023				
Leesburg Pediatrics PA	Provider Number : 112711800					

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	92.90	96.25	10/01/2023
Swing-Bed Provider		<u>'</u>	
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)		<u>'</u>	
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

Basis :	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
	_ Lake		-

Distribution:

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Contract Management

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



253668401 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry Family Care Ctr	Provider Number : 253668401
Forbes Family Care Ctr	Date: 09/21/2023
500 West Sagamore Ave	Fiscal Year End : N/A
Clewiston, FI 33440	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	158.44	164.16	10/01/2023
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
	 Hendry		_

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



660037900 - 2023/10

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

	-	Medicaid Reimbursement Per	Diem Ra	tes for No	on-Institutional	<u>Providers</u>			
Blo	ountstown Family	Practice		Pro	ovider Number :	660037900			
				Date: 09/21/2023					
17	808 NE Charley	Johns St		Fis	scal Year End : N	I/A			
Blo	ountstown, FL 32	2424		Au	dit Status : N/A				
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural F	lealth Clinic			90.15	93.41	10/01/2023		
	Swing-	Bed Provider							
	Federa	lly Qualified Health Centers							
	Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-60)						
	#06	51a / H5L Routine Home Care	(61 +)						
	#06	52 / H52 Continuous Home Ca	are						
	#05	51 / 0561 Continuous Home C	are - SIA						
	#06	55 / H55 Inpatient Respite Car	'e						
	#06	56 / H56 General Inpatient Car	re						
	#06	58 Room and Board							
	Basis :]		Rate Typ	pe:				
		Budget		Х	Prospect	ive			
•		Unaudited costs			Total Pro	spective			
•		Desk audited costs			Prospect	ive Adjusted for	New costs		
•		Field audited costs							
		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
•		Calhoun							
	<u>Distribution:</u>		T. K. Fe	ehrer.			AV 1		
	Fiscal Agent				ent Analyst Supe	rvisor	2K2		
	Contract Mana	gement	Medicai	d Program	Finance				
	Permanent File	Э							
	Program Deve	lopment:							



660037901 - 2023/10

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>		
Мс	onticello Family M	ledicine	Provider Number : 660037901 Date : 09/21/2023					
15	49. S. Jefferson S	St		Fis	scal Year End : N	I/A		
Mc	onticello, FL 3234	14		Au	dit Status : N/A			
Pr	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural H	lealth Clinic			90.15	93.41	10/01/2023	
	Swing-	Bed Provider						
	Federa	lly Qualified Health Centers						
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	are					
	#05	51 / 0561 Continuous Home C	are - SIA					
	#06	55 / H55 Inpatient Respite Car	е					
	#06	56 / H56 General Inpatient Car	re					
	#06	58 Room and Board						
	Basis :]		Rate Typ	pe:			
'		Budget		Х	Prospect	ive		
•		Unaudited costs			Total Pro	spective		
		Desk audited costs			Prospect	ive Adjusted for	New costs	
•		Field audited costs						
•		Medicare - Prospective			Interim			
	X	Payment System Rate			Total Inte	erim		
,		Average Nursing Home Rate			Settleme	nt based on cost	ts	
•		Jefferson						
	Distribution:		T. K. Fe	ehrer.			A \	
	Fiscal Agent				ent Analyst Supe	rvisor	14X	
	Contract Mana	gement	Medicaio	d Program	Finance			
	Permanent File	e						
	Program Deve	lopment:						



660037902 - 2023/10

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

		Medicaid Reimbursement Per	Diem	Rates for	Non-	<u>Institutional l</u>	<u>Providers</u>	
Quincy Medical Group			Provider Number : 660037902					
				I	Date	: 09/21/2023		
17	8 LaSalle Dr		Fiscal Year End : N/A					
Qυ	incy, FI 32351			,	Audit	Status : N/A		
Pr	ovider Type:				С	urrent Rate	New Rate	Effective Date
	Rural I	Health Clinic				90.15	93.41	10/01/2023
	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	SIA				
	#06	655 / H55 Inpatient Respite Car	е					
	#06	656 / H56 General Inpatient Car	е					
	#06	658 Room and Board						
	Basis :	7		Rate T	уре	:		
,		∟ Budget	1	X		 Prospecti	ive	
,		Unaudited costs				Total Pro	spective	
·		Desk audited costs				Prospect	ive Adjusted for	New costs
		Field audited costs						
•		— Medicare - Prospective				Interim		
	X	Payment System Rate				 Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	s
		 Gadsden						
	Distribution	<u>.</u>	I T. K.	Feehrer,				Λ./Λ
	Fiscal Agent					Analyst Supe	rvisor	2/1/2
	Contract Mana	agement	Medi	caid Progra	am F	inance		
	Permanent Fil	le						
	Program Deve	elopment:						
	For i	information Only (No Change in r	ate)					



660037903 - 2023/10

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>			
Wakulla Family Medicine	Provider Number : 660037903					
	Date: 09/21/2023					
15 Council Moore Rd	Fis	scal Year End : N	I/A			
Crawfordville, FI 32327	Αι	udit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic		90.15	93.41	10/01/2023		
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 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		
Wakulla						
<u>Distribution:</u>	T. K. Feehrer,			۸٧.٨		
Fiscal Agent	Senior Manageme	· · ·	rvisor	1/ht		
Contract Management	Medicaid Program	n Finance				
Permanent File						
Program Development:						



660049201 - 2023/10

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

	-	Medicaid Reimbursement Per	Diem R	ates for No	on-Institut	<u>ional l</u>	<u>Providers</u>	
Ga	ateway Medical C	linic - Crestview	Provider Number : 660049201					
			Date: 09/21/2023					
12	7-C Redstone Av	re		Fis	scal Year E	End : N	/A	
Cr	estview, FL 3253	39		Au	dit Status	: N/A		
Pr	ovider Type:				Current I	Rate	New Rate	Effective Date
	Rural H	lealth Clinic				91.27	94.56	10/01/2023
	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 - Sl	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	Pro	ospecti	ve	
•		Unaudited costs			To	tal Pro	spective	
•		Desk audited costs	-		Pro	ospecti	ve Adjusted for	New costs
		Field audited costs						
		Medicare - Prospective			Inte	erim		
	Χ	Payment System Rate			To	tal Inte	rim	
		Average Nursing Home Rate			Se	ttleme	nt based on cos	ts
		Okaloosa						
	<u>Distribution</u> :	<u>.</u>	L T. K. F	eehrer,				A V . A
	Fiscal Agent			Manageme	ent Analyst	Supe	rvisor	2K2
	Contract Mana	agement	Medica	aid Program	Finance			
	Permanent File	е						
	Program Deve	elopment:						



660058100 - 2023/10

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

<u>Medic</u>	aid Reimbursement Per	Diem Rates for	r Nor	n-Ins	titutional l	<u>Providers</u>	
N. Okaloosa Medical Cent	er		Pro	vider	Number :	660058100	
			Date	e : 09	/21/2023		
1045 US Hwy 331, Ste D			Fisc	al Ye	ear End : N	/A	
DeFuniak, FL 32435			Aud	lit Sta	itus : N/A		
Provider Type:				Curre	ent Rate	New Rate	Effective Date
Rural Health	Clinic				91.27	94.56	10/01/2023
Swing-Bed P	rovider						
Federally Qua	alified Health Centers						
Hospice Prov	rider						
#0651 / H	51 Routine Home Care (1-60)					
#0651a / H	15L Routine Home Care	(61 +)					
#0652 / H	52 Continuous Home Ca	ire					
#0551 / 05	61 Continuous Home C	are - SIA					
#0655 / H	55 Inpatient Respite Car	е					
#0656 / H	56 General Inpatient Car	е					
#0658 Roo	om and Board						
Basis :		Rate	Туре	e :]		
Budg	et		Χ		Prospecti	ve	
Unau	dited costs				Total Pro	spective	
Desk	audited costs	-			Prospecti	ve Adjusted for	New costs
Field	audited costs				_		
Media	care - Prospective				Interim		
X Paym	nent System Rate				Total Inte	rim	
Avera	age Nursing Home Rate				Settleme	nt based on cost	ts
	Walton				_		
<u>Distribution:</u>		T. K. Feehrer,					AV 1
Fiscal Agent		Senior Manage	emer	nt Ana	alyst Supe	rvisor	2/42
Contract Managemer	nt	Medicaid Prog	ram	Finar	ice		
Permanent File							
Program Developmer	nt:						



660083200 - 2023/10

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

Medicaid Reimbursement Per	r Diem Rates for N	on-Institutional	<u>Providers</u>			
Lake Butler Hospital RHC	Provider Number : 660083200					
	Date: 09/21/2023					
850 E Main St	Fi	scal Year End : N	I/A			
Lake Butler, FL 32054	Au	udit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic		179.14	185.61	10/01/2023		
Swing-Bed Provider						
Federally Qualified Health Centers						
Hospice 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:	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		
Union						
<u>Distribution:</u>	T. K. Feehrer,			1V.1		
Fiscal Agent	Senior Managem	ent Analyst Supe	rvisor	2/1/2		
Contract Management	Medicaid Progran	n Finance				
Permanent File						
Program Development:						



660092100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Hospital	Provider Number : 660092100
Steinhatchee Family Center	Date: 09/21/2023
1209 First Ave S.	Fiscal Year End : N/A
Steinhatchee, FI 32359	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	314.05	325.39	10/01/2023
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		Х	Prospective
	Unaudited costs	i		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
	— Taylor	-		_

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

1



660123500 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Medicaid Neillibur Seillent Per	Dicili Nates	101 140	JII-III Stitutional	I TOVIGCI 3		
Doctor's Memorial F	amily Medicine		Pr	ovider Number :	660123500		
OMH Mayo Family	Medicine		Da	te: 09/21/2023			
P.O. Box 228			Fis	scal Year End : N	I/A		
Mayo, FI 32066			Au	ıdit Status : N/A			
Provider Type:				Current Rate	New Rate	Effective Dat	
Rural I	Health Clinic			174.13	180.42	10/01/202	
Swing-	Bed Provider						
Federa	Ily 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					
	555 / H55 Inpatient Respite Car						
#06	556 / H56 General Inpatient Car	re					
#06	558 Room and Board						
Basis :]	R	ate Ty _l	pe:			
	Budget		Х	Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
X	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	ts	
	Lafayette						
Distribution		T K Faab				A. / A	
Fiscal Agent	<u>.</u>	T. K. Feehr Senior Mar		ent Analyst Supe	rvisor	1/4	

Medicaid Program Finance

Fiscal Agent

Contract Management

Permanent File

Program Development:



660124300 - 2023/10

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>			
Doctor's Memorial Family Practice	Provider Number : 660124300					
	Date: 09/21/2023					
1702 S. Jefferson St	Fis	scal Year End : N	I/A			
Perry, FI 32348	Αι	udit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic		117.86	122.11	10/01/2023		
Swing-Bed Provider			,			
Federally Qualified Health Centers						
Hospice 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:	Rate Ty	pe:				
Budget	X	Prospect	ive			
Unaudited costs		 Total Pro	spective			
Desk audited costs		Prospect	ive Adjusted for	New costs		
Field audited costs						
Medicare - Prospective		Interim				
X Payment System Rate		Total Inte	erim			
Average Nursing Home Rate		Settleme	nt based on cost	s		
Taylor						
<u>Distribution:</u>	T. K. Feehrer,			٨٧.٨		
Fiscal Agent	Senior Manageme	ent Analyst Supe	rvisor	2/1/2		
Contract Management	Medicaid Program	Finance				
	aa reg.a					
Permanent File		. r manes				