



Florida Agency for Health Care Administration

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
Hendry Regional Convenient Care Center
450 S. Main Street, Suite 1
Labelle, FL 33935

Provider Number : 000640100
Date : 09/21/2023
Fiscal Year End : N/A
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			
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 :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Hendry	

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

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			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

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 +)			
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Florida Agency for Health Care Administration

008004300 - 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

Sacred Heart Medical Group on the Gulf	Provider Number : 008004300
	Date : 09/21/2023
55 Avenue E	Fiscal Year End : N/A
Apalachicola, FL 323201763	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	129.89	134.58	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			
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 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

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

Baker County Medical Services
 Baker Rural Health Clinic
 159 N 3rd Street
 Macclenny, FL 320632103

Provider Number : 010834300
 Date : 09/21/2023
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	129.88	134.57	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 +)			
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T. K. Feehrer,
 Senior Management Analyst Supervisor
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Florida Agency for Health Care Administration

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.
 Century Medical Center
 8401 North Century Boulevard
 Century, FL 32535

Provider Number : 018056100
 Date : 09/21/2023
 Fiscal Year End : N/A
 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			
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Florida Agency for Health Care Administration

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

Franklin County BoCC
Weems Med Ctr West
PO Box 580
Apalachicola, FL 32329

Provider Number : 106170600
Date : 09/21/2023
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	91.96	95.27	10/01/2023
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> Average Nursing Home Rate	
Franklin	

Distribution:

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Program Development:

T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

106362400 - 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

Franklin County BoCC	Provider Number : 106362400
Weems Med Ctr East	Date : 09/21/2023
PO Box 580	Fiscal Year End : N/A
Apalachicola, FL 32329	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	91.96	95.27	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 +)			
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#0551 / 0561 Continuous Home Care - SIA			
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#0656 / H56 General Inpatient Care			
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Distribution:

Fiscal Agent
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

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

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

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	92.90	96.25	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			
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Florida Agency for Health Care Administration

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
Forbes Family Care Ctr
500 West Sagamore Ave
Clewiston, FL 33440

Provider Number : 253668401

Date : 09/21/2023

Fiscal Year End : N/A

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			

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<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Hendry	

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T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

660037900 - 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

Blountstown Family Practice
17808 NE Charley Johns St
Blountstown, FL 32424

Provider Number : 660037900
Date : 09/21/2023
Fiscal Year End : N/A
Audit 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 Care			
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<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660037901 - 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

Monticello Family Medicine	Provider Number : 660037901
	Date : 09/21/2023
1549. S. Jefferson St	Fiscal Year End : N/A
Monticello, FL 32344	Audit 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 Care			
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<input type="checkbox"/> Average Nursing Home Rate	
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660037902 - 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

Quincy Medical Group	Provider Number : 660037902
	Date : 09/21/2023
178 LaSalle Dr	Fiscal Year End : N/A
Quincy, FL 32351	Audit 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 +)			
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Florida Agency for Health Care Administration

660037903 - 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

Wakulla Family Medicine	Provider Number : 660037903
	Date : 09/21/2023
15 Council Moore Rd	Fiscal Year End : N/A
Crawfordville, Fl 32327	Audit 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 Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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Medicaid Program Finance

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Florida Agency for Health Care Administration

660049201 - 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

Gateway Medical Clinic - Crestview

127-C Redstone Ave
Crestview, FL 32539

Provider Number : 660049201
Date : 09/21/2023
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	91.27	94.56	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 +)			
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Program Development:

T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

660058100 - 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

N. Okaloosa Medical Center	Provider Number : 660058100
	Date : 09/21/2023
1045 US Hwy 331, Ste D	Fiscal Year End : N/A
DeFuniak, FL 32435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	91.27	94.56	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			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660083200 - 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

Lake Butler Hospital RHC	Provider Number : 660083200
	Date : 09/21/2023
850 E Main St	Fiscal Year End : N/A
Lake Butler, FL 32054	Audit 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 (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			

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<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
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<input type="checkbox"/> Average Nursing Home Rate	
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Florida Agency for Health Care Administration

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
 Steinhatchee Family Center
 1209 First Ave S.
 Steinhatchee, Fl 32359

Provider Number : 660092100
 Date : 09/21/2023
 Fiscal Year End : N/A
 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			

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Florida Agency for Health Care Administration

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

Doctor's Memorial Family Medicine	Provider Number : 660123500
DMH Mayo Family Medicine	Date : 09/21/2023
P.O. Box 228	Fiscal Year End : N/A
Mayo, FL 32066	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	174.13	180.42	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			
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Florida Agency for Health Care Administration

660124300 - 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 Family Practice	Provider Number : 660124300
	Date : 09/21/2023
1702 S. Jefferson St	Fiscal Year End : N/A
Perry, FL 32348	Audit 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)			
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