

000387200 - 2024/10

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

	Medicaid Reimbursement Pe	r Diem Rates for	Non-	Institutional I	<u>Providers</u>		
Acute Care Pedi	atrics of Palm Coast, PA		Provi	der Number :	000387200		
			Date	: 10/16/2024			
397 SW Palm Co	oast Parkway, #309		Fiscal Year End : N/A				
Palm Coast, FL		Audit	Status : N/A				
Provider Type:			С	urrent Rate	New Rate	Effective Date	
X Rura	al Health Clinic			89.44	100.16	10/01/202	
Swii	ng-Bed Provider						
Fede	erally Qualified Health Centers						
Hos	pice Provider						
#	#0651 / H51 Routine Home Care	(1-60)			,		
#	#0651a / H5L Routine Home Care	e (61 +)					
#	#0652 / H52 Continuous Home C	are					
#	#0551 / 0561 Continuous Home (	Care - SIA					
#	#0655 / H55 Inpatient Respite Ca	re					
#	#0656 / H56 General Inpatient Ca	ire					
#	#0658 Room and Board						
Basis :		Rate	Туре	:			
	 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	
	Flagler						
<u>Distribution</u>	<u>on:</u>	T. K. Feehrer,				A \	
Fiscal Agen		Senior Manage	ment	Analyst Super	rvisor	2/1/2	
Contract Ma	anagement	Medicaid Progr	am Fi	inance			
Permanent	File						
Program De	evelopment:						



000640100 - 2024/10

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: 10/16/2024
450 S. Main Street, Suite 1	Fiscal Year End : N/A
Labelle, FL 33935	Audit Status : N/A

Provider Type:	<b>Current Rate</b>	New Rate	Effective Date
Rural Health Clinic	137.46	143.79	10/01/2024
Swing-Bed Provider			
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 :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Hendry		_

<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



000707900 - 2024/10

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: 10/16/2024
1006 W. Pleasant Street	Fiscal Year End : N/A
Avon Park, FL 338252966	Audit Status : N/A

Provider Type:	<b>Current Rate</b>	New Rate	Effective Date
Rural Health Clinic	93.71	100.16	10/01/2024
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
	— Highlands		_

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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

T. K. Feehrer,

Senior Management Analyst Supervisor



000707902 - 2024/10

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: 10/16/2024
515 Carlton St	Fiscal Year End : N/A
Wauchula, FL 33873-3407	Audit Status : N/A

Provider	ovider Type:		New Rate	Effective Date
X	Rural Health Clinic	93.70	100.16	10/01/2024
	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
	— Hardee		<del>-</del>

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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

T. K. Feehrer,



001165800 - 2024/10

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 l	<u>Providers</u>		
Litt	le Pine Pediat	rics, PLLC		Provider Number: 001165800					
				Date: 10/16/2024					
170	02 S Jefferson	St		Fiscal Year End : N/A					
Per	rry, FL 32348			Aud	dit Sta	atus : N/A			
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
	X Rura	l Health Clinic				89.44	100.16	10/01/2024	
	Swin	g-Bed Provider							
	Fede	erally Qualified Health Centers							
	Hosp	oice 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							
ſ	Basis :		Rate	Тур	e :	7			
		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				Settleme	nt based on cost	ts	
		Taylor				_			
	Distributio	<u>on:</u>	T. K. Feehrer,					NY L	
	Fiscal Agent	t	Senior Manag			•	rvisor	21/A	
	Contract Ma	nagement	Medicaid Prog	ram	rınar	nce			
	Permanent I	File							
	Program De	velopment:							



001165803 - 2024/10

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>ıl Providers</u>		
Litt	tle Pine Pediatric	s-Madison		Provider Number : 001165803				
			Date: 10/16/2024					
19	4 NE Hancock A	ve		Fis	scal Year End	N/A		
Ма	idison, FI 32340			Au	ıdit Status : N//	4		
Pro	ovider Type:			Current Rate	New Rate	Effective Date		
	X Rural I	lealth Clinic			89.8	100.16	10/01/2024	
	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	555 / H55 Inpatient Respite Car	re ·					
	#06	556 / H56 General Inpatient Ca	re					
	#06	558 Room and Board						
	Basis :		Rat	е Тур	pe:			
١		Budget		Χ	Prospe	ctive		
•		Unaudited costs			Total P	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	ts	
•		Madison						
	Distribution		T. K. Feehre	r.			A \	
	Fiscal Agent				ent Analyst Sur	pervisor	1/2 L	
	Contract Mana	agement	Medicaid Pro	gram	Finance			
	Permanent Fil	е						
	Program Deve	elopment:						



001165807 - 2024/10

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>		
Little Pine Pediatrics-Alachua			Provider Number: 001165807					
15	260 NW 147th D	rive		Fis	scal Year End : N	√A		
Alachua, FL 32615				Au	idit Status : N/A			
Pro	ovider Type:				Current Rate	New Rate	Effective Date	
	X Rural l	Health Clinic			89.44	100.16	10/01/2024	
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	Hospid	ce Provider						
	#00	651 / H51 Routine Home Care (	(1-60)					
	#00	651a / H5L Routine Home Care	(61 +)					
	#00	652 / H52 Continuous Home Ca	are					
	#0	551 / 0561 Continuous Home C	are - SIA					
	#00	655 / H55 Inpatient Respite Car	re					
	#06	656 / H56 General Inpatient Ca	re					
	#00	658 Room and Board						
	Basis :		Ra	te 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	s	
		Taylor						
	Distribution	<u>:</u>	T. K. Feehre	er,			1V.1	
	Fiscal Agent				ent Analyst Supe	rvisor	1/2×	
	Contract Mana	agement	Medicaid Pr	ogram	Finance			
	Permanent Fil	le						
	Program Deve	elopment:						



001165810 - 2024/10

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>			
Little Pine Pediatrics PLLC			Provider Number: 001165810						
			Date: 10/16/2024						
170	02 S Jefferson S	t		Fis	scal Year End : N	I/A			
Perry, FL 32348-5611				Au	dit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural I	lealth Clinic			89.44	100.16	10/01/2024		
	Swing-	Bed Provider					,		
	Federa	Illy Qualified Health Centers							
	Hospic	e Provider							
	#06	551 / H51 Routine Home Care (	1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	ire						
	#05	551 / 0561 Continuous Home C	are - SIA						
		655 / H55 Inpatient Respite Car							
		556 / H56 General Inpatient Car	е						
	#06	558 Room and Board							
	Basis :	7		Rate Typ	oe :				
١		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		
	<b>Distribution</b> Fiscal Agent	<u>:</u>	T. K. Fee Senior Ma		ent Analyst Supe	rvisor	1X.A		
	Contract Mana	agement	Medicaid	Program	Finance				
	Permanent File								
	Program Deve								
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001524200 - 2024/10

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

		Medicaid Reimbursement Per	<u>r Diem Rates f</u>	for No	on-Institut	ional I	<u>Providers</u>	
Avon Park Pediatrics, PA			Provider Number : 001524200					
			Date : 10/16/2024					
15	71 US Hwy 27	North		Fis	scal Year E	End : N	/A	
Avon Park, FL 33825				Au	ıdit Status	: N/A		
Pre	ovider Type:				Current	Rate	New Rate	Effective Date
	X Rural	Health Clinic				89.33	100.16	10/01/2024
	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						
		0656 / H56 General Inpatient Ca	re					
	#(	0658 Room and Board						
	Basis :		Ra	te 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			Int	erim		
	Χ	Payment System Rate			То	tal Inte	rim	
		Average Nursing Home Rate			Se	ttleme	nt based on cost	ts
		Highlands						
	Distributio	<u>n:</u>	T. K. Feehre					NV.J
	Fiscal Agent		Senior Mana			t Supei	rvisor	JK7
	Contract Mar	nagement	Medicaid Pro	ogram	Finance			
	Permanent F	file						
	Program Dev	velopment:						



001532500 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Rat	es for No	n-Ins	titutional	<u>Providers</u>		
No	rth Florida Pedia	trics - Lake City		Pro	ovider	Number :	001532500		
				Da	ate: 10/16/2024				
18	59 SW Newland		Fis	cal Ye	ear End : N	I/A			
Lake City, FL 320256966				Au	dit Sta	atus : N/A			
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date	
	X Rural H	lealth Clinic				94.51	100.16	10/01/2024	
	Swing-	Bed Provider					,		
	Federa	Illy Qualified Health Centers							
	Hospid	e Provider							
	#06	51 / H51 Routine Home Care (	1-60)						
	#06	551a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SIA						
	#06	555 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	re						
	#06	558 Room and Board							
	Basis :	]		Rate Typ	e :	1			
•		Budget	_	Х		Prospect	ive		
		Unaudited costs				Total Pro	spective		
•		Desk audited costs				Prospect	ive Adjusted for I	New costs	
•		Field audited costs				_			
		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	s	
		Columbia							
	<u>Distribution</u> :	<u>.</u>	T. K. Fee					NV.J	
	Fiscal Agent					alyst Supe	rvisor	2/12	
	Contract Mana	agement	Medicaid	Program	Finar	nce			
	Permanent File	e							
	Program Deve	elopment:							
	For i	nformation Only (No Change in r	ate)						



001534800 - 2024/10

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

		_	<u>Medicaid Reimbursement Per</u>	Diem Rat	tes for No	<u>on-Institutional</u>	<u>Providers</u>				
North Florida Pediatrics - Jasper			Provider Number: 001534800								
					Da	ite: 10/16/2024	: 10/16/2024				
1117 US Highway 41 NW, Suite B					Fis	scal Year End : I	N/A				
Jasper, FL 320525856				Au	dit Status : N/A						
Pre	ovider T	уре:				Current Rate	New Rate	Effective Date			
	X	Rural H	lealth Clinic			94.51	100.16	10/01/2024			
		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								
	Bas	sis :	]		Rate Typ	pe:					
			Budget		Х	Prospec	tive				
•			Unaudited costs			Total Pro	ospective				
•			Desk audited costs			Prospec	tive Adjusted for	New costs			
			Field audited costs								
			Medicare - Prospective			Interim					
	2	X	Payment System Rate			Total Int	erim				
			Average Nursing Home Rate Hamilton	-		Settleme	ent based on cos	ts			
	· ·	bution:		T. K. Fee Senior M		ent Analyst Supe	ervisor	184			
		Agent	anment		d Program						
		act Mana	_		- <b>3</b>	<del>-</del>					
		anent File									
	Progra	am Devel	орпеп.								



001589500 - 2024/10

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: 10/16/2024		
3733 Gulf To Lake Hwy.	Fiscal Year End : N/A		
Inverness, FL 344534830	Audit Status : N/A		

ovider	Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	89.42	100.16	10/01/2024
	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



001768600 - 2024/10

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: 10/16/2024		
306 NE Hwy 351	Fiscal Year End : N/A		
Cross City, FL 32628	Audit Status : N/A		

ovider	Туре:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	89.42	100.16	10/01/2024
	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		
	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





002074400 - 2024/10

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

		Medicaid Reimbursement Per	Diem R	ates for	Non	<u>-Institutional l</u>	<u>Providers</u>	
Wa	akulla Urgent Car	re and Diagnostic Ctr PLC			Prov	vider Number :	002074400	
					Date	e : 10/16/2024		
26	15 Crawfordville	Hwy, Suite 103			Fisc	al Year End : N	I/A	
Cra	awfordville, FL 3	23272169			Audi	it Status : N/A		
Pro	ovider Type:				C	Current Rate	New Rate	Effective Date
	X Rural I	Health Clinic				89.43	100.16	10/01/2024
	Swing-	Bed Provider					,	
	Federa	Illy Qualified Health Centers						
	Hospic	e Provider						
	#06	551 / H51 Routine Home Care (	1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SI	4				
		655 / H55 Inpatient Respite Car						
		656 / H56 General Inpatient Car	re					
	#06	558 Room and Board						
	Basis :	]		Rate	Туре	·:		
•		Budget	-	)	X	Prospecti	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
		Wakulla						
	Distribution	<u>.</u>	L T. K. F	eehrer,				AV 1
	Fiscal Agent		Senior	Manage	emen	t Analyst Supe	rvisor	2/1/2
	Contract Mana	agement	Medica	aid Progr	ram F	inance		
	Permanent File	e						
	Program Deve	elopment:						



002335400 - 2024/10

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

		<u>.</u>	Medicaid Reimbursement Per	Diem R	ates for	· No	n-Inst	itutional	<u>Providers</u>	
Sun n Lake Medical Group - Lake Placid 511 West Interlake Blvd.				Provider Number : 002335400  Date : 10/16/2024						
						Fis	cal Ye	ar End : N	I/A	
Lake Placid, FL 33852			352			Au	dit Sta	tus : N/A		
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					89.43	100.16	10/01/2024
		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 - SI	4					
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	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
•			Highlands					_		
	Distr	ibution:		l T. K. F	eehrer,					A)/ /
	Fiscal	Agent				eme	ent Ana	alyst Supe	rvisor	2K2
	Contra	act Mana	gement	Medica	aid Prog	ram	Finan	ce		
	Perma	anent File								
	Progra	am Devel	opment:							



002952100 - 2024/10

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

		Medicaid Reimbursement Per	Diem Ra	tes for No	n-Ins	<u>titutional l</u>	<u>Providers</u>	
Pe	diatric & Internal	Medicine Specialists, PA		Pro	ovider	Number :	002952100	
			Da	ate: 10/16/2024				
PC	Box 2066			Fis	cal Ye	ear End : N	I/A	
Lecanto, FL 34461				Au	dit Sta	atus : N/A		
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	X Rural I	Health Clinic				89.60	100.16	10/01/2024
	Swing	-Bed Provider					,	,
	Federa	Illy Qualified Health Centers						
	Hospic	ce Provider						
	#06	651 / H51 Routine Home Care (	1-60)					
	#06	651a / H5L Routine Home Care	(61 +)					
	#06	652 / H52 Continuous Home Ca	are					
	#0	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	е					
	#06	656 / H56 General Inpatient Car	re					
	#06	558 Room and Board						
	Basis :			Rate Typ	e :			
•		Budget		Х		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 Citrus				Settleme	nt based on cost	s
	<u>Distribution</u>	<u>-</u>	T. K. Fe	eehrer, Manageme	nt And	alvet Super	nvicor	NYI
	Fiscal Agent			id Program			VISOI	אוכ
	Contract Mana		ivieulual	u Fiograffi	ı ıııal	IC <del>C</del>		
	Permanent Fil							
	Program Deve	elopment:						
	For i	nformation Only (No Change in r	ate)					



003198500 - 2024/10

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	n-Inst	itutional	<u>Providers</u>	
Premier Pediatrics, LLC						Pro	ovider	Number :	003198500	
				Date: 10/16/2024						
7960 SW 60th Ave. Ocala, FL 344766457				Fiscal Year End : N/A						
			57			Au	dit Sta	tus : N/A		
Pr	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					89.64	100.16	10/01/2024
		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 - 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 cost	ts
			Marion					_		
	Distr	ibution:		I T. K.	Feehrer,					1 AV 1
	Fiscal	l Agent				eme	nt Ana	alyst Supe	rvisor	2/42
	Contra	act Mana	gement	Medic	caid Prog	ram	Finan	ce		
	Perma	anent File								
	Progra	am Devel	opment:							



003198506 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Rates fo	or No	on-Insti	<u>itutional l</u>	<u>Providers</u>		
Premier Pediatrics, LLC			Provider Number : 003198506						
				Da	ate: 10/				
5388 S Us Highway 41				Fis	iscal Year End : N/A				
Du	innellon , FL 344	32-2042		Au	ıdit Stat	tus : N/A			
Pr	ovider Type:				Curre	nt Rate	New Rate	Effective Date	
	X Rural F	lealth Clinic				89.64	100.16	10/01/2024	
	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 :	7	Rate	э Тур	pe:				
<b>'</b>		Budget		Χ		Prospect	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	
		Marion							
	Distribution:		T. K. Feehrer					A > / A	
	Fiscal Agent	•	Senior Manag		ent Ana	lyst Supe	rvisor		
	Contract Mana	gement	Medicaid Pro	gram	Financ	ce			
	Permanent File								
	Program Deve	lopment:							



003432700 - 2024/10

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

High Springs Pediatrics, LLC						
	Provider Number : 003432700  Date : 10/16/2024					
210 NW 1st Ave.	Fis	cal Year End : N	I/A			
High Springs, FL 326431002	Au	dit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic		89.60	100.16	10/01/2024		
Swing-Bed Provider						
Federally Qualified Health Centers						
Hospice Provider						
#0651 / H51 Routine Home Care (1-60	0)					
#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 Typ	pe:				
Budget	Х	Prospecti	ive			
Unaudited costs		Total Pro	spective			
Desk audited costs		Prospecti	ive Adjusted for	New costs		
Field audited costs						
Medicare - Prospective		Interim				
X Payment System Rate		Total Inte	erim			
Average Nursing Home Rate		Settleme	nt based on cost	s		
Alachua						
l Distribution:	K. Feehrer,			1V.1		
		ent Analyst Supe	rvisor	2/12		
Contract Management Me	edicaid Program	Finance				
Permanent File						
Program Development:						



003557700 - 2024/10

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

		Medicaid Reimbursement Per	· Diem Rates fo	r No	on-Institutio	nal l	<u>Providers</u>		
Grace Healthcare Solutions, Inc.			Provider Number : 003557700						
73	68 State Road	15, US 441		Fis	iscal Year End : N/A				
Pa	hokee, FL 334	761736		Au	ıdit Status : N	V/A			
Pro	ovider Type:				Current Ra	ate	New Rate	Effective Date	
	X Rural	Health Clinic			8	9.63	100.16	10/01/2024	
	Swing	g-Bed Provider							
	Feder	ally Qualified Health Centers							
	Hospi	ice Provider							
	#0	0651 / H51 Routine Home Care (	(1-60)						
	#0	0651a / H5L Routine Home Care	(61 +)						
	#0	0652 / H52 Continuous Home Ca	are						
	#0	0551 / 0561 Continuous Home C	are - SIA						
	#0	0655 / H55 Inpatient Respite Car	re						
	#0	0656 / H56 General Inpatient Ca	re						
	#0	0658 Room and Board							
	Basis :		Rate	тур	pe:				
'		 Budget		Х	Pros	pect	ive		
		Unaudited costs			Tota	l Pro	spective		
•		Desk audited costs			Pros	pect	ive Adjusted for	New costs	
•		Field audited costs							
		Medicare - Prospective			Inter	im			
	Χ	Payment System Rate			Tota	l Inte	erim		
		Average Nursing Home Rate			Settl	eme	nt based on cost	ts	
		Palm Beach							
	Distribution	 1:	T. K. Feehrer					A \	
	Fiscal Agent	_	Senior Manag		ent Analyst S	Supe	rvisor		
	Contract Mar	nagement	Medicaid Prog	gram	Finance				
	Permanent F	_							
	Program Dev	relopment:							



003682000 - 2024/10

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: 10/16/2024		
7991 S. Suncoast Blvd.	Fiscal Year End : N/A		
Homasassa, FL 344465005	Audit Status : N/A		

Provider	Туре:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	89.60	100.16	10/01/2024
	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** 

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



003682002 - 2024/10

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: 10/16/2024		
4363 S Suncoast Blvd	Fiscal Year End : N/A		
Homosassa Springs, FL 34446-1182	Audit Status : N/A		

rovider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	89.61	100.16	10/01/2024
	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
	— Citrus		_

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**Contract Management** 

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Program Development:

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T. K. Feehrer,



004510300 - 2024/10

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

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

West Florida Medical Associates	Provider Number: 004510300
Nature Coast Family Medical Clinic	Date: 10/16/2024
PO Box 640573	Fiscal Year End : N/A
Beverly Hills, FL 344533838	Audit Status : N/A

vider Type:		<b>Current Rate</b>	New Rate	Effective Date
X Rural Health Clinic	89.88	100.16	10/01/2024	
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

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Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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T. K. Feehrer,



004770700 - 2024/10

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: 10/16/2024
1050 US HWY 27N Suite 5	Fiscal Year End : N/A
Clermont, FL 34714	Audit Status : N/A

ovider	vider Type:		New Rate	Effective Date
X	Rural Health Clinic	89.88	100.16	10/01/2024
	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		_

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T. K. Feehrer,



004771000 - 2024/10

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: 10/16/2024
Afzal Mohammad MD	Provider Number : 004771000

ovider	vider Type:		New Rate	Effective Date
X	Rural Health Clinic	89.88	100.16	10/01/2024
	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		_

<u>Distribution:</u>

Fiscal Agent

**Contract Management** 

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T. K. Feehrer,

Senior Management Analyst Supervisor





005919400 - 2024/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for N	<u>on-Institut</u>	ional F	<u>Providers</u>	
West Florida Medical Assoc. PA				Pi	ovider Nur	mber : (	005919400	
				Da	ate: 10/16/	/2024		
3775 N. Lecanto Hwy					scal Year E	End : N	/A	
Be	verly Hills, FL 34	44653504		Αι	udit Status	: N/A		
Pro	Provider Type:				Current	Rate	New Rate	Effective Date
	X Rural I	lealth Clinic				89.88	100.16	10/01/2024
	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	ire					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	е					
	#06	656 / H56 General Inpatient Car	е					
	#06	558 Room and Board						
	Basis :	7		Rate Ty	pe:			
		Budget		Х	Pro	ospecti	ve	
•		Unaudited costs	_		To	tal Pro	spective	
•		Desk audited costs	-		Pro	ospecti	ve Adjusted for I	New costs
		Field audited costs	-					
		Medicare - Prospective			Int	erim		
	Χ	Payment System Rate			То	tal Inte	rim	
		Average Nursing Home Rate Citrus	_		Se	ttlemei	nt based on cost	s
	<u>Distribution</u>	<u>:</u>	T. K. Fe		ent Analyst	: Super	visor	184
	Fiscal Agent	agament		id Progran				
	Contract Mana			2 9: 3				
	Permanent File							
	Program Deve	нортиетт.						



005951500 - 2024/10

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: 10/16/2024
11707 N. Williams Street, Suite 2	Fiscal Year End : N/A
Dunnellon, FL 34432	Audit Status : N/A

rovider	ovider Type:		New Rate	Effective Date
X	X Rural Health Clinic	89.88	100.16	10/01/2024
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



005951502 - 2024/10

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

			Medicaid Reimbursement Per	Diem Rates f	or I	<u>Non</u>	-Institutio	onal F	<u>Providers</u>	
We	st Florid	la Medica	l Associates		F	Prov	ider Num	ber : (	005951502	
				Date: 10/16/2024						
80	1 Medica	al Ct. E			F	Fisca	al Year Eı	nd : N	/A	
Inv	erness,	FL 34452	2		F	Audi	t Status :	N/A		
Pro	ovider T	уре:				C	Current R	ate	New Rate	Effective Date
	X	Rural H	ealth Clinic				8	38.54	100.16	10/01/2024
		Swing-E	Bed Provider							
		Federal	ly Qualified Health Centers							
		Hospice	Provider							
		#065	51 / H51 Routine Home Care (1	l <b>-60</b> )						
		#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	9						
		#065	66 / H56 General Inpatient Card	е						
		#065	8 Room and Board							
	Bas	sis :		Rat	e T	уре	:			
			Budget		X	(	Pro	specti	ve	
•			Unaudited costs				Tota	al Pro	spective	
•			Desk audited costs				Pro	specti	ve Adjusted for	New costs
			Field audited costs							
			Medicare - Prospective				Inte	rim		
	2	X	Payment System Rate				Tota	al Inte	rim	
			Average Nursing Home Rate				Sett	tleme	nt based on cos	ts
			Citrus							
	Distri	ibution:		T. K. Feehre	r,					AV 1
	Fiscal	Agent		Senior Mana		ment	t Analyst	Super	visor	2/1/2
	Contra	act Manag	gement	Medicaid Pro	gra	am F	inance			
	Perma	anent File								
	Progra	am Devel	opment:							



005951504 - 2024/10

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: 10/16/2024
2671 W Norvell Bryant Hwy	Fiscal Year End : N/A
Lecanto, FL 34461	Audit Status : N/A

ovider	Туре:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	89.87	100.16	10/01/2024
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

**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

1/4



005951508 - 2024/10

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 : 005951508		
Deven Medical Center	Date: 10/16/2024		
41 N Inglis Ave Ste B	Fiscal Year End : N/A		
Inglis, FL 34449-9463	Audit Status : N/A		

ovider	Туре:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	89.87	100.16	10/01/2024
	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
	_ Levy		_

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

\_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



005955000 - 2024/10

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: 10/16/2024		
20370 NE Burns Ave.	Fiscal Year End : N/A		
Blountstown, FL 324241045	Audit Status : N/A		

Provider Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Rural Health Clinic	95.77	100.17	10/01/2024
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 :		lΓ	Rate Type :	]
	Budget		Х	Prospective
	Unaudited costs	-		Total Prospective
	Desk audited costs	-		Prospective Adjusted for New costs
	Field audited costs	-		-
	Medicare - Prospective	-		- Interim
X	Payment System Rate	-		Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	 Calhoun	-		=

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

\_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor



006449300 - 2024/10

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	Sonnis Pediatrics PA				Provider Number : 006449300					
					Date: 10/16/2024					
11:	25 South	Sixth A	venue venue		Fis	scal Year End : N	I/A			
Wa	auchula,	FL 3387	3		Au	dit Status : N/A				
Pre	ovider T	уре:				Current Rate	New Rate	Effective Date		
	X Rural Health Clinic					89.88	100.16	10/01/2024		
		Swing-	Bed Provider							
		Federa	lly Qualified Health Centers							
		Hospic	e Provider							
		#06	51 / H51 Routine Home Care (	1-60)						
		#06	51a / H5L Routine Home Care	(61 +)						
		#06	52 / H52 Continuous Home Ca	are						
		#05	51 / 0561 Continuous Home C	are - SIA						
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	re						
		#06	58 Room and Board							
	Bas	sis :	]		Rate Typ	pe:				
			Budget		Х	Prospect	ive			
•			Unaudited costs			Total Pro	spective			
•			Desk audited costs			Prospect	ive Adjusted for	New costs		
•			Field audited costs							
			Medicare - Prospective			Interim				
		X	Payment System Rate			Total Inte	erim			
			Average Nursing Home Rate			Settleme	nt based on cost	is		
			Hardee							
	Distri	ibution:		T. K. Fe	ehrer,			1V.1		
	Fiscal	Agent		Senior M	/lanageme	ent Analyst Supe	rvisor	2/12		
	Contra	act Mana	gement	Medicaio	d Program	Finance				
	Perma	anent File	•							
	Progra	am Devel	opment:							



006480000 - 2024/10

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

		Medicaid Reimbursement Per	<u> Diem Rates</u>	for No	on-Institutional	<u>Providers</u>			
Su	nshine Pediatric	s of Ocala, PA	Provider Number : 006480000  Date : 10/16/2024						
19	00 SW 20th Plac	ce		Fis	scal Year End : N	I/A			
Oc	ala, FL 344717	870		Au	idit Status : N/A				
Pre	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural	Health Clinic			89.88	100.16	10/01/2024		
	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 :		Ra	ate Typ	pe:				
		Budget		Х	Prospect	ive			
•		Unaudited costs			Total Pro	spective			
•		Desk audited costs			Prospect	Prospective Adjusted for New cost			
		Field audited costs							
		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
		Marion							
	Distribution	<u>:</u>	T. K. Feehr	er,			1 V 1		
Fiscal Agent Contract Management			Senior Management Analyst Supervisor						
			Medicaid P	rogram	Finance				
	Permanent Fi	le							
	Program Dev	elopment:							



007197500 - 2024/10

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

		<u>_N</u>	Medicaid Reimbursement Per	Diem R	ates for	. No	on-Inst	titutional	<u>Providers</u>	
Louis J. Radnothy, DO				Provider Number: 007197500						
				Date: 10/16/2024						
39	0 S. Centi	ral Ave.				Fis	scal Ye	ear End : N	I/A	
Un	natilla, FL	327842	325			Au	ıdit Sta	itus : N/A		
Pr	ovider Ty					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					89.81	100.16	10/01/2024
		Swing-E	Bed Provider							
		Federall	y Qualified Health Centers							
		Hospice	Provider							
		#065	51 / H51 Routine Home Care (	1-60)						
		#065	11a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home Co	are - SI	4					
		#065	55 / H55 Inpatient Respite Car	е						
		#065	66 / H56 General Inpatient Car	е						
		#065	8 Room and Board							
	Basi	is:			Rate	Тур	oe :	]		
<b>'</b>			Budget			X		Prospect	ive	
,			Unaudited costs	-				Total Pro	spective	
,			Desk audited costs	_				- Prospect	ive Adjusted for	New costs
,			Field audited costs	_				-		
'			Medicare - Prospective					Interim		
	X	, <u>,</u>	Payment System Rate					Total Inte	erim	
'			Average Nursing Home Rate					Settleme	nt based on cos	ts
			Lake					-		
	Distrib	oution:		 KF	eehrer					A>/ A
Fiscal Agent			T. K. Feehrer, Senior Management Analyst Supervisor							
Contract Management				Medica	aid Prog	ram	Finan	ice		
	Permar	nent File								
	Prograr	opment:								



007210600 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	on-Ins	titutional	<u>Providers</u>		
Weirsdale Family Health Center Inc.				Provider Number: 007210600						
				Date: 10/16/2024						
16	400 South High	way 25			Fis	scal Ye	ear End : N	I/A		
Wi	ersdale, FL 321			Au	ıdit Sta	itus : N/A				
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date	
	X Rural	Health Clinic				89.81		100.16	10/01/2024	
	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 - SI	Α						
	#0	655 / H55 Inpatient Respite Car	е							
	#0	656 / H56 General Inpatient Car	re							
	#0	658 Room and Board								
	Basis :	7		Rate	Тур	oe :	]			
'		 Budget	'		X		Prospect	ive		
,		Unaudited costs	'				- Total Pro	spective		
,		Desk audited costs	-				- Prospect	ctive 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	
		Marion					_			
	Distribution			eehrer,					A > / A	
Fiscal Agent  Contract Management  Permanent File					eme	ent Ana	alyst Supe	rvisor	JK2+	
			Medic	aid Prog	ram	Finar	ice			
	Program Dev									



007864900 - 2024/10

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>	
A Womans Place, Inc.				Provider Number: 007864900						
						Dat	te:10	/16/2024		
14	15 NW 2	3rd Ave.				Fis	cal Ye	ar End : N	I/A	
Chiefland, FL 326440058						Aud	dit Sta	tus : N/A		
Pro	ovider T					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					89.81	100.16	10/01/2024
		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 Co	are - SIA						
		#06	55 / H55 Inpatient Respite Card	е						
		#06	56 / H56 General Inpatient Car	е						
		#06	58 Room and Board							
	Bas	sis :			Rate <sup>*</sup>	Тур	e :			
			Budget		)	X		Prospect	ive	
•			Unaudited costs							
•			Desk audited costs					Prospective Adjusted for Nev		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	
			Levy							
	Distri	ibution:		T. K. Fee	hrer,					ΛV.Λ
Fiscal Agent			Senior Ma	anage	eme	nt Ana	llyst Supe	rvisor	2/12	
Contract Management Permanent File				Medicaid	Progr	ram	Finan	ce		
	Progra	am Devel	opment:							



008004300 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem R	ates for	· No	n-Inst	itutional	<u>Providers</u>	
Sacred Heart Medical Group on the Gulf					Pro	ovider	Number :	008004300	
					Da	te : 10	/16/2024		
55 Avenue E Apalachicola, FL 323201763					Fis	cal Ye	ar End : N	I/A	
					Au	dit Sta	tus : N/A		
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date
	Rural H	lealth Clinic					134.58	140.77	10/01/2024
	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	re						
	#05	551 / 0561 Continuous Home C	are - SI	Ą					
	#06	555 / H55 Inpatient Respite Car	е						
	#06	556 / H56 General Inpatient Car	е						
	#06	58 Room and Board							
	Basis :	]	Ιſ	Rate	Typ	oe :	]		
		Budget		,	Χ		Prospect	ive	
		Unaudited costs	-				Total Pro	spective	
		Desk audited costs					- Prospect	ive Adjusted for	New costs
		Field audited costs	-				-		
		Medicare - Prospective	-				Interim		
	X	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cos	ts
		Franklin					_		
	<u>Distribution</u> :		 T. K. F	eehrer,					A)/ /
	Fiscal Agent				eme	ent Ana	alyst Supe	rvisor	- TAKE
	Contract Mana	agement	Medica	aid Progi	ram	Finan	ce		
	Permanent File	е							
	Program Deve	elopment:							



008413600 - 2024/10

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: 10/16/2024
16939 SW 134th Ave	Fiscal Year End : N/A
Archer, FL 326185413	Audit Status : N/A

vider	Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	89.81	100.16	10/01/2024
	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



009615800 - 2024/10

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

<u>Medicaid Reimbursement Pe</u>	r Diem Rates for I	Non-Institutional	<u>Providers</u>				
Nature Coast Medical Group PA	Provider Number : 009615800						
	Date : 10/16/2024						
130 SW 7th Street	F	iscal Year End :	N/A				
Williston, FL 326962404	,	Audit Status : N/A					
Provider Type:		Current Rate	New Rate	Effective Date			
X Rural Health Clinic		89.8	0 100.16	10/01/2024			
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 (	Care - SIA						
#0655 / H55 Inpatient Respite Ca	re						
#0656 / H56 General Inpatient Ca	ire						
#0658 Room and Board							
Basis:	Rate T	ype :					
Budget	X	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			
Levy							
<u>Distribution:</u>	T. K. Feehrer,			A \			
Fiscal Agent		nent Analyst Sup	ervisor	14X			
Contract Management	Medicaid Progra	m Finance					
Permanent File							
Program Development:							



009634300 - 2024/10

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

		Medicaid Reimbursement Per	Diem	Rates for No	on-Inst	titutional	<u>Providers</u>		
Ma	agnolia Pediatrics	Provider Number: 009634300							
			Date: 10/16/2024						
11	40 SW Bascom I		Fis	scal Ye	ear End : N	I/A			
La	Lake City, FL 320251329			Au	ıdit Sta	itus : N/A			
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date	
	X Rural I	Health Clinic				89.81	100.16	10/01/2024	
	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	e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
	Basis :			Rate Ty	pe:				
		Budget		Х		Prospect	ive		
•		Unaudited costs				Total Pro	spective		
•		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs				_			
•		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	is	
		Columbia							
	Distribution	<u>.</u>	I T. K.	Feehrer,				Λ \	
	Fiscal Agent			or Manageme	ent Ana	alyst Supe	rvisor	2h2	
	Contract Mana	agement	Medio	caid Program	r Finan	ice			
	Permanent Fil	е							
	Program Development:								



010633400 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for No	n-Ins	<u>titutional l</u>	<u>Providers</u>	
Grace Pediatrics PL				Provider Number : 010633400				
					te : 10	)/16/2024		
419	96 W US Hi	ighway 90 STE 105		Fis	cal Ye	ear End : N	/A	
Lal	ke City, FL	320558834		Au	dit Sta	ntus : N/A		
Pro	ovider Type	e:			Curre	ent Rate	New Rate	<b>Effective Date</b>
	X R	ural Health Clinic				89.92	100.16	10/01/2024
	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	ire					
		#0551 / 0561 Continuous Home C	are - SIA					
		#0655 / H55 Inpatient Respite Car	е					
		#0656 / H56 General Inpatient Car	'e					
		#0658 Room and Board						
	Basis	:	Ra	ate Typ	oe:	]		
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		
	Χ	Payment System Rate				Total Inte	rim	
·		Average Nursing Home Rate				Settleme	nt based on cost	s
		Columbia						
	<u>Distribu</u>	<u>ition:</u>	T. K. Feehr					NVJ
	Fiscal Ag	ent	Senior Man				rvisor	2/12
	Contract	Management	Medicaid Pr	rogram	Finar	nce		
	Permane	nt File						
	Program	Development:						
		For information Only (No Change in r	ate)					



010801000 - 2024/10

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

		Medicaid Reimbursement Per	Diem R	ates for	Nor	n-Institu	tional	<u>Providers</u>	
Wi	lliston Rural Hea	alth and Wellness Clinic	Provider Number: 010801000						
			Date : 10/16/2024						
30	0A NW 1st Ave				Fisc	al Year	End : N	I/A	
Wi	lliston, FL 3269			Aud	lit Status	: N/A			
Pr	ovider Type:					Current	Rate	New Rate	Effective Date
	X Rural	Health Clinic					89.81	100.16	10/01/2024
	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	4					
	#0	655 / H55 Inpatient Respite Car	e						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
	Basis :		Ī	Rate <sup>-</sup>	Туре	e :			
,		 Budget		)	X	 Pr	ospect	ive	
,		Unaudited costs	-			To	tal Pro	spective	
,		Desk audited costs	-			Pr	ospect	ive Adjusted for	New costs
,		Field audited costs	-						
,		Medicare - Prospective	-			Int	terim		
	Χ	Payment System Rate	-			To	otal Inte	erim	
'		Average Nursing Home Rate	-			Se	ettleme	nt based on cos	ts
'		Levy	-						
	Distribution	n:	 T. K. F	eehrer					A>/ A
	Fiscal Agent				emer	nt Analys	t Supe	rvisor	2K2
	Contract Man	agement	Medica	id Progr	ram	Finance			
	Permanent Fi	ile							
	Program Dev	elopment:							



010834300 - 2024/10

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				
Macclenny, FL 320632103	Audit Status : N/A				
159 N 3rd Street	Fiscal Year End : N/A				
Baker Rural Health Clinic	Date: 10/16/2024				
Baker County Medical Services	Provider Number : 010834300				

Provider Type:	<b>Current Rate</b>	New Rate	Effective Date
Rural Health Clinic	134.57	140.76	10/01/2024
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
	 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



010855400 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rat	tes for	Nor	n-Institutiona	<u>l Providers</u>	
Pre	emier Medical	Pediatric Clinic	Provider Number : 010855400					
		Date: 10/16/2024						
31	5 East Ash St			Fisc	cal Year End :	N/A		
Pe	rry, FL 32347			Aud	lit Status : N/A	1		
Pro	ovider Type:					Current Rate	New Rate	Effective Date
	X Rura	al Health Clinic				89.4	4 100.10	6 10/01/2024
	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 +)					
	7	#0652 / H52 Continuous Home Ca	are					
	7	#0551 / 0561 Continuous Home C	are - SIA					
	7	#0655 / H55 Inpatient Respite Car	e					
	7	#0656 / H56 General Inpatient Car	re					
	;	#0658 Room and Board						
	Basis :			Rate	Туре	e :		
'		Budget		)	X	Prospe	ctive	
•		Unaudited costs				Total P	rospective	
		Desk audited costs				Prospe	ctive Adjusted for	New costs
		Field audited costs						
•		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Ir	terim	
		Average Nursing Home Rate				Settlem	ent based on cos	sts
		Taylor						
	Distribution	on:	 T. K. Fee	-hrer				A > / A
	Fiscal Ager				emer	nt Analyst Sup	ervisor	
	Contract Ma		Medicaio	Progr	ram	Finance		
	Permanent	File						
	Program De	evelopment:						



014637300 - 2024/10

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>			
Fir	st Coast Obstet	rics & Gyncology	Provider Number : 014637300						
			Date: 10/16/2024						
PC	) Box 519			Fis	cal Year End : N	N/A			
Pa	latka, FI 32178	-0519		Au	dit Status : N/A				
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural	Health Clinic			89.92	100.16	10/01/2024		
	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						
	#0	655 / H55 Inpatient Respite Car	e						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
	Basis :	7		Rate Typ	pe:				
'		 Budget		Х	Prospec	tive			
		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospec	tive Adjusted for	New costs		
•		Field audited costs							
•		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
•		Average Nursing Home Rate			Settleme	ent based on cost	s		
•		Putnam							
	Distribution	<u>ı:</u>	I T. K. Fe	eehrer,			٨٧.٨		
	Fiscal Agent				ent Analyst Supe	rvisor	2/1/2		
	Contract Man	agement	Medica	id Program	Finance				
	Permanent Fi	le							
	Program Dev	elopment:							



014683500 - 2024/10

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

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

riddit Status : 14/71
Audit Status : N/A
Fiscal Year End : N/A
Date : 10/16/2024
Provider Number : 014683500

vider	Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	89.92	100.16	10/01/2024
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			,
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



015048100 - 2024/10

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

	Medicaid Reimbursement Pe	r Diem Rates for	r Non	<u>-Inst</u>	itutional	<u>Providers</u>			
North Florida Pe	Provider Number: 015048100								
			Date : 10/16/2024						
1859 SW Newland Way					ar End : N	I/A			
Lake City, FI 32	025		Aud	it Sta	tus : N/A				
Provider Type:			(	Curre	ent Rate	New Rate	Effective Date		
X Rur	al Health Clinic				89.91	100.16	10/01/2024		
Swi	ng-Bed Provider								
Fed	erally Qualified Health Centers								
Hos	pice Provider								
;	#0651 / H51 Routine Home Care	(1-60)							
;	#0651a / H5L Routine Home Care	e (61 +)							
i	#0652 / H52 Continuous Home C	are							
i	#0551 / 0561 Continuous Home C	Care - SIA							
i	#0655 / H55 Inpatient Respite Ca	re							
i	#0656 / H56 General Inpatient Ca	re							
;	#0658 Room and Board								
Basis :		Rate	Туре	) :	]				
	Budget		Χ		Prospect	ive			
	Unaudited costs				Total Pro	spective			
	Desk audited costs				Prospect	ive Adjusted for	New costs		
	Field audited costs								
	Medicare - Prospective				Interim				
X	Payment System Rate				Total Inte	erim			
	Average Nursing Home Rate				Settleme	nt based on cost	S		
	Suwannee								
Distribution	<u>on:</u>	T. K. Feehrer,					AV 1		
Fiscal Ager	nt	Senior Manage				rvisor	1/2×		
Contract M	anagement	Medicaid Progr	ram F	inan	ce				
Permanent	File								
Program Do	evelopment:								



016554200 - 2024/10

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

		Medicaid Reimbursement Per	<u>r Diem Rates f</u>	for No	on-Institutional	<u>Providers</u>			
SN	IC Holding Co	)	Provider Number : 016554200						
Cit	ra Family Hlth	1		Da	ate: 10/16/2024				
17	805 N US Hw	y 301		Fiscal Year End : N/A					
Cit	ra, Fl 32113			Au	ıdit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rur	al Health Clinic			89.89	100.16	10/01/2024		
	Swi	ng-Bed Provider							
	Fed	erally Qualified Health Centers							
	Hos	spice 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	Care - SIA						
		#0655 / H55 Inpatient Respite Ca	re						
		#0656 / H56 General Inpatient Ca	re						
	!	#0658 Room and Board							
	Basis :		Rat	te Typ	pe:				
		Budget		Х	Prospect	ive			
•		Unaudited costs			Total Pro	spective			
•		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	Х	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
		Marion							
	Distributi	<u>on:</u>	T. K. Feehre	er,			1 V 1		
	Fiscal Ager	nt			ent Analyst Supe	rvisor	2K2		
	Contract M	anagement	Medicaid Pro	ogram	Finance				
	Permanent	File							
	Program D	evelopment:							



018056100 - 2024/10

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		
Century, FL 32535	Audit Status : N/A				
8401 North Century Boulevard	Fiscal Year End : N/A				
Century Medical Center	Date: 10/16/2024				
Jay Hospital, Inc.	Provider Number : 018056100				

Provider Type:	<b>Current Rate</b>	New Rate	Effective Date
Rural Health Clinic	135.10	141.32	10/01/2024
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
	 Escambia		=

**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 - 2024/10

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>		
Fa	mily & After Hour	rs Care	Provider Number : 018968900					
			Date: 10/16/2024					
14	13 NW 23rd Ave			Fis	scal Year End :	N/A		
Ch	iefland, FI 32626	3		Au	dit Status : N/A			
Pre	ovider Type:				Current Rate	New Rate	Effective Date	
	X Rural H	lealth Clinic			89.88	100.16	10/01/2024	
	Swing-	Bed Provider						
	Federa	lly Qualified Health Centers						
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (	1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SI	A				
	#06	555 / H55 Inpatient Respite Car	e					
	#06	556 / H56 General Inpatient Car	re					
	#06	558 Room and Board						
	Basis :	7		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 cos	ts	
•		Levy						
	<u>Distribution:</u>	<u> </u>	L Т. К. F	eehrer,			۸٧.٨	
	Fiscal Agent				ent Analyst Supe	ervisor	2/12	
	Contract Mana	agement	Medica	aid Program	Finance			
	Permanent File	е						
	Program Deve	lopment:						



018968904 - 2024/10

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>		
FAMILY AND AFTER HOUR CARE LLC			Provider Number: 018968904							
					Da	ate : 10/16/2024				
5915 North Oceanshore Blvd Palm Coast, FL 32137					Fis	scal Ye	ar End : N	I/A		
					Αι	ıdit Sta	tus : N/A			
Pr	ovider T	уре:				Curre	nt Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic				89.88	100.16	10/01/2024	
		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							
	Ba	sis :		Ra	te Ty <sub>l</sub>	pe :				
'			Budget		Х		Prospecti	ive		
			Unaudited costs				Total Pro	spective		
			Desk audited costs				Prospecti	ive Adjusted for	New costs	
			Field audited costs				•			
			Medicare - Prospective	-			Interim			
	•	X	Payment System Rate				Total Inte	erim		
			Average Nursing Home Rate				Settleme	nt based on cost	ts	
			Levy				•			
	<u>D</u> istri	ibution:		T. K. Feehre	er.				A \	
		Agent		Senior Mana		ent Ana	lyst Supe	rvisor	2K2+	
		act Mana	gement	Medicaid Pro	ogram	Finan	ce			
		anent File								
	Progra	am Devel	opment:							



019432300 - 2024/10

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>		
North Florida Pediatrics-Cross City			Provider Number: 019432300					
			Date: 10/16/2024					
14	9 NE 241st St St	e A		Fis	scal Year End : I	N/A		
Cro	oss City, FI 3262	28		Au	idit Status : N/A			
Pre	ovider Type:				Current Rate	New Rate	Effective Date	
	X Rural H	lealth Clinic			89.88	100.16	10/01/2024	
	Swing-	Bed Provider						
	Federa	Illy Qualified Health Centers						
	Hospid	e Provider						
	#06	551 / H51 Routine Home Care (	(1-60)					
	#06	551a / H5L Routine Home Care	(61 +)					
	#06	552 / H52 Continuous Home Ca	are					
	#05	551 / 0561 Continuous Home C	are - SIA					
	#06	655 / H55 Inpatient Respite Car	re					
	#06	556 / H56 General Inpatient Ca	re					
	#06	558 Room and Board						
	Basis :	]	Ra	te Typ	pe:			
		Budget		Х	Prospec	tive		
•		Unaudited costs			Total Pro	ospective		
•		Desk audited costs			Prospec	tive Adjusted for	New costs	
		Field audited costs						
		Medicare - Prospective			Interim			
	X	Payment System Rate			Total Int	erim		
•		Average Nursing Home Rate  Dixie			Settleme	ent based on cost	rs	
	<u>Distribution</u>	<u>:</u>	T. K. Feehre Senior Mana		ent Analyst Supe	ervisor	184	
	Fiscal Agent	agamant	Medicaid Pr				J111	
	Contract Mana Permanent File			J				
	Program Deve	лорінені.						



019474000 - 2024/10

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

	-	Medicaid Reimbursement Per	er Diem Rates for Non-Institutional Providers							
Diν	aker Pediatrics		Provider Number: 019474000							
			Date: 10/16/2024							
65	51 N Orange Blo	ssom Trl	Fiscal Year End : N/A							
Мс	ount Dora, Fl 327	757	Audit Status : N/A							
Pre	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural F	lealth Clinic			89.88	100.16	10/01/2024			
	Swing-	Bed Provider								
	Federa	lly Qualified Health Centers								
	Hospic	e Provider								
	#06	51 / H51 Routine Home Care (	1-60)							
	#06	51a / H5L Routine Home Care	(61 +)							
	#06	52 / H52 Continuous Home Ca	are							
	#05	51 / 0561 Continuous Home C	are - SIA							
	#06	55 / H55 Inpatient Respite Car	re							
	#06	56 / H56 General Inpatient Car	re							
	#06	58 Room and Board								
	Basis :	]	R	ate Typ	pe :					
		Budget		Х	Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for	New costs			
		Field audited costs								
		Medicare - Prospective			Interim					
	Х	Payment System Rate			Total Inte	erim				
		Average Nursing Home Rate			Settleme	nt based on cost	s			
		Lake								
	<u>Distribution:</u>		T. K. Feeh	rer,			1V.1			
	Fiscal Agent				ent Analyst Supe	rvisor	2/1/2			
	Contract Mana	gement	Medicaid F	rogram	Finance					
	Permanent File	Э								
	Program Deve	lopment:								



020403901 - 2024/10

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

		Medicaid Reimbursement Per	Diem I	Rates for	Non	-Inst	<u>itutional l</u>	<u>Providers</u>			
Re	liant Acute C	are			Prov	/ider I	Number :	020403901			
					Date	e : 10/	/16/2024				
57	31 Lee Blvd			Fiscal Year End : N/A							
Lel	nigh Acres, F	L 33971			Aud	it Stat	tus : N/A				
Pro	ovider Type:				(	Curre	nt Rate	New Rate	Effective Date		
	X Rur	al Health Clinic					89.89	100.16	10/01/2024		
	Swi	ing-Bed Provider									
	Fed	lerally Qualified Health Centers									
	Hos	spice Provider									
		#0651 / H51 Routine Home Care (	1-60)					,			
		#0651a / H5L Routine Home Care	(61 +)								
		#0652 / H52 Continuous Home Ca	ire								
		#0551 / 0561 Continuous Home C	are - S	IA							
		#0655 / H55 Inpatient Respite Car	е								
		#0656 / H56 General Inpatient Car	e								
		#0658 Room and Board									
	Basis :			Rate 1	Туре	<b>:</b>					
ָּ 		Budget	'	<b>&gt;</b>	X		ı Prospect	ive			
•		Unaudited costs					Total Pro	spective			
•		Desk audited costs					Prospect	ive Adjusted for	New costs		
		Field audited costs					•				
•		Medicare - Prospective					Interim				
	Χ	Payment System Rate					Total Inte	erim			
		Average Nursing Home Rate					Settleme	nt based on cost	s		
•		Lee					•				
	Distributi	on:	I T. K. I	Feehrer,					1V.1		
	Fiscal Age	nt		r Manage	men	t Ana	lyst Supe	rvisor	1/2 ×		
	Contract M	lanagement	Medic	aid Progra	am F	inan	ce				
	Permanent	t File									
	Program D	evelopment:									
	F	or information Only (No Change in r	ate)								



023548300 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	s for I	Non-	Institutional	<u>Providers</u>			
Kic	ls Health A	Alliance, P.A.	Provider Number: 023548300							
			Date: 10/16/2024							
26	50 NW 2nd	d Street Suite 100	Fiscal Year End : N/A							
Oc	ala, FL 34	1475	Audit Status : N/A							
Pr	ovider Ty <sub>l</sub>	oe:			С	urrent Rate	New Rate	Effective Date		
	X F	Rural Health Clinic				89.88	100.16	10/01/2024		
	5	Swing-Bed Provider					,			
	F	Federally Qualified Health Centers								
	ŀ	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							
		#0655 / H55 Inpatient Respite Care	е							
		#0656 / H56 General Inpatient Car	е							
		#0658 Room and Board								
	Basi	s :	R	ate T	уре	:				
'		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		
		Marion								
	Distrib	ution:	I T. K. Feeh	rer				A \		
	Fiscal A				ment	Analyst Supe	rvisor	JK2+		
	Contrac	t Management	Medicaid F	Progra	am F	inance				
	Perman	ent File								
	Progran	n Development:								



023710500 - 2024/10

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: 10/16/2024
1376 Brickyard Rd Ste 4	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

ovider	Туре:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	89.55	100.16	10/01/2024
	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
	 Washington		<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



023710502 - 2024/10

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

Medicaid Reimbursement P				Diem I	Rates to	r No	<u>n-Inst</u>	itutional	<u>Providers</u>		
No	rthwest F	Florida H	ealthcare, Inc	Provider Number : 023710502							
				Date: 10/16/2024							
PC	Box 889	9		Fiscal Year End : N/A							
Ch	ipley, FL	32428		Audit Status : N/A							
Pr	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					89.55	100.16	10/01/2024	
		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	ire							
		#05	51 / 0561 Continuous Home C	are - S	IA						
#0655 / H55 Inpatient Respite Ca											
#0656 / H56 General Inpatient Ca											
		#06	58 Room and Board								
	Bas	sis :			Rate	Тур	e :	]			
<b>'</b>			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	ts	
			Washington					_			
	Distri	bution:		I T. K.	Feehrer,					AV 1	
	Fiscal	Agent				eme	nt Ana	alyst Supe	rvisor	2K2	
	Contra	act Mana	gement	Medic	aid Prog	ram	Finan	ce			
	Perma	nent File									
	Program Development:										
	9										



023710507 - 2024/10

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>				
No	rthwest Florida	Healthcare, Inc	Provider Number: 023710507							
			Date: 10/16/2024							
10	1 E Wisconsin	Ave	Fiscal Year End : N/A							
Во	nifay, FL 3242	5-1809	Audit Status : N/A							
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural	Health Clinic			89.55	100.16	10/01/2024			
	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	1						
	#(	0655 / H55 Inpatient Respite Car	·e							
	#(	0656 / H56 General Inpatient Ca	re							
	#(	0658 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	ts			
•		Holmes								
	Distributio	<u>n:</u>	<b>I</b> T. K. F	eehrer,			1 V 1			
	Fiscal Agent				ent Analyst Supe	rvisor	2/1/2			
	Contract Mai	nagement	Medica	id Program	Finance					
	Permanent F	File								
	Program Dev	velopment:								



024917965 - 2024/10

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

St Vincent's Ambulatory Care, Inc  Provider Number: 024917965  Date: 10/16/2024  Fiscal Year End: N/A  Audit Status: N/A  Provider Type:  X Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #0651 / H51 Routine Home Care (1-60)	ate
4205 Belfort Rd  Jacksonville, FL 32216  Provider Type:  X Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider	ate
Jacksonville, FL 32216  Provider Type:  X Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  Audit Status : N/A  Current Rate  New Rate  Effective I  89.89  100.16  10/01/3	ate
Provider Type:  X Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  Current Rate  New Rate  Effective I  10/01/2	ate
X Rural Health Clinic 89.89 100.16 10/01/2 Swing-Bed Provider Federally Qualified Health Centers Hospice Provider	ate
Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider	
Federally Qualified Health Centers  Hospice Provider	024
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	
Nassau	
Distribution: T. K. Feehrer, ↑ ↑ ↑	_
Fiscal Agent Senior Management Analyst Supervisor	_
Contract Management Medicaid Program Finance	
Contract Management	
Permanent File	



029506000 - 2024/10

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>				
Tre	enton Medical (	Center	Provider Number : 029506000							
			Date: 10/16/2024							
91	1 S. Main St		Fiscal Year End : N/A							
Tre	enton, FL 3269	93	Audit Status : N/A							
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rura	l Health Clinic			96.21	100.64	10/01/2024			
	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	е							
	#(	0656 / H56 General Inpatient Car	re							
	#(	0658 Room and Board								
	Basis :	7		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	is			
•		Collier								
	Distributio	<u>n:</u>	I T. K. Fe	ehrer,			1V.1			
	Fiscal Agent		Senior N	/lanageme	ent Analyst Supe	rvisor	2/12			
	Contract Ma	nagement	Medicai	d Program	Finance					
	Permanent F	File								
	Program Dev	velopment:								



029511600 - 2024/10

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

		1	Medicaid Reimbursement Per	Diem Rate	s for	Nor	<u>n-Insti</u>	tutional	<u>Providers</u>		
AC	V Comm	nunity Se	rvices	Provider Number : 029511600							
				Date: 10/16/2024							
PC	Box 467	75		Fiscal Year End : N/A							
Do	wling Pa	rk, FL 32	2064	Audit Status : N/A							
Pro	ovider T	уре:			Current Rate N				New Rate	Effective Date	
	X	Rural H	ealth Clinic					88.24	100.16	10/01/2024	
		Swing-E	Bed Provider								
		Federal	ly Qualified Health Centers								
		Hospice	e Provider								
		#065	51 / H51 Routine Home Care (1	-60)							
		#065	51a / H5L Routine Home Care	(61 +)							
		#065	52 / H52 Continuous Home Ca	re							
		#055	51 / 0561 Continuous Home Ca	are - SIA							
		#065	55 / H55 Inpatient Respite Care	•							
		#065	е								
		#065	58 Room and Board								
	Bas	sis :		F	Rate	Туре	e :				
			Budget		>	X		Prospect	ive		
•			Unaudited costs					Total Pro	spective		
•			Desk audited costs					Prospect	ive Adjusted for	New costs	
•			Field audited costs								
			Medicare - Prospective					Interim			
	)	<	Payment System Rate					Total Inte	erim		
ľ			Average Nursing Home Rate					Settleme	nt based on cos	ts	
			Not Selected								
	<u>D</u> istri	bution:		T. K. Feeh	rer					A>/ A	
	Fiscal			Senior Ma		emer	nt Anal	yst Supe	rvisor	4	
	Contra	ct Manag	gement	Medicaid F	rogr	ram I	Financ	e			
	Perma	nent File									
	Progra	ım Devel	opment:								



100739300 - 2024/10

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

		_	Medicaid Reimbursement Per	Per Diem Rates for Non-Institutional Providers							
No	rthwest	Florida H	lealthcare	Provider Number : 100739300							
				Date: 10/16/2024							
54	29 Colle	ege Dr		Fiscal Year End : N/A							
Gr	aceville,	FL 3244	40	Audit Status : N/A							
Pr	ovider 7	Гуре:				Cı	urrent Rate	New Rate	Effective Date 10/01/2024		
	X	Rural H	lealth Clinic				90.16	100.16			
		Swing-	Bed Provider								
		Federa	lly Qualified Health Centers								
		Hospic	e Provider								
		#06	51 / H51 Routine Home Care (	1-60)							
		#06	51a / H5L Routine Home Care	(61 +)							
		#06	52 / H52 Continuous Home Ca	ire							
		#05	51 / 0561 Continuous Home C	are - S	IA						
		#06	55 / H55 Inpatient Respite Car	е							
		#06	56 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
	Ва	ısis :	]		Rate T	ype :	: ]				
			Budget		X	,	Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs								
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Jackson								
	Distr	ibution:		l T. K.	Feehrer,				1V.1		
	Fisca	l Agent				ment.	Analyst Supe	rvisor	2h2		
	Contr	act Mana	gement	Medio	caid Progra	am Fi	nance				
	Perm	anent File	Э								
	Progr	am Deve	lopment:								



101707000 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem R	lates for No	<u>on-Institutional</u>	<u>Providers</u>			
No	rth Florida Pedia	trics-Chiefland	Provider Number : 101707000						
			Date: 10/16/2024						
22	20 North Young I	Blvd		Fis	scal Year End :	N/A			
Ch	iefland, FL 3262	26		Au	dit Status : N/A				
Pre	Provider Type: X Rural Health Clinic				Current Rate	New Rate	Effective Date		
					89.89	100.16	10/01/2024		
	Swing-	Bed Provider							
	Federa	Illy Qualified Health Centers							
	Hospid	e Provider							
	#06	551 / H51 Routine Home Care (	1-60)						
	#06	651a / H5L Routine Home Care	(61 +)						
	#06	552 / H52 Continuous Home Ca	are						
	#05	551 / 0561 Continuous Home C	are - SI	A					
		655 / H55 Inpatient Respite Car							
		656 / H56 General Inpatient Car	re						
	#06	558 Room and Board							
	Basis :			Rate Typ	pe :				
•		Budget		Х	Prospec	tive			
•		Unaudited costs			Total Pr	ospective			
		Desk audited costs			Prospective Adjusted for New costs				
		Field audited costs							
		Medicare - Prospective			Interim				
	Х	Payment System Rate			Total Int	erim			
		Average Nursing Home Rate			Settleme	ent based on cos	ts		
		Levy							
	<u>Distribution</u> :	<u>:</u>	I Т. К. F	eehrer,			۸٧.٨		
Fiscal Agent					ent Analyst Supe	ervisor	JK7		
	Contract Mana	agement	Medic	aid Program	Finance				
	Permanent File	e							
Program Development:									



101707400 - 2024/10

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>			
North Florida Pediatrics-Starke			Provider Number : 101707400						
			Date : 10/16/2024						
41	7 E Call St			Fis	scal Year End : N	I/A			
Sta	arke, FL 32091			Au	dit Status : N/A				
Pr	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural I	Health Clinic			89.89	100.16	10/01/2024		
	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 - SIA						
	#06	655 / H55 Inpatient Respite Car	'e						
	#06	656 / H56 General Inpatient Car	re						
	#06	658 Room and Board							
	Basis :	7	Ra	ite 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 Bradford			Settleme	nt based on cost	S		
	Distribution	· ·	T. K. Feehre		ent Analyst Supe	rvisor	NX4		
	Fiscal Agent		Medicaid Pr			551			
	Contract Mana			- g. w					
	Permanent Fil								
	Program Deve	ыортен.							



102610200 - 2024/10

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

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

Port Charlotte HMA Physician Management	Provider Number : 102610200			
Bayfront Health Medical Group	Date: 10/16/2024			
1012 N Mills Ave	Fiscal Year End : N/A			
Arcadia, FL 34266	Audit Status : N/A			

ovider	ovider Type:		New Rate	<b>Effective Date</b>
X	Rural Health Clinic	88.57	100.16	10/01/2024
	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
	_ Desoto		-

**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



102625100 - 2024/10

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

		Medicaid Reimbursement Per	r Diem Rates fo	or No	<u>on-Institutior</u>	nal I	<u>Providers</u>	
Philip Colaizzo MD PA			Provider Number: 102625100					
				Da	ate: 10/16/2024			
17	0 S Barfield Hwy	STE 108		Fis	scal Year End	d : N	/A	
Pa	hokee, FL 3347	6		Au	ıdit Status : N	l/A		
Provider Type:					Current Ra	te	New Rate	Effective Date
	X Rural I	Health Clinic			89	.89	100.16	10/01/2024
	Swing-	Bed Provider						
	Federa	Illy Qualified Health Centers						
	Hospid	e Provider						
	#06	651 / H51 Routine Home Care (	(1-60)					
	#06	651a / H5L Routine Home Care	e (61 <b>+</b> )					
	#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	Rate	э Тур	pe:			
		Budget		Χ	Prosp	ecti	ve	
•		Unaudited costs			Total	Pro	spective	
•		Desk audited costs			Prospective Adjusted for New co		New costs	
		Field audited costs						
		Medicare - Prospective			Interi	m		
	X	Payment System Rate			Total	Inte	rim	
		Average Nursing Home Rate			Settle	me	nt based on cost	s
		Palm Beach						
	Distribution	<u>:</u>	T. K. Feehrer	,				٨٧.٨
Fiscal Agent			Senior Manag		ent Analyst S	upe	visor	1/2×
	Contract Mana	agement	Medicaid Pro	gram	Finance			
	Permanent File	е						
	Program Deve	elopment:						



105763900 - 2024/10

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: 10/16/2024			
11392 E Highway 316 Ste 92	Fiscal Year End : N/A			
Fort McCoy, FL 32134-8114	Audit Status : N/A			

ovider	ovider Type:		New Rate	<b>Effective Date</b>
X	Rural Health Clinic	88.57	100.16	10/01/2024
	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			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



106170600 - 2024/10

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: 106170600				
Weems Med Ctr West PO Box 580		Date: 10/16/2024				
		Fiscal Year End : N/A				
Apalachicola, FL 32329	Audit Status : N/A					
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic		95.27	100.16	10/01/2024		
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		1				

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
	— Franklin	_		-

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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

#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care

#0658 Room and Board

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





Program Development:

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

## Florida Agency for Health Care Administration

106362400 - 2024/10

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

<u></u>	<u> Medicaid Reimbursement Per</u>	Diem Rates to	r Noi	n-Institutional	<u>Providers</u>		
Franklin County BoC		Pro	Provider Number : 106362400				
Weems Med Ctr Eas	st		Dat	Date : 10/16/2024			
PO Box 580			Fisc	cal Year End : N	I/A		
Apalachicola, FL 32	Apalachicola, FL 32329			lit Status : N/A			
Provider Type:				Current Rate	New Rate	Effective Date	
Rural H	ealth Clinic			95.27	100.16	10/01/2024	
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	are					
#055	51 / 0561 Continuous Home C	are - SIA					
#065	55 / H55 Inpatient Respite Car	е					
#065	56 / H56 General Inpatient Ca	re					
#065	58 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	ts	
	Franklin						
<u>Distribution:</u>		T. K. Feehrer,				A V . A	
Fiscal Agent				nt Analyst Supe	rvisor	4	
Contract Manag	gement	Medicaid Prog	gram	Finance			
Permanent File							



107889600 - 2024/10

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

		<u>_</u>	Medicaid Reimbursement Per	Diem Ra	ates for	No.	n-Inst	itutional	<u>Providers</u>		
Kic	ls Care F	Pediatrics	Provider Number: 107889600								
				Date: 10/16/2024							
69	10 Old W	olf Bay F	Rd		Fiscal Year End : N/A						
Pa	latka, FL	. 32177				Au	dit Sta	tus : N/A			
Pro	ovider T					Curre	ent Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic					94.51	100.16	10/01/2024	
		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 - SIA							
		#06	55 / H55 Inpatient Respite Car	е							
		#06	56 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
	Bas	sis :			Rate	Тур	e :	]			
,			Budget			X		Prospect	ive		
•			Unaudited costs	_				Total Pro	spective		
			Desk audited costs	-				Prospect	ive Adjusted for	New costs	
			Field audited costs	-				-			
•			Medicare - Prospective	-				Interim			
		X	Payment System Rate	-				Total Inte	erim		
			Average Nursing Home Rate					Settleme	nt based on cos	ts	
			Putnam					_			
	Distri	bution:		l T. K. Fe	ehrer					A > / A	
Fiscal Agent  Contract Management					eme	nt Ana	alyst Supe	rvisor			
			Medica	id Prog	ram	Finan	ce				
	Perma	anent File									
Program Development:											



109045401 - 2024/10

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

		1	Medicaid Reimbursement Per	Diem Rates	s for	No	n-Inst	itutional	<u>Providers</u>		
Fa	mily Care	e Medical	Provider Number : 109045401								
				Date: 10/16/2024							
81	9 N Mills	Ave				Fiscal Year End : N/A					
Arc	adia, FL	34266				Aud	dit Sta	tus : N/A			
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date	
	Χ	Rural H	ealth Clinic					91.13	100.16	10/01/2024	
		Swing-E	Bed Provider								
		Federal	ly Qualified Health Centers								
		Hospice	e Provider								
		#065	51 / H51 Routine Home Care (1	l <b>-</b> 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 Care	9							
		#065	56 / H56 General Inpatient Car	е							
		#065	58 Room and Board								
	Bas	sis :		R	ate	Тур	e :	]			
'			Budget		)	X		Prospect	ive		
•			Unaudited costs	-				Total Pro	spective		
			Desk audited costs					Prospect	ive Adjusted for	New costs	
•			Field audited costs					-			
•			Medicare - Prospective					Interim			
	)	X	Payment System Rate					Total Inte	erim		
			Average Nursing Home Rate					Settleme	nt based on cos	ts	
			Desoto					-			
	Distri	bution:		I T. K. Feeh	rer.					A)/ A	
Fiscal Agent			Senior Ma		eme	nt Ana	lyst Supe	rvisor	1/2+		
	Contra	act Manag	gement	Medicaid F	rogr	am	Finan	ce			
	Perma	nent File									
Program Development:											



109368700 - 2024/10

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: 10/16/2024			
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	90.04	100.16	10/01/2024
	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		<del></del>
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	- Holmes		<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



109437500 - 2024/10

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>			
He	artland Pedi	atric Associates	Provider Number : 109437500						
				Da	ate: 10/16/2024				
72	15 US Hwy 2	27 North		Fis	scal Year End : N	I/A			
Se	bring, FL 33	3870		Au	dit Status : N/A				
Pr	ovider Type	:			Current Rate	New Rate	Effective Date		
	X Ru	ral Health Clinic			90.04	100.16	10/01/2024		
	Sw	ring-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 - SIA						
		#0655 / H55 Inpatient Respite Car	re						
		#0656 / H56 General Inpatient Ca	re						
		#0658 Room and Board							
	Basis :		Rate	тур	oe :				
<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				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
		Highlands							
	Distribut	ion:	T. K. Feehrer,				A \		
	Fiscal Age				ent Analyst Supe	rvisor			
	_	Management	Medicaid Prog	gram	Finance				
	Permaner	_							
	Program [	Development:							



110545600 - 2024/10

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

		Medicaid Reimbursement Per	Diem R	ates for No	on-Institut	tional I	<u>Providers</u>		
Heart 2 Heart Family Practice				Provider Number : 110545600					
			Date: 10/16/2024						
13	26 State Road 1	00		Fis	scal Year I	End : N	/A		
Me	elrose, FL 32666	6-3701		Αι	udit Status	: N/A			
Pro	ovider Type:				Current	Rate	New Rate	Effective Date	
	X Rural	Health Clinic				96.08	100.50	10/01/2024	
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospi	ce Provider							
	#00	651 / H51 Routine Home Care (	1-60)						
	#00	651a / H5L Routine Home Care	(61 +)						
	#00	652 / H52 Continuous Home Ca	are						
	#0	551 / 0561 Continuous Home C	are - SI	4					
	#00	655 / H55 Inpatient Respite Car	е						
	#00	656 / H56 General Inpatient Car	e						
	#00	658 Room and Board							
	Basis :	7		Rate Ty	pe:				
,		Budget		Х	Pr	ospecti	ve		
•		Unaudited costs	_		To	tal Pro	spective		
•		Desk audited costs			Pr	ospecti	ve Adjusted for	New costs	
•		Field audited costs	-						
•		Medicare - Prospective			Int	erim			
	Χ	Payment System Rate			To	tal Inte	rim		
		Average Nursing Home Rate			Se	ettleme	nt based on cost	s	
•		Putnam			<u>.</u>				
	Distribution	:	TKF	eehrer,				A \	
	Fiscal Agent	_		Manageme	ent Analys	t Supei	rvisor	JK4	
	Contract Mana	agement	Medica	aid Progran	n Finance				
	Permanent Fil	le							
	Program Deve	elopment:							



110621800 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	No	on-Inst	titutional	<u>Providers</u>	
Adventist Health System - Sunbelt Inc				Provider Number : 110621800					
					Da	te : 10	/16/2024		
20	S SCENIC HV	VY			Fis	scal Ye	ear End : N	I/A	
Fro	ostproof, FL 338			Au	ıdit Sta	itus : N/A			
Provider Type:						Curre	ent Rate	New Rate	Effective Date
	X Rural	Health Clinic					94.81	100.16	10/01/2024
	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 - SI	Α					
	#0	655 / H55 Inpatient Respite Car	e						
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
	Basis :	7		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		
	Χ	Payment System Rate	'				Total Inte	erim	
		Average Nursing Home Rate Polk					Settleme	nt based on cos	ts
	Distribution	<u>ı:</u>		Feehrer,	eme	ent Ans	alyst Supe	rvisor	184
	Fiscal Agent			aid Prog					
	Contract Man		Modio	i 10g	. <b>.</b>		.50		
	Permanent Fi								
	Program Dev	eiopment:							



110740900 - 2024/10

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	n-Inst	itutional	<u>Providers</u>		
Pa	nhandle	Rural He	alth & Primary Care, Inc			Pro	ovider	Number :	110740900		
20274 Central Ave W						Da	te : 10	/16/2024	6/2024		
20	274 Cer	ntral Ave V	V			Fis	cal Ye	ar End : N	I/A		
Blountstown, FL 32424					Au	dit Sta	tus : N/A				
Pro	ovider 1	Гуре:					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					94.81	100.16	10/01/2024	
		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	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 cost	ts	
			Calhoun					_			
	Distr	ibution:		T. K.	Feehrer,					AV 1	
Fiscal Agent					eme	nt Ana	alyst Supe	rvisor	2/42		
	Contr	act Mana	gement	Medic	caid Prog	ram	Finan	ce			
	Perm	anent File									
	Progr	am Devel	opment:								



110818300 - 2024/10

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: 10/16/2024
5551 US Highway 98	Fiscal Year End : N/A
Santa Rosa Beach, FL 32459	Audit Status : N/A

Provider	ovider Type:		New Rate	<b>Effective Date</b>	
Х	Rural Health Clinic	94.81	100.16	10/01/2024	
	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
	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 - 2024/10

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: 10/16/2024
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	<b>Effective Date</b>
Х	Rural Health Clinic	96.37	100.81	10/01/2024
	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
	— Gulf		_

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Fiscal Agent

**Contract Management** 

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



110836003 - 2024/10

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

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

Ascension Sacred Heart Gulf	Provider Number: 110836003
Ascension Sacred Heart Gulf PSJ RHC	Date: 10/16/2024
3871 E Highway 98, Ste 201	Fiscal Year End : N/A
Port Saint Joe, FL 32456-5302	Audit Status : N/A

ovider Type:		<b>Current Rate</b>	New Rate	<b>Effective Date</b>	
X	Rural Health Clinic	95.04	100.16	10/01/2024	
	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** 

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance





110836005 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ascension Sacred Heart Gulf	Provider Number : 110836005
Ascension Medical Group Sacred Heart Gulf	Date: 10/16/2024
805 West Hwy 22	Fiscal Year End : N/A
Wewahitchka, FL 32465-3237	Audit Status : N/A

Provider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	97.32	101.80	10/01/2024
	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
	— Gulf		_

**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



111314300 - 2024/10

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>		
Pre	emier Pediatrics	LLC		Provider Number: 111314300					
Pre	emier Pediatrics	LLC	Date: 10/16/2024						
79	60 SW 60th Ave			Fiscal Year End : N/A					
Oc	cala, FL 34476-6	408			Audi	t Status : N/A			
Pr	ovider Type:				C	Current Rate	New Rate	Effective Date	
	X Rural I	Health Clinic				96.40	100.84	10/01/2024	
	Swing	-Bed Provider							
	Federally 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	re						
	#06	656 / H56 General Inpatient Ca	re						
	#06	658 Room and Board							
	Basis :	7		Rate 1	Туре	:			
		Budget			X	Prospect	ive		
		Unaudited costs				Total Pro	spective		
		Desk audited costs				Prospect	Prospective Adjusted for New co		
		Field audited costs							
		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	erim		
Average Nursing Home Rate						Settleme	nt based on cost	ts	
		Marion							
	Distribution	<u>.</u>		Feehrer,				NY 1	
Fiscal Agent					t Analyst Supe	rvisor	7/M		
	Contract Mana		iviedio	caid Progra	am F	inance			
	Permanent Fil	e							
	Program Deve	elopment:							



112711800 - 2024/10

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: 10/16/2024
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	96.25	100.68	10/01/2024
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



113722800 - 2024/10

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

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

V Pural Health Clinic	06 14 100 56 10/01/3	0024				
Provider Type:	Current Rate New Rate Effective D	ate				
Sunrise, FL 33325-6206	Audit Status : N/A					
14001 NW 4th St, Ste B	Fiscal Year End : N/A	Fiscal Year End : N/A				
Allied Health Organization	Date: 10/16/2024					
Allied Health Organization	Provider Number : 113722800					

Provider <sup>-</sup>	Provider Type:		New Rate	Effective Date
Х	Rural Health Clinic	96.14	100.56	10/01/2024
	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 Typ	e:
	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 - 2024/10

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

		Medicaid Reimbursement Per	<u>r Diem Rates</u>	for N	lon-In	stitutional	<u>Providers</u>		
Bra	aden Clinic I	LLC		Provider Number: 113804800					
Bra	aden Clinic			Date: 10/16/2024					
50	50 Ave Mari	a Blvd		F	iscal \	ear End : N	I/A		
Αv	e Maria, FL	34142-9505		A	udit S	tatus : N/A			
Pr	ovider Type			Cur	rent Rate	New Rate	Effective Date		
	X Ru	ural Health Clinic				96.14	100.56	10/01/2024	
	Sv	ving-Bed Provider							
	Fe	ederally Qualified Health Centers							
	Но	ospice 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	Care - SIA						
		#0655 / H55 Inpatient Respite Car	re						
		#0656 / H56 General Inpatient Ca	re						
		#0658 Room and Board							
	Basis	:	Ra	ite Ty	/pe :				
'		Budget		Χ		Prospect	ive		
		Unaudited costs				Total Pro	spective		
'		Desk audited costs				Prospect	ive Adjusted for	New costs	
		Field audited costs							
		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	S	
		Collier							
	Distribu	tion:	T. K. Feehr	er,				٨٧.٨	
Fiscal Agent		Senior Man	agem	ent A	nalyst Supe	rvisor	2/1/2		
	Contract l	Management	Medicaid P	ogra	m Fina	ance			
	Permane	nt File							
	Program	Development:							



115078900 - 2024/10

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

		<u>.</u>	Medicaid Reimbursement Per	Diem F	Rates for	· No	n-Inst	itutional	<u>Providers</u>	
Chiefland Health Center LLC				Provider Number : 115078900						
					Date: 10/16/2024					
30	4 N Mair	St St				Fis	cal Ye	ar End : N	I/A	
Ch	iefland, l	FL 32626	6-0803			Au	dit Sta	tus : N/A		
Provider Type:							Curre	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					96.15	100.57	10/01/2024
		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	Typ	oe :	]		
'			Budget	'		Χ		Prospect	ive	
•			Unaudited costs	-				Total Pro	spective	
			Desk audited costs	-				- Prospect	ive Adjusted for	New costs
•			Field audited costs	-				-		
•			Medicare - Prospective	-				Interim		
		X	Payment System Rate					Total Inte	erim	
			Average Nursing Home Rate					Settleme	nt based on cos	ts
•			Levy					-		
	Distri	ibution:		l_ K F	eehrer,					A>/ A
		Agent				eme	ent Ana	alyst Supe	rvisor	
Contract Management				Medic	aid Prog	ram	Finan	ce		
Permanent File										
	Progra	am Devel	opment:							



116017600 - 2024/10

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

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

Hosford, FL 32334-2415	Audit Status : N/A
17316 NE State Road 65	Fiscal Year End : N/A
Torreya Health Care Inc	Date: 10/16/2024
Torreya Health Care Inc	Provider Number : 116017600

vider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	97.00	101.46	10/01/2024
	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
	 Liberty		-

**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



116287400 - 2024/10

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

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

Hometown Healthcare and Pediatrics	Provider Number: 116287400
Hometown Healthcare and Pediatrics	Date: 10/16/2024
315 N Main St	Fiscal Year End : N/A
Trenton, FL 32693-3462	Audit Status : N/A

Provider	Туре:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Х	Rural Health Clinic	97.03	101.49	10/01/2024
	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
	— Gilchrist		_

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



116394400 - 2024/10

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

	<u>Medicaid Reimbursement Per</u>	Diem Rates for	<u>von-instit</u>	<u>tutional i</u>	<u>Providers</u>		
Dynamic Pri	imary Healthcare Clinic Inc	I	Provider Number: 116394400				
			Date : 10/1	16/2024			
163 SW Sto	negate Ter, Ste 109	I	iscal Yea	r End : N	I/A		
Lake City, F	L 32024-3459	,	Audit Statu	us : N/A			
Provider Ty	/pe:		Currer	nt Rate	New Rate	Effective Date	
X	Rural Health Clinic			90.80	100.16	10/01/2024	
	Swing-Bed Provider						
	Federally Qualified Health Centers						
	Hospice Provider						
	#0651 / H51 Routine Home Care (	1-60)					
	#0651a / H5L Routine Home Care	(61 +)					
	#0652 / H52 Continuous Home Ca	are					
	#0551 / 0561 Continuous Home C	are - SIA					
	#0655 / H55 Inpatient Respite Car	е					
	#0656 / H56 General Inpatient Car	<b>·e</b>					
	#0658 Room and Board						
Bas	is:	Rate T	ype :				
	Budget	X		Prospecti	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospecti	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective		I	Interim			
X	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	ts	
	Columbia						
<u>Distrib</u>	bution:	T. K. Feehrer,				٨٧.٨	
Fiscal /	Agent	Senior Management Analyst Supervisor					
Contract Management		Medicaid Progra	ım Financ	е			

**Contract Management** 

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Program Development:



117637500 - 2024/10

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

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

V = 111 t/1 601 1	00.70	100.10		
Provider Type:	Current Rate	New Rate	Effective Date	
Crystal River, FL 34429-2679	Audit Status : N/A			
6171 W Gulf to Lake Hwy	iscal Year End : N/A			
Premier Pediatrics Coastal	Pate: 10/16/2024			
Ira Fialko MD DO	Provider Number :	117637500		

Provider	Provider Type:		New Rate	Effective Date
Х	Rural Health Clinic	90.78	100.16	10/01/2024
	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:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



118388700 - 2024/10

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

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

United Health Associates LLC	Provider Number: 118388700
United Health Associates	Date: 10/16/2024
1600 Jenks Ave, Ste 5	Fiscal Year End : N/A
Panama City, FL 32405-4740	Audit Status : N/A

ovider	Туре:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	96.27	100.70	10/01/2024
	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
	— Bay		-

**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

1X4



118812300 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	Non-	-Institutional I	<u>Providers</u>			
Ur	gent Med Inc		Provider Number: 118812300							
			Date: 10/16/2024							
23	37 S University	<sup>,</sup> Dr	Fiscal Year End : N/A							
Da	vie, FL 33324	-5842	Audit Status : N/A							
Pre	ovider Type:				C	urrent Rate	New Rate	Effective Date		
	X Rura	l Health Clinic				96.50	100.94	10/01/2024		
	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 - Sl	IA						
	#	0655 / H55 Inpatient Respite Car	e							
	#	0656 / H56 General Inpatient Ca	re							
	#	0658 Room and Board								
	Basis :			Rate T	уре	:				
ָּ 		 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	ts		
•		Broward								
	Distributio	 n:	 K	Feehrer,				A \		
Fiscal Agent				ment	Analyst Super	visor	2K2+			
	Contract Ma		Medic	aid Progra	am F	inance				
Permanent File										
	Program Development:									



120360700 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem	Rates for	No	<u>n-Ins</u>	<u>titutional l</u>	<u>Providers</u>			
Cat	alyst W	alk-In Cl	inic			Pro	ovider	Number :	120360700			
						Da	te : 10	0/16/2024				
191	85 Edg	ewater D	)r			Fiscal Year End : N/A						
Por	t Charlo	otte, FL	33948-7653			Au	dit Sta	atus : N/A				
Pro	vider T	уре:					Curr	ent Rate	New Rate	Effective Date		
	X	Rural H	Health Clinic					95.62	100.16	10/01/2024		
		Swing-	Bed Provider									
		Federa	Illy Qualified Health Centers									
		Hospic	ce Provider									
		#06	551 / H51 Routine Home Care (	1-60)								
		#06	551a / H5L Routine Home Care	(61 +)								
	#0652 / H52 Continuous Home Care											
		#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									
ſ	Bas	sis :	7		Rate	Typ	 эе :	1				
L			⊥ Budget			<u> </u>		J Prospecti	ive			
-			Unaudited costs					_ Total Pro				
-			Desk audited costs					_	· ive Adjusted for I	New costs		
_			<ul> <li>Field audited costs</li> </ul>					- ·	•			
_			Medicare - Prospective					– Interim				
		Χ	Payment System Rate					- Total Inte	erim			
_			Average Nursing Home Rate					- Settleme	nt based on cost	S		
_			_ Desoto					_				
	Distr	ibution:	<u> </u>	l T. K.	Feehrer,					AV.1		
	Fiscal	Agent				me	ent An	alyst Supe	rvisor	2/1/2		
	Contra	act Mana	agement	Medi	caid Progr	am	Finar	nce				
	Perma	anent File	е									
	Progra	am Deve	elopment:									
		For i	nformation Only (No Change in r	ate)								



122654600 - 2024/10

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

		_	<u>Medicaid Reimbursement Per</u>	Diem Rat	tes for No	n-Institutional	<u>Providers</u>				
Os	ama Shu	uaib Isma	ail MD LLC	Provider Number : 122654600							
					Date: 10/16/2024						
149	96 S We	eks St		Fiscal Year End : N/A							
Во	nifay, FL	32425-	3284		Au	dit Status : N/A					
Pro	ovider T	уре:				Current Rate	New Rate	Effective Date			
	X	Rural H	lealth Clinic			95.79	100.20	10/01/2024			
		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	'e							
		#06	56 / H56 General Inpatient Car	re							
		#06	58 Room and Board								
	Bas	sis :	]		Rate Typ	pe:					
٠			Budget		Х	Prospect	ive				
•			Unaudited costs			Total Pro	spective				
•			Desk audited costs			Prospect	ive Adjusted for	New costs			
			Field audited costs								
			Medicare - Prospective			Interim					
	)	X	Payment System Rate			Total Inte	erim				
•			Average Nursing Home Rate Holmes	-		Settleme	nt based on cost	s			
		<u>bution:</u>		T. K. Fee		ent Analyst Supe	nvicor	NYI			
Fiscal Agent				d Program		IVISUI	グラ				
		act Mana	_	ivi <del>c</del> uicait	a r iogialli	i i ilialice					
		nent File									
	Progra	am Devel	opment:								



Program Development:

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

### Florida Agency for Health Care Administration

251469901 - 2024/10

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

Medicaid Reimbursement Pe	r Diem Rates for N	Non-Institutional	<u>Providers</u>				
Heartland Pediatrics of Lake Wales	F	Provider Number :	251469901				
		Date: 10/16/2024					
1354 State Road 60 East	F	Fiscal Year End : N/A					
Lake Wales, FI 33853	A	udit Status : N/A					
Provider Type:		Current Rate	New Rate	Effective Date			
X Rural Health Clinic		83.90	100.16	10/01/2024			
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 (	Care - SIA						
#0655 / H55 Inpatient Respite Ca	ire						
#0656 / H56 General Inpatient Ca	are						
#0658 Room and Board							
Basis:	Rate T	ype :					
Budget	X	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	ts			
Polk							
Distribution:	T. K. Feehrer,			A>/ A			
Fiscal Agent		nent Analyst Supe	rvisor	THE THE			
Contract Management	Medicaid Progra	m Finance					
Permanent File							



253535101 - 2024/10

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

		Medicaid Reimbursement Per	Diem R	ates for N	on-Ins	stitutional	<u>Providers</u>			
Не	artland Pediatric	s of L. P	Provider Number : 253535101							
			Date: 10/16/2024							
34	4 East Royal Pal	m St, Ste 3	Fiscal Year End : N/A							
La	ke Placid, Fl 338	352	Audit Status : N/A							
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
	X Rural I	lealth Clinic				83.88	100.16	10/01/2024		
	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	ire							
	#05	551 / 0561 Continuous Home C	are - Sl	A						
	#06	555 / H55 Inpatient Respite Car	е							
	#06	556 / H56 General Inpatient Car	е							
	#06	558 Room and Board								
	Basis :	7		Rate Ty	pe :	1				
,		Budget		Х		Prospect	ive			
•		Unaudited costs	-			Total Pro	spective			
•		Desk audited costs	-			Prospect	ive Adjusted for	New costs		
•		Field audited costs	-			_				
•		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate Highlands	-			Settleme	nt based on cost	rs		
	<u>Distribution</u> : Fiscal Agent	<u> </u>		eehrer, Managem	ent An	alyst Supe	rvisor	184		
	Contract Mana	agement	Medicaid Program Finance							
	Permanent File			-						
	Program Deve									
	i rogiani Deve	nopinoni.								



Permanent File

Program Development:

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

### Florida Agency for Health Care Administration

253668401 - 2024/10

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 Per</u>	Diem Rates to	or inc	on-institutionai	<u>Providers</u>				
Hendry Family Care	e Ctr		Pr	ovider Number :	253668401				
Forbes Family Care	e Ctr		Da	ate: 10/16/2024					
500 West Sagamor	e Ave		Fis	iscal Year End : N/A					
Clewiston, FI 3344	0		Αι	udit Status : N/A					
Provider Type:				<b>Current Rate</b>	New Rate	Effective Date			
Rural H	lealth Clinic			164.16	171.71	10/01/2024			
Swing-	Bed Provider								
Federa	Ily Qualified Health Centers								
Hospic	e Provider								
#06	#0651 / H51 Routine Home Care								
#06	51a / H5L Routine Home Care	(61 +)							
#06	52 / H52 Continuous Home Ca	ire							
#05	51 / 0561 Continuous Home C	are - SIA							
#06	55 / H55 Inpatient Respite Car	е							
#06	56 / H56 General Inpatient Car	е							
#06	58 Room and Board								
Basis :	]	Rate	е Ту	pe:					
	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	ts			
	Hendry								
<u>Distribution:</u>		T. K. Feehrer	,			٨٧.٨			
Fiscal Agent	Fiscal Agent		Senior Management Analyst Supervisor						
Contract Mana	Contract Management		gran	n Finance					



370861601 - 2024/10

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>				
Ch	ildren's Medical	Clinic	Provider Number: 370861601							
			Date: 10/16/2024							
10	02 SW 11th Stre	et	Fiscal Year End : N/A							
Liv	e Oak, FL 3206	4		Au	dit Status : N/A					
Pr	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural I	Health Clinic			83.69	100.16	10/01/2024			
	Swing-	Bed Provider								
	Federa	Illy Qualified Health Centers								
	Hospid	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							
		655 / H55 Inpatient Respite Car								
		656 / H56 General Inpatient Car	·e							
	#06	558 Room and Board								
	Basis :	1		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			
		Suwannee								
	Distribution	<u>.</u>	T. K. Fee	hrer.			A \			
Fiscal Agent					ent Analyst Supe	rvisor	2K2			
	Contract Mana	agement	Medicaid	Program	Finance					
	Permanent File	е								
	Program Deve	elopment:								



370861604 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem R	ates for No	<u>on-Institutional</u>	<u>Providers</u>				
Ch	ildren's Medical (	Center	Provider Number : 370861604							
				Da	te: 10/16/2024					
789	9 West Duval Str	eet	Fiscal Year End : N/A							
Lal	ke City, FL 3205	5	Audit Status : N/A							
Pro	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural H	lealth Clinic			83.69	100.16	10/01/2024			
	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	ire							
	#05	551 / 0561 Continuous Home C	are - Sl	A						
	#06	555 / H55 Inpatient Respite Car	е							
	#06	556 / H56 General Inpatient Car	e							
	#06	58 Room and Board								
	Basis :	1		Rate Typ	oe :					
•		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	ts			
		Columbia								
	<u>Distribution:</u>	<u> </u>	L T. K. F	eehrer,			1V.1			
Fiscal Agent					ent Analyst Supe	ervisor	2/12			
Contract Management				aid Program	Finance					
	Permanent File	е								
	Program Deve	lopment:								



372143401 - 2024/10

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

	Medicaid Reimbursement Per	r Diem Rates fo	r No	n-Ins	titutional	<u>Providers</u>		
ack M. Matheny	RHC		Pro	ovider	Number :	372143401		
		Date: 10/16/2024						
05 Zeagler Drive	, Suite #101		Fiscal Year End : N/A					
alatka, FL 3217	7		Au	Audit Status : N/A				
rovider Type:				Current Rate		New Rate	Effective Date	
X Rural	Health Clinic				94.51	100.16	10/01/2024	
Swin	g-Bed Provider							
Fede	rally Qualified Health Centers							
Hosp	ice Provider							
#(	0651 / H51 Routine Home Care (	(1-60)						
#0	0651a / H5L Routine Home Care	e (61 +)						
#(	0652 / H52 Continuous Home Ca	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	Тур	e:	7			
	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>n:</u>	T. K. Feehrer,					٨٧.٨	
Fiscal Agent		Senior Manag	eme	nt An	alyst Supe	rvisor	JK#	
Contract Mar	nagement	Medicaid Prog	gram	Fina	nce			
Permanent F	ïle							
Program Dev	velopment:							



377682401 - 2024/10

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>					
Se	bring Pediatri	cs	Provider Number : 377682401								
				Date: 10/16/2024							
15	50 Lakeview I	Dr.	Fiscal Year End : N/A								
Se	bring, FL 338	370		Au	idit Status : N/A						
Pre	ovider Type:				Current Rate	New Rate	Effective Date				
	X Rur	al Health Clinic			88.37	100.16	10/01/2024				
	Swi	ng-Bed Provider									
	Fed	erally 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 :		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						
	Х	Payment System Rate			Total Int	erim					
		Average Nursing Home Rate			Settleme	ent based on cost	s				
		Highlands									
	Distributi	<u>on:</u>	T. K. Feehro	er,			٨.٧٨				
	Fiscal Ager	nt	Senior Man	ageme	ent Analyst Supe	ervisor	14/L				
	Contract M	anagement	Medicaid Pr	ogram	Finance						
	Permanent	File									
	Program D	evelopment:									



378772904 - 2024/10

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

	Medicaid Reimbursement Per	<u>Diem Rates for </u>	Non	<u>-Institutional l</u>	<u>Providers</u>				
e Pediatric Cen	ter	Provider Number : 378772904							
		Date : 10/16/2024							
47 Medical Parl	k Blvd, Suite 402		Fisc	al Year End : N	/A				
ellington, FL 33	414		Audi	it Status : N/A					
ovider Type:			(	Current Rate	New Rate	Effective Date			
X Rural	Health Clinic			89.88	100.16	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	(61 +)							
#0	0652 / H52 Continuous Home Ca	are							
#0	0551 / 0561 Continuous Home C	are - SIA							
#0	0655 / H55 Inpatient Respite Car	re							
#0	0656 / H56 General Inpatient Ca	re							
#0	0658 Room and Board								
Basis :		Rate	Туре	·:					
	 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	ts			
	Palm Beach								
Distribution	<u>n:</u>	T. K. Feehrer,				1 / N			
Fiscal Agent		Senior Manage	emen	t Analyst Supei	visor	1/4 <sup>2</sup>			
Contract Mar	nagement	Medicaid Progr	ram F	inance					
Permanent F	ïle								
Program Dev	velopment:								



660018201 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Rates f	or No	on-Instit	<u>utional l</u>	<u>Providers</u>			
He	artland Pediatric	Provider Number : 660018201								
			Date : 10/16/2024							
12	0 Heartland Way			Fis	scal Yea	r End : N	/A			
Wa	auchula, FL 3380	375000		Au	ıdit Statu	ıs : N/A				
Pr	ovider Type:				Curren	t Rate	New Rate	Effective Date		
	X Rural H	lealth Clinic				84.09	100.16	10/01/2024		
	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 :	7	Rat	te Typ	pe:					
		Budget		Χ	F	Prospecti	ve			
•		Unaudited costs			7	Total Pro	spective			
•		Desk audited costs			F	Prospect	ve Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective			I	nterim				
	X	Payment System Rate			٦	Total Inte	rim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
•		Hardee								
	<u>Distribution:</u>	<u> </u>	T. K. Feehre	r.				AV 1		
	Fiscal Agent		Senior Mana		ent Analy	st Supe	rvisor			
	Contract Mana	agement	Medicaid Pro	ogram	n Finance	9				
	Permanent File	е								
	Program Deve	lopment:								



660022100 - 2024/10

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

Jay Medical Center    Provider Number : 660022100     Date : 10/16/2024     Fiscal Year End : N/A     Audit Status : N/A     Audit Status : N/A     Frovider Type:			=	Medicaid Reimbursement Per	Diem	Rates for	r No	<u>n-Insti</u>	tutional	<u>Providers</u>		
Fiscal Year End : N/A   Audit Status : N/A	Jay Medical Center				Provider Number : 660022100							
Audit Status : N/A  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  #0656 / H56 General Inpatient Care  #0658 Room and Board  Rate Type:  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Collier  Pistribution:  Fiscal Agent  Contract Management  Permanent File  Rate Type:  X Prospective  X Prospective  Aljusted for New costs  Interim  Total Interim  Total Interim  Settlement based on costs  Medicaid Program Finance					Date: 10/16/2024							
Provider Type:  X Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #0651 / H51 Routine Home Care (1-60)  #0652 / H52 Continuous Home Care  #0655 / H55 Inpatient Respite Care  #0656 / H56 General Inpatient Care  #0658 Room and Board    Rate Type:	14088 Alabama St						Fisc	cal Yea	ar End : N	I/A		
X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H51 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0656 / H56 General Inpatient Care #0658 Room and Board    Rate Type:   X Prospective     Unaudited costs     Desk audited costs     Field audited costs     Medicare - Prospective     X Payment System Rate     Average Nursing Home Rate     Collier	Jay	, FL 32	2565				Auc	dit Stat	us : N/A			
Swing-Bed Provider Federally Qualified Health Centers  Hospice Provider  #0651 / H51 Routine Home Care (1-60)  #0651a / H51 Routine Home Care (61 +)  #0652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #0655 / H55 Inpatient Respite Care  #0656 / H56 General Inpatient Care  #0658 Room and Board    Rate Type:	Pro	ovider 1	Гуре:					Curre	nt Rate	New Rate	Effective Date	
Federally Qualified Health Centers  Hospice Provider  #0651 / H51 Routine Home Care (1-60)  #0651a / H5L Routine Home Care (61 +)  #0652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care  #0655 / H55 Inpatient Respite Care  #0658 Room and Board    Rate Type :		X	Rural F	lealth Clinic					96.50	100.94	10/01/2024	
Hospice Provider  #0651 / H51 Routine Home Care (1-60)  #0651a / H5L Routine Home Care (61 +)  #0652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #0655 / H55 Inpatient Respite Care  #0658 Room and Board    Rate Type :			Swing-	Bed Provider								
#0651 / H51 Routine Home Care (1-60) #0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board    Rate Type :			Federa	lly Qualified Health Centers								
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board    Rate Type:			Hospic	e Provider								
#0652 / H52 Continuous Home Care   #0551 / 0561 Continuous Home Care - SIA   #0655 / H55 Inpatient Respite Care   #0656 / H56 General Inpatient Care   #0658 Room and Board      Basis :			#06	51 / H51 Routine Home Care (	1-60)					,		
#0551 / 0561 Continuous Home Care - SIA  #0655 / H55 Inpatient Respite Care  #0656 / H56 General Inpatient Care  #0658 Room and Board    Rate Type :			#06	51a / H5L Routine Home Care	(61 +)							
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board    Basis :			#06	52 / H52 Continuous Home Ca	ıre							
#0656 / H56 General Inpatient Care #0658 Room and Board    Basis :			#05	51 / 0561 Continuous Home C	are - S	IA						
#0658 Room and Board    Basis :			#06	55 / H55 Inpatient Respite Car	е							
Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Collier  Distribution: Fiscal Agent Contract Management Permanent File  Rate Type:  X Prospective  Interim Total Interim Settlement based on costs  T. K. Feehrer, Senior Management Analyst Supervisor  Medicaid Program Finance			#06	56 / H56 General Inpatient Car	е							
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier  Distribution: Fiscal Agent Contract Management Permanent File  Runder  X Prospective Total Prospective Prospective Adjusted for New costs Settlement based on costs  Total Interim Settlement based on costs  T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			#06	58 Room and Board								
Unaudited costs  Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Collier  Distribution: Fiscal Agent Contract Management Permanent File  Total Prospective Prospective Adjusted for New costs  Interim Total Interim Settlement based on costs  T. K. Feehrer, Senior Management Analyst Supervisor  Medicaid Program Finance		Ва	nsis :	]		Rate	Тур	e :				
Desk audited costs Field audited costs  Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier  Distribution: Fiscal Agent Contract Management Permanent File  Prospective Adjusted for New costs  Interim Total Interim Settlement based on costs  T. K. Feehrer, Senior Management Analyst Supervisor  Medicaid Program Finance				Budget			X		Prospect	ive		
Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Collier  Distribution: Fiscal Agent Contract Management Permanent File  Field audited costs  Medicare - Prospective Interim Settlement based on costs  T. K. Feehrer, Senior Management Analyst Supervisor  Medicaid Program Finance	-			Unaudited costs					Total Pro	spective		
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier  Distribution: Fiscal Agent Contract Management Permanent File  Medicare - Prospective Interim Total Interim Settlement based on costs  T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	-			Desk audited costs					Prospect	ive Adjusted for	New costs	
X Payment System Rate Average Nursing Home Rate Collier  Total Interim Settlement based on costs  T. K. Feehrer, Senior Management Analyst Supervisor  Medicaid Program Finance  Total Interim Settlement based on costs  Medicaid Program Finance	-			Field audited costs								
Average Nursing Home Rate Collier  Distribution: Fiscal Agent Contract Management Permanent File  Settlement based on costs  T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	-			Medicare - Prospective					Interim			
Collier  Distribution: Fiscal Agent Contract Management Permanent File  T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance			X	Payment System Rate					Total Inte	erim		
Distribution:  Fiscal Agent  Contract Management  Permanent File  T. K. Feehrer, Senior Management Analyst Supervisor  Medicaid Program Finance	-			Average Nursing Home Rate					Settleme	nt based on cost	ts	
Fiscal Agent  Contract Management  Permanent File  Senior Management Analyst Supervisor  Medicaid Program Finance	-			Collier								
Fiscal Agent  Contract Management  Permanent File  Senior Management Analyst Supervisor  Medicaid Program Finance		Distr	ribution:		L T. K.	Feehrer,					AV 1	
Permanent File		Fisca	l Agent		Senic	or Manage	emer	nt Ana	lyst Supe	rvisor	2/1/21	
		Contr	act Mana	gement	Medio	caid Prog	ram	Financ	e			
Program Development:		Perm	anent File	e								
		Progr	am Deve	lopment:								



660026300 - 2024/10

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

			<u> Medicaid Reimbursement Per</u>	Diem I	Rates for	Non	-Institutional	<u>Providers</u>			
Community Medical CtrDeland				Provider Number : 660026300							
				Date : 10/16/2024							
119	00 North	Stone S	treet			Fisc	al Year End : N	I/A			
De	and, FL	32720				Aud	it Status : N/A				
Pro	vider T	уре:					Current Rate	New Rate	Effective Date		
	X	Rural H	lealth Clinic				95.80	100.21	10/01/2024		
		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	re							
		#06	58 Room and Board								
ſ	Bas	sis :	]		Rate 1	Гуре	<b>:</b>				
١			Budget		×	(	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 Volusia				Settleme	nt based on cos	ts		
		<u>bution:</u>			Feehrer,	man	t Analyst Supe	nvioor	NI		
	Fiscal	_			aid Progra			IVISUI	אלע		
		ct Mana		IVIEUIC	alu Flogra	анн Г	mance				
		nent File									
	Progra	ım Devel	opment:								



660026302 - 2024/10

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

		Medicaid Reimbursement Per	Diem Rates	for No	n-Ins	<u>titutional l</u>	<u>Providers</u>		
Со	mm. Medica	al CtrOrange Cty.		Provider Number : 660026302					
				Da	te : 10	)/16/2024			
810	Commed I	Boulevard	Fis	cal Ye	ear End : N	/A			
Ora	ange City, F	L 32763		Au	dit Sta	ntus : N/A			
Pro	ovider Type	<b>e:</b>			Curr	ent Rate	New Rate	Effective Date	
	X Ru	ıral Health Clinic				89.90	100.16	10/01/2024	
	Sv	ving-Bed Provider							
	Fe	ederally Qualified Health Centers							
	Но	ospice Provider							
		#0651 / H51 Routine Home Care (	1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	re						
		#0551 / 0561 Continuous Home C	are - SIA						
		#0655 / H55 Inpatient Respite Car	е						
		#0656 / H56 General Inpatient Car	е						
		#0658 Room and Board							
	Basis	:	Ra	ate Typ	oe :	]			
,		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				Settleme	nt based on cost	s	
		Volusia							
	Distribu	tion:	T. K. Feehr					٨٧.٨	
	Fiscal Ag	ent	Senior Man				rvisor	2/h2	
	Contract I	Management	Medicaid P	rogram	Finar	nce			
	Permane	nt File							
	Program	Development:							
		For information Only (No Change in r	ate)						



660027100 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	Non-	<u>-Institutional</u>	<u>Providers</u>				
N. Fl. Pediatrics RHC				Provider Number : 660027100							
			1	Date: 10/16/2024							
4316 Fifth Avenue					Fisca	al Year End : I	N/A				
Ма	rianna, FL 324	46			Audi	t Status : N/A					
Pre	ovider Type:				С	Current Rate	New Rate	Effective Date			
	X Rural	Health Clinic				94.5	1 100.16	10/01/2024			
	Swing	-Bed Provider					<u>'</u>				
	Feder	ally Qualified Health Centers									
	Hospi	ce Provider									
	#0	651 / H51 Routine Home Care (	1-60)				<u>'</u>				
	#0	651a / H5L Routine Home Care	(61 +)								
	#0	652 / H52 Continuous Home Ca	ıre								
	#0	551 / 0561 Continuous Home C	are - SI	IA							
	#0	655 / H55 Inpatient Respite Car	е								
	#0	656 / H56 General Inpatient Car	е								
	#0	658 Room and Board									
	Basis :	7		Rate T	уре	:					
ן ו		 Budget		X	(	 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 Int	erim				
•		Average Nursing Home Rate				Settleme	ent based on cost	ts			
•											
	Distribution	<u>ı:</u>	l T. K. I	Feehrer,				1V./			
	Fiscal Agent					t Analyst Supe	ervisor	2/42			
	Contract Man	agement	Medic	aid Progra	am F	inance					
	Permanent Fi	ile									
	Program Dev	elopment:									
	For	information Only (No Change in r	ate)								



660037900 - 2024/10

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>				
Blountstown Family Practice			Provider Number : 660037900							
			Date: 10/16/2024							
17	808 NE Charley	Johns St		Fis	scal Year End : N	I/A				
Blo	ountstown, FL 32	2424		Au	dit Status : N/A					
Pro	ovider Type:				Current Rate	New Rate	Effective Date			
	Rural F	lealth Clinic			93.41	100.16	10/01/2024			
	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	oe :					
١		Budget		Х	Prospect	ive				
•		Unaudited costs			Total Pro	spective				
•		Desk audited costs			Prospect	ive Adjusted for	New costs			
•		Field audited costs								
٠		Medicare - Prospective			Interim					
	X	Payment System Rate			Total Inte	erim				
•		Average Nursing Home Rate			Settleme	nt based on cost	is			
•		Calhoun								
	Distribution:		I T. K. Fe	ehrer.			A \			
	Fiscal Agent				ent Analyst Supe	rvisor	1K2			
	Contract Mana	gement	Medicai	d Program	Finance					
	Permanent File	e								
	Program Deve	lopment:								



660037901 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem F	Rates for N	Non-I	nstitutional	<u>Providers</u>				
Monticello Family Medicine				Provider Number : 660037901							
			Date: 10/16/2024								
154	49. S. Jefferson	St		F	iscal	Year End : N	I/A				
Мо	nticello, FL 323	14		P	Audit	Status : N/A					
Pro	ovider Type:				Cı	urrent Rate	New Rate	Effective Date			
	Rural H	lealth Clinic				93.41	100.16	10/01/2024			
	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	ire								
	#05	551 / 0561 Continuous Home C	are - SI	Α							
	#06	555 / H55 Inpatient Respite Car	е								
	#06	556 / H56 General Inpatient Car	е								
	#06	58 Room and Board									
[	Basis :	7		Rate T	ype :	:					
٠		Budget	'	Х		Prospect	ive				
-		Unaudited costs	-			Total Pro	spective				
-		Desk audited costs	-			Prospect	ive Adjusted for	New costs			
•		Field audited costs									
•		Medicare - Prospective				Interim					
_	Χ	Payment System Rate				Total Inte	erim				
•		Average Nursing Home Rate  Jefferson	-			Settleme	nt based on cost	rs			
	Distribution:	<u> </u>		eehrer, Managen	nent /	Analyst Supe	rvisor	1X.F			
	Contract Mana	agement	Medic	aid Progra	m Fir	nance					
	Permanent File										
	Program Deve										
	5	•									



660037902 - 2024/10

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

		Medicaid Reimbursement Per	Diem	Rates for I	Non-	Institutional	<u>Providers</u>			
Qι	incy Medical Gro	oup		F	Provi	der Number :	660037902			
					Date	: 10/16/2024				
17	8 LaSalle Dr			F	isca	al Year End : N/A				
Qι	incy, FI 32351		Αι			Status : N/A				
Pr	ovider Type:				С	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic				93.41	100.16	10/01/2024		
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
	#00	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 - S	SIA						
	#00	655 / H55 Inpatient Respite Car	e							
	#00	656 / H56 General Inpatient Car	re							
	#06	658 Room and Board								
	Basis :	7		Rate T	ype	<u> </u>				
		⊒ Budget		X		 Prospect	ive			
		Unaudited costs				 Total Pro	spective			
		Desk audited costs				 Prospect	ive Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective				 Interim				
	Χ	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	S		
		— Gadsden								
	Distribution	<u>.</u>	I T. K.	Feehrer,				٨٧.٨		
	Fiscal Agent		Seni	or Manager	nent	Analyst Supe	rvisor	2/1/2		
	Contract Mana	agement	Medi	caid Progra	am Fi	nance				
	Permanent Fil	le								
	Program Deve	elopment:								
	For i	ate)								



660037903 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem R	ates for No	n-Institutio	onal F	<u>Providers</u>				
Wa	akulla Family Med	dicine	Provider Number : 660037903								
			Date : 10/16/2024								
15	Council Moore R	ld	Fiscal Year End : N/A								
Cra	awfordville, FI 32	327	Audit Status : N/A								
Pr	ovider Type:				Current R	ate	New Rate	Effective Date			
	Rural F	lealth Clinic			(	93.41	100.16	10/01/2024			
	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 - SI	4							
	#06	55 / H55 Inpatient Respite Car	е								
	#06	56 / H56 General Inpatient Car	е								
	#06	58 Room and Board									
	Basis :	]		Rate Typ	pe:						
		Budget		Х	Pros	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					
	X	Payment System Rate	-		Tota	al Inte	rim				
		Average Nursing Home Rate			Sett	tleme	nt based on cost	s			
		Wakulla									
	<u>Distribution:</u>		l T. K. F	eehrer,				1V.1			
	Fiscal Agent			Manageme	ent Analyst	Super	visor	2/12			
	Contract Mana	gement	Medica	aid Program	Finance						
	Permanent File	e									
	Program Deve	lopment:									



660039500 - 2024/10

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

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

Provider Number : 660039500
Date: 10/16/2024
Fiscal Year End : N/A
Audit Status : N/A

ovider	Туре:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	94.51	100.16	10/01/2024
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

**Distribution**:

Fiscal Agent

**Contract Management** 

Permanent File

Program Development:

\_ For information Only (No Change in rate)

T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



660046800 - 2024/10

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>					
Ric	chard A. Camp	bell RHC	Provider Number : 660046800								
				Da	ate: 10/16/2024						
10	5 Tomoka Bou	llevard South	Fiscal Year End : N/A								
Lal	ke Placid, FL	33852		Au	dit Status : N/A						
Pre	ovider Type:				Current Rate	New Rate	Effective Date				
	X Rura	ll Health Clinic			94.09	100.16	10/01/2024				
	Swir	ng-Bed Provider									
	Fede	erally Qualified Health Centers									
	Hos	pice Provider									
	#	10651 / H51 Routine Home Care	(1-60)								
	#	0651a / H5L Routine Home Care	e (61 +)								
	#	10652 / H52 Continuous Home C	are								
	#	10551 / 0561 Continuous Home (	Care - SIA								
	#	0655 / H55 Inpatient Respite Ca	re								
	#	60656 / H56 General Inpatient Ca	re								
	#	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	ts				
		Highlands									
	Distributio	<u>on:</u>	T. K. Feeh	rer,			1 V 1				
	Fiscal Agen	t			ent Analyst Supe	rvisor	2/1/2				
Contract Management			Medicaid P	rogram	Finance						
	Permanent	File									
	Program De	evelopment:									



660049201 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Ra	tes for	No	n-Inst	itutional	<u>Providers</u>			
Ga	ateway Medical C	linic - Crestview	Provider Number : 660049201								
			Date: 10/16/2024								
12	7-C Redstone Av	e	Fiscal Year End : N/A								
Cr	estview, FL 3253	9	Audit Status : N/A								
Pr	ovider Type:					Curre	ent Rate	New Rate	Effective Date		
	Rural H	lealth Clinic					94.56	100.16	10/01/2024		
	Swing-	Bed Provider									
	Federa	lly Qualified Health Centers									
	Hospic	e Provider									
	#06	51 / H51 Routine Home Care (	1-60)								
	#06	51a / H5L Routine Home Care	(61 +)								
	#06	52 / H52 Continuous Home Ca	re								
	#05	51 / 0561 Continuous Home C	are - SIA								
	#06	55 / H55 Inpatient Respite Care	е								
	#06	56 / H56 General Inpatient Car	е								
	#06	58 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 cos	ts		
		Okaloosa					-				
	Distribution:		I T. K. Fe	ehrer.					A>/ A		
	Fiscal Agent				emei	nt Ana	lyst Supe	rvisor	1/2 - 1/2 -		
	Contract Mana	gement	Medicai	d Progr	ram	Finan	ce				
	Permanent File	<b>)</b>									
	Program Deve	lopment:									



660053100 - 2024/10

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

		<u>.</u>	Medicaid Reimbursement Per	Diem Ra	ates for	· No	n-Inst	itutional	<u>Providers</u>			
Ch	ildren's (	Clinic		Provider Number : 660053100								
				Date: 10/16/2024								
110	00 N. Ma	ain St		Fiscal Year End : N/A								
Ве	lle Glade	e, FL 334	30	Audit Status : N/A								
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic					94.51	100.16	10/01/2024		
		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	Typ	oe :	]				
'			Budget			Χ		Prospect	ive			
•			Unaudited costs	_				Total Pro	spective			
•			Desk audited costs	-				Prospect	ive Adjusted for	New costs		
•			Field audited costs					_				
•			Medicare - Prospective					Interim				
		X	Payment System Rate					Total Inte	erim			
•			Average Nursing Home Rate					Settleme	nt based on cos	ts		
-			Palm Beach					_				
	Distri	ibution:		l T. K. Fe	eehrer,					۸٧.٨		
	Fiscal Agent			Senior	Manage	eme	ent Ana	alyst Supe	rvisor	2/12		
	Contra	act Mana	gement	Medica	id Prog	ram	Finan	ce				
	Perma	anent File										
	Progra	am Devel										



660054900 - 2024/10

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

		1	<u>Medicaid Reimbursement Per</u>	<u>Diem F</u>	Rates for No	on-Inst	titutional I	<u>Providers</u>			
Maı	ion RHC	dba Fo	rest Family Health	Provider Number : 660054900							
					Da	ate : 10	/16/2024				
159	32 E. 40			Fiscal Year End : N/A							
Silv	er Spring	s, FL 3	4488		Αι	ıdit Sta	itus : N/A				
Pro	vider Ty	pe:				Curre	ent Rate	New Rate	Effective Date		
	X	Rural H	ealth Clinic				93.19	100.16	10/01/2024		
	,	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 - SI	A						
		#065	55 / H55 Inpatient Respite Car	е							
		#065	56 / H56 General Inpatient Car	е							
		#065	58 Room and Board								
Γ	Basi	is:			Rate Ty	pe :	]				
_			Budget	'	Х		Prospecti	ve			
_			Unaudited costs								
			Desk audited costs	'			Prospective Adjusted for		r New costs		
			Field audited costs				_				
			Medicare - Prospective				Interim				
	Х		Payment System Rate				Total Inte	rim			
			Average Nursing Home Rate				Settleme	nt based on cost	ts		
			Marion								
	Distrib	oution:		l T. K. I	eehrer,				1V.1		
Fiscal Agent				r Manageme	ent Ana	alyst Supe	rvisor	1/2 ×			
Contract Management				Medic	aid Program	n Finan	ice				
	Permar	nent File									
Program Development:											



660058100 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem F	Rates for N	<u>lon-In</u>	stitutional	<u>Providers</u>				
N.	Okaloosa Medica	al Center	Provider Number : 660058100								
			Date: 10/16/2024								
10	45 US Hwy 331,	Ste D	Fiscal Year End : N/A								
De	Funiak, FL 3243	85	Audit Status : N/A								
Pr	ovider Type:				Cur	rent Rate	New Rate	Effective Date			
	Rural I	lealth Clinic				94.56	100.16	10/01/2024			
	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	re								
	#05	551 / 0561 Continuous Home C	are - SI	Α							
	#06	555 / H55 Inpatient Respite Car	е								
	#06	556 / H56 General Inpatient Car	е								
	#06	58 Room and Board									
	Basis :	7		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 cost	S			
'		Walton				_					
	<u>Distribution</u> :			-oobror				N/ 1			
	Fiscal Agent	<u>.</u>		Feehrer, r Managem	nent A	nalyst Supe	rvisor	1/1/2			
	Contract Mana	agement	Medic	aid Prograi	m Fina	ance		•			
	Permanent File										
	Program Deve										
	2000										



Program Development:

\_ For information Only (No Change in rate)

### Florida Agency for Health Care Administration

660069700 - 2024/10

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

Medicaid Reimburseme	ent Per Diem Rates for	Non-l	nstitutional	<u>Providers</u>					
Florida Family Rural Hlth Care		Provid	der Number :	660069700					
		Date: 10/16/2024							
2398 N. Beach Dr., Suite 100		Fiscal Year End : N/A							
Avon Park, FI 33825		Audit	Status : N/A						
Provider Type:		Cı	ırrent Rate	New Rate	Effective Date				
X Rural Health Clinic			93.04	100.16	10/01/2024				
Swing-Bed Provider									
Federally Qualified Health Cer	nters								
Hospice Provider									
#0651 / H51 Routine Home	Care (1-60)								
#0651a / H5L Routine Hom	e Care (61 +)								
#0652 / H52 Continuous Ho	ome Care								
#0551 / 0561 Continuous H	lome Care - SIA								
#0655 / H55 Inpatient Resp	ite Care								
#0656 / H56 General Inpation	ent Care								
#0658 Room and Board									
Basis:	Rate	Гуре :							
Budget		(	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				
Highlands									
<u>Distribution:</u>	T. K. Feehrer,				٨٧.٨				
Fiscal Agent	Senior Manage			rvisor	1/h				
Contract Management	Medicaid Progr	am Fir	nance						
Permanent File									



660070100 - 2024/10

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

		_1_	Medicaid Reimbursement Per	Diem Rates	for N	on-Ins	titutional	<u>Providers</u>			
Ex	press Ca	re of Bell	eview, Inc	Provider Number : 660070100							
				Date: 10/16/2024							
10	762 S US	Hwy 44	1	Fiscal Year End : N/A							
Ве	lleview, F	1 34420			Aı	udit Sta	ntus : N/A				
Pr	ovider Ty	/pe:			Curre	ent Rate	New Rate	Effective Date			
	X	Rural H	ealth Clinic				93.36	100.16	10/01/2024		
		Swing-E	Bed Provider								
		Federal	ly Qualified Health Centers								
		Hospice	Provider								
		#065	51 / H51 Routine Home Care (	1-60)							
		#065	51a / H5L Routine Home Care	(61 +)							
		#065	52 / H52 Continuous Home Ca	re							
		#055	51 / 0561 Continuous Home Ca	are - SIA							
		#065	55 / H55 Inpatient Respite Care	е							
		#065	66 / H56 General Inpatient Car	е							
		#065	8 Room and Board								
	Bas	is:		R	ate 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				
	×	(	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Marion								
	<u>Di</u> stril	bution:		T. K. Feehr	er.				A \		
	Fiscal			Senior Man		ent Ana	alyst Supe	rvisor	4		
		ct Manag	gement	Medicaid P	rogran	n Finar	nce				
	Perma	nent File									
	Progra	m Devel	opment:								



660071900 - 2024/10

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

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

Nature Coast Family Medical	Provider Number : 660071900
Nature Coast Family	Date: 10/16/2024
3400 N. Lecanto Hwy Suite A	Fiscal Year End : N/A
Beverly Hills, FI 34464	Audit Status : N/A

vider	Type:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	89.44	100.16	10/01/2024
	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			

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

**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

1/4



660072700 - 2024/10

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

		-	Medicaid Reimbursement Per	Diem	Rates for I	Non-I	<u>nstitutional</u>	<u>Providers</u>			
Ra	ijendra F	P. Bellam	MD		F	Provid	ler Number :	660072700			
				Date: 10/16/2024							
11	707 N. \	Williams S	St Suite 3	Fiscal Year End : N/A							
Du	ınnellon,	, FI 3443	2		A	Audit :	Status : N/A				
Pr	ovider 1	Гуре:					ırrent Rate	New Rate	Effective Date		
	X	Rural F	lealth Clinic				91.33	100.16	10/01/2024		
		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	51 / 0561 Continuous Home C	are - S	IA						
		#06	55 / H55 Inpatient Respite Car	е							
		#06	56 / H56 General Inpatient Car	е							
		#06	58 Room and Board								
	Ва	ısis :	1		Rate T	ype :					
			Budget		X		 Prospect	ive			
			Unaudited costs				Total Pro	spective			
			Desk audited costs				Prospect	ive Adjusted for	New costs		
			Field audited costs								
			Medicare - Prospective				Interim				
		Χ	Payment System Rate				Total Inte	erim			
			Average Nursing Home Rate				Settleme	nt based on cost	s		
			Marion								
	Distr	<u>ibution:</u>		L T. K.	Feehrer,				AV 1		
Fiscal Agent					nent A	Analyst Supe	rvisor				
	Contr	act Mana	gement	Medio	caid Progra	m Fir	nance				
	Perm	anent File	Э								
	Progr	am Deve	lopment:								



660072702 - 2024/10

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

		1	Medicaid Reimbursement Per	Diem R	ates for	No	<u>on-Ins</u>	titutional	<u>Providers</u>		
Ra	jendra P	. Bellam,	MD			Pr	ovider	Number :	660072702		
				Date: 10/16/2024							
41	N INGLI	S AVE		Fiscal Year End : N/A							
IN	GLIS, FL	34449-9	9463			Αι	udit Sta	atus : N/A			
Pro	ovider T	уре:					Curr	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					91.33	100.16	10/01/2024	
		Swing-E	Bed Provider								
		Federal	ly Qualified Health Centers								
		Hospice	e Provider								
		#065	51 / H51 Routine Home Care (	1-60)							
		#065	51a / H5L Routine Home Care	(61 +)							
		#065	52 / H52 Continuous Home Ca	ire							
		#05	51 / 0561 Continuous Home C	are - SI	A						
		#065	55 / H55 Inpatient Respite Car	е							
		#065	56 / H56 General Inpatient Car	е							
		#065	58 Room and Board								
	Bas	sis :		Ī	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:		TKF	eehrer,					A>/ A	
Fiscal Agent					eme	ent An	alyst Supe	rvisor			
		act Manag	gement	Medica	aid Prog	ran	n Finar	nce			
	Perma	anent File									
	Progra	am Devel	opment:								



660075100 - 2024/10

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

		<u>.I</u>	Medicaid Reimbursement Per	Diem Ra	ates for	· No	n-Inst	itutional	<u>Providers</u>		
Ch	arles S.	Li MD				Pro	ovider	Number :	660075100		
				Date: 10/16/2024							
76	47 W. G	ulf Lake F	lwy	Fiscal Year End : N/A							
Cry	stal Riv	er, Fl 344	129	Audit Status : N/A							
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					88.08	100.16	10/01/2024	
		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 Co	are - SIA	\						
		#065	55 / H55 Inpatient Respite Care	е							
		#065	56 / H56 General Inpatient Car	е							
		#065	58 Room and Board								
	Bas	sis :			Rate	Тур	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 cos	ts	
•			Citrus					-			
	Distri	ibution:		l T. K. Fe	eehrer					A>/ A	
Fiscal Agent					eme	nt Ana	lyst Supe	rvisor	4		
	Contra	act Manag	gement	Medica	id Progi	ram	Finan	ce			
	Perma	anent File									
	Progra	am Devel	opment:								



660075101 - 2024/10

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

			<u>Medicaid Reimbursement Per</u>	Diem	Rates for	r No	<u>n-Inst</u>	itutional	<u>Providers</u>		
Cit	rus Spri	ngs RHC				Pro	ovider	Number :	660075101		
				Date : 10/16/2024							
10	489 N. F	l Ave		Fiscal Year End : N/A							
Cit	rus Spri	ngs, FI 3	4434			Au	dit Sta	tus : N/A			
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date	
	X	Rural H	ealth Clinic					88.08	100.16	10/01/2024	
		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							
#0656 / H56 General Inpatient Ca											
		#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 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					-			
	Distr	ibution:		L T. K.	Feehrer,					AV 1	
Fiscal Agent					eme	nt Ana	lyst Supe	rvisor	2/1/2		
	Contr	act Mana	gement	Medic	caid Prog	ram	Finan	ce			
	Perma	anent File	)								
	Progr	am Devel	opment:								



660076000 - 2024/10

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

Medicaid Reimbursement Per Diem Rati	Dr.	ovider Number i	660076000					
WFMA- Beverly Hills Med Ctr	PI	ovider Number :	660076000					
Alugubelli & Patel MD	Date: 10/16/2024							
3745 N Lecanto Hwy	Fiscal Year End : N/A							
Beverly Hills, FI 34465	Audit Status : N/A							
Provider Type:		Current Rate	New Rate	Effective Date				
X Rural Health Clinic		92.47	100.16	10/01/2024				
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 Ty							

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



660083200 - 2024/10

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

	Medicaid Reimbursement Per	Diem F	Rates for No	<u>on-Ins</u>	titutional	<u>Providers</u>			
Lake Butler Ho	spital RHC		Pro	ovider	Number :	660083200			
			Da	ite : 10	)/16/2024				
850 E Main St		Fiscal Year End : N/A							
Lake Butler, FL	. 32054		Au	dit Sta	atus : N/A				
Provider Type	:			Curr	ent Rate	New Rate	Effective Date		
Ru	ral Health Clinic				185.61	194.15	10/01/2024		
Sw	ring-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	re							
	#0656 / H56 General Inpatient Ca	re							
	#0658 Room and Board								
Basis :			Rate Typ	oe :	1				
	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		
	Union	'			-				
Distribut	<u>iion:</u>	I T. K. F	eehrer,				٨٧.٨		
Fiscal Age	Fiscal Agent				alyst Supe	rvisor	2/1/2		
Contract N	Management	Medic	aid Program	Finar	nce				
Permaner	nt File								
Program [	Development:								
F	For information Only (No Change in	rate)							



660087500 - 2024/10

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 Per</u>	Diem	Rates to	<u>r NC</u>	<u>n-ins</u>	titutionai	<u>Providers</u>		
Pal	m Glade	es Rural I	Hith Assoc			Pro	ovider	Number :	660087500		
						Da	te : 10	0/16/2024			
217	7 W Ave			Fiscal Year End : N/A							
Bel	le Glade	e, FI 334	30			Au	dit Sta	atus : N/A			
Pro	vider T	уре:					Curr	ent Rate	New Rate	Effective Date	
	X	Rural H	lealth Clinic					91.91	100.16	10/01/2024	
		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 +)							
	#0652 / H52 Continuous Home Care										
		are - S	IA								
		#06	55 / H55 Inpatient Respite Car	e							
		#06	56 / H56 General Inpatient Ca	re							
		#06	58 Room and Board								
	Bas	sis :	]		Rate	Тур	ре :	7			
<b>ַ</b>			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	ts	
_			Palm Beach					_			
	<u>Distri</u>	bution:		I Т. К.	Feehrer,					1V.1	
Fiscal Agent							alyst Supe	rvisor	2/42		
	Contra	act Mana	gement	Medi	caid Prog	ram	Finar	nce			
	Perma	anent File	)								
	Progra	am Devel	opment:								
		For in	formation Only (No Change in I	rate)							



660089100 - 2024/10

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

		Medicaid Reimbursement Per	r Diem Rates fo	r No	n-Institutional	<u>Providers</u>					
He	rnando Medi	ical Center		Pro	ovider Number :	660089100					
				Date: 10/16/2024							
10	489 N Florida	a Ave	Fiscal Year End : N/A								
Cit	rus Springs,	FI 34434		Au	dit Status : N/A						
Pr	ovider Type	:			Current Rate	New Rate	Effective Date				
	X Ru	ral Health Clinic			90.71	100.16	10/01/2024				
	Sw	ring-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 Ca	are								
		#0551 / 0561 Continuous Home C	Care - SIA								
		#0655 / H55 Inpatient Respite Car	re								
		#0656 / H56 General Inpatient Ca	re								
		#0658 Room and Board									
	Basis :		Rate	Тур	pe :						
'		Budget		Х	Prospect	ive					
		Unaudited costs			Total Pro	spective					
'		Desk audited costs			Prospect	ive Adjusted for	New costs				
		Field audited costs									
'		Medicare - Prospective			Interim						
	Χ	Payment System Rate			Total Inte	erim					
		Average Nursing Home Rate			Settleme	nt based on cost	ts				
		Hernando									
	Distribut	<u>ion:</u>	T. K. Feehrer,				A \				
Fiscal Agent					ent Analyst Supe	rvisor	2K2				
	Contract N	Management	Medicaid Prog	gram	Finance						
	Permanen	t File									
	Program D	Development:									



660089102 - 2024/10

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: 10/16/2024
213 S. Pine Ave.	Fiscal Year End : N/A
Inverness , FL 34452-4830	Audit Status : N/A

Provider	Туре:	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
X	Rural Health Clinic	90.71	100.16	10/01/2024
	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
	 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



660092100 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Rat	es for	No	<u>n-Institutional I</u>	<u>Providers</u>	
Do	octor's Memorial I	Hospital			Pro	vider Number :	660092100	
Sto	einhatchee Famil	y Center			Dat	e: 10/16/2024		
12	09 First Ave S.				Fisc	cal Year End : N	/A	
Ste	einhatchee, Fl 32	2359			Auc	dit Status : N/A		
Pr	ovider Type:					Current Rate	New Rate	Effective Date
	Rural I	lealth Clinic				325.39	340.36	10/01/2024
	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	re					
	#05	551 / 0561 Continuous Home Ca	are - SIA					
	#06	555 / H55 Inpatient Respite Care	•					
	#06	556 / H56 General Inpatient Card	е					
	#06	558 Room and Board						
	Basis :	]		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				Settleme	nt based on cost	s
		Taylor						
	<u>Distribution</u> :		T. K. Fee	ehrer				A\/ A
	Fiscal Agent				emer	nt Analyst Super	visor	JKJ -
	Contract Mana	agement	Medicaid	Prog	ram	Finance		
	Permanent File	е						
	Program Deve	elopment:						



660103100 - 2024/10

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			Pro	ovider Number :	660103100			
			Date: 10/16/2024						
48	80 N Hwy 19A			Fis	scal Year End : N	I/A			
Mt.	. Dora, FI 32757	7		Au	dit Status : N/A				
Pre	ovider Type:				Current Rate	New Rate	Effective Date		
	X Rural	Health Clinic			91.15	100.16	10/01/2024		
	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 - Sl	A					
	#0	#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care							
	#0	656 / H56 General Inpatient Car	re						
	#0	658 Room and Board							
	Basis :	7		Rate Typ	oe:				
•		Budget		Х	Prospect	ive			
•		Unaudited costs	-		Total Pro	spective			
•		Desk audited costs	-		Prospect	ive Adjusted for	New costs		
•		Field audited costs	-						
•		Medicare - Prospective	-		Interim				
	Χ	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
		Lake							
	Distribution	<u> </u>	l T. K. F	eehrer,			1 V 1		
	Fiscal Agent				ent Analyst Supe	rvisor	2/1/2		
	Contract Man	agement	Medica	aid Program	Finance				
	Permanent Fi	le							
	Program Deve	elopment:							



660123500 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Rate	es for	Nor	<u>n-Institutional l</u>	<u>Providers</u>			
Do	ctor's Memorial F	amily Medicine			Prov	vider Number :	660123500			
DΝ	//IH Mayo Family	Medicine			Date	Pate: 10/16/2024				
Ρ.0	O. Box 228				Fisc	iscal Year End : N/A				
Ma	ayo, Fl 32066				Aud	it Status : N/A				
Pr	ovider Type:					Current Rate	New Rate	Effective Date		
	Rural H	lealth Clinic				180.42	188.72	10/01/2024		
	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	re							
	#05	551 / 0561 Continuous Home C	are - SIA							
	#06	555 / H55 Inpatient Respite Car	е							
	#06	556 / H56 General Inpatient Car	е							
	#06	58 Room and Board								
	Basis :	]		Rate	Туре	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				Settleme	nt based on cost	s		
		Lafayette								
	<u>Distribution:</u>	<u>.</u>	T. K. Fee	hrer.				AV 1		
	Fiscal Agent				emen	it Analyst Supe	rvisor	2/h2+		
	Contract Mana	agement	Medicaid	Progr	ram l	Finance				
	Permanent File	е								
	Program Deve	elopment:								



660124300 - 2024/10

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

	-	Medicaid Reimbursement Per	Diem Rat	es for No	n-Institutional	<u>Providers</u>		
Do	ctor's Memorial F	amily Practice		Pro	ovider Number :	660124300		
			Date: 10/16/2024					
17	02 S. Jefferson S	t		Fis	scal Year End : N	I/A		
Pe	rry, Fl 32348			Au	dit Status : N/A			
Pr	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural H	lealth Clinic			122.11	127.73	10/01/2024	
	Swing-	Bed Provider						
	Federa	lly Qualified Health Centers						
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (	1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
	#06	52 / H52 Continuous Home Ca	are					
	#05	51 / 0561 Continuous Home C	are - SIA					
	#06	55 / H55 Inpatient Respite Car	е					
	#06	56 / H56 General Inpatient Car	re					
	#06	58 Room and Board						
	Basis :	]		Rate Typ	pe:			
•		Budget		Х	Prospect	ive		
•		Unaudited costs			Total Pro	spective		
		Desk audited costs			Prospect	ive Adjusted for	New costs	
		Field audited costs						
•		Medicare - Prospective			Interim			
	X	Payment System Rate			Total Inte	erim		
•		Average Nursing Home Rate			Settleme	nt based on cost	s	
•		Taylor						
	Distribution:		T. K. Fee	ehrer.			A \	
	Fiscal Agent				ent Analyst Supe	rvisor	2K2	
	Contract Mana	gement	Medicaio	l Program	Finance			
	Permanent File	Э						
	Program Deve	lopment:						



660129400 - 2024/10

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>	
Far	nily Meio	dcal Grou	p (Sebring)			Prov	vider N	lumber :	660129400	
					Date: 10/16/2024					
342	20 US 27	North				Fisc	al Yea	ar End : N	I/A	
Sel	oring, FI	33870				Aud	it Stat	us : N/A		
Pro	vider Ty	ype:					Curre	nt Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					92.04	100.16	10/01/2024
		Swing-E	Bed Provider							
		Federall	y Qualified Health Centers							
		Hospice	Provider							
		#065	51 / H51 Routine Home Care (1	-60)						
		#065	1a / H5L Routine Home Care	(61 +)						
		#065	52 / H52 Continuous Home Ca	re						
		#055	51 / 0561 Continuous Home Ca	are - SIA						
		#065	55 / H55 Inpatient Respite Care	•						
		#065	66 / H56 General Inpatient Card	е						
		#065	8 Room and Board							
	Bas	sis :		R	ate 1	Туре	<b>:</b>			
-			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
Ī			Highlands							
	Distri	bution:		T. K. Feehi	rer.					A \/ A
	Fiscal	Agent		Senior Mar		men	t Anal	yst Supe	rvisor	1/2×
	Contra	ıct Manaç	gement	Medicaid P	rogra	am I	Financ	е		
	Perma	nent File								
	Progra	ım Devel	opment:							



660140500 - 2024/10

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>	
An	dres R. Villar, M.	D.		Pro	ovider Number :	660140500	
				Da	te: 10/16/2024		
P.C	D. Box 606			Fis	scal Year End : N	I/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			90.32	100.16	10/01/2024
	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	are - Sl	4				
	#06	е					
	#06	56 / H56 General Inpatient Car	·e				
	#06	58 Room and Board					
	Basis :	7		Rate Typ	pe :		
٠		Budget		Х	Prospect	ive	
-		Unaudited costs			Total Pro	spective	
-		Desk audited costs	-		Prospec	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
_		Collier					
	<u>Distribution:</u>		L T. K. F	eehrer,			1 V 1
	Fiscal Agent				ent Analyst Supe	rvisor	2/1/2
	Contract Mana	agement	Medica	aid Program	Finance		
	Permanent File	е					
	Program Deve	lopment:					



660141300 - 2024/10

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

		Medicaid Reimbursement Per	Diem Ra	ates for No	<u>on-Institutional</u>	<u>Providers</u>	
Wil	liston Pediatrics	, PA		Pro	ovider Number :	660141300	
				Da	te: 10/16/2024		
223	3 N. Main Street			Fis	scal Year End :	N/A	
Wil	liston, FL 32696	3		Au	dit Status : N/A		
Pro	ovider Type:				Current Rate	New Rate	Effective Date
	X Rural I	Health Clinic			89.46	100.16	10/01/2024
	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	#0652 / H52 Continuous Home C #0551 / 0561 Continuous Home C #0655 / H55 Inpatient Respite Ca		1			
	#06	е					
	#06	656 / H56 General Inpatient Car	re .				
	#06	658 Room and Board					
ſ	Basis :	7		Rate Typ	pe :		
٠		Budget		Х	Prospec	tive	
_		Unaudited costs	_		Total Pr	ospective	
_		Desk audited costs			Prospec	tive Adjusted for	New costs
_		Field audited costs					
_		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Int	erim	
_		Average Nursing Home Rate			Settleme	ent based on cos	ts
		Collier					
	Distribution	<u>:</u>	I T. K. Fe	eehrer,			۸٧.٨
	Fiscal Agent		Senior	Manageme	ent Analyst Supe	ervisor	2/1/2
	Contract Mana	agement	Medica	id Program	Finance		
	Permanent Fil	е					
	Program Deve	elopment:					



660151100 - 2024/10

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: 10/16/2024
P.O. Box 606	Fiscal Year End : N/A
Glen St. Mary, FI 32040	Audit Status : N/A

vider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	90.34	100.16	10/01/2024
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

**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 - 2024/10

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: 10/16/2024
6061 St. Johns Ave, Ste A	Fiscal Year End : N/A
Palatka, FL 321776858	Audit Status : N/A

ovider	Туре:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	93.40	100.16	10/01/2024
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

Basis :		Rate Type :	1
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Collier		_

**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 - 2024/10

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

		Medicaid Reimbursement Per	r Diem Rates f	for No	<u>on-Institutional</u>	<u>Providers</u>		
So	uthern Family F	Healthcare, PA	Provider Number : 660167700					
				Da	ate: 10/16/2024			
P.C	O. Box 692			Fis	scal Year End : I	N/A		
Ch	ipley, FL 3242		Au	ıdit Status : N/A				
Pro	ovider Type:				Current Rate	New Rate	Effective Date	
	X Rural	Health Clinic			88.19	100.16	10/01/2024	
	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 :		Ra	te 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			
	Χ	Payment System Rate			Total Int	erim		
		Average Nursing Home Rate			Settleme	ent based on cost	is	
		Collier						
	Distribution	<u>n:</u>	T. K. Feehre	er,			۸٧.٨	
	Fiscal Agent		Senior Mana	ageme	ent Analyst Supe	ervisor	14 L	
	Contract Mar	nagement	Medicaid Pro	ogram	Finance			
	Permanent F	ïle						
	Program Dev	velopment:						



660174000 - 2024/10

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: 10/16/2024
14681 N.W. Hwy 441	Fiscal Year End : N/A
Alachua, FL 32615	Audit Status : N/A

Provider	ovider Type:		New Rate	Effective Date
Х	Rural Health Clinic	86.94	100.16	10/01/2024
	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 - 2024/10

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: 10/16/2024
4958 Sun ' N Lake Blvd	Fiscal Year End : N/A
Sebring, FL 33872	Audit Status : N/A

ovider	Туре:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	89.69	100.16	10/01/2024
	Swing-Bed Provider			
	Federally Qualified Health Centers			
	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board			

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

**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 - 2024/10

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

		Medicaid Reimbursement Per	<u>Diem Ra</u>	tes for No	on-Ins	titutional	<u>Providers</u>			
Ga	rcia Med	cal Clinic		Provider Number : 660200200						
				Da	Date: 10/16/2024					
41	1 E. Nels	on Avenue		Fiscal Year End : N/A						
De	funiak Sp	rings, FL 32433		Αι	ıdit Sta	atus : N/A				
Pre	ovider Ty	pe:			Curr	ent Rate	New Rate	Effective Date		
	X	Rural Health Clinic				89.55	100.16	10/01/2024		
		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	9							
		#0656 / H56 General Inpatient Care	е							
		#0658 Room and Board								
	Bas	is:		Rate Ty	pe :	7				
ן ו		Budget		Х		⊐ Prospect	ive			
		Unaudited costs	-			– Total Pro	spective			
•		Desk audited costs	-			– Prospect	ive Adjusted for I	New costs		
•		Field audited costs				_				
		Medicare - Prospective	-			_ Interim				
	X	Payment System Rate	-			Total Inte	erim			
		Average Nursing Home Rate	_			Settleme	nt based on cost	s		
•		Walton				_				
	Distril	oution:	I T. K. Fe	ehrer,				ΛV. Λ		
	Fiscal A	Agent				alyst Supe	rvisor	2/1/2		
	Contra	ct Management	Medicai	d Program	ı Finaı	nce				
	Perma	nent File								
	Progra	m Development:								
		For information Only (No Change in ra	ate)							



660204500 - 2024/10

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>				
Ch	iefland Medical C	Center	Provider Number : 660204500							
			Date: 10/16/2024							
11	13 N. W. 23rd Av	re		Fis	scal Year End : N	√A				
Ch	iefland, FL 3262	6		Au	ıdit Status : N/A					
Pre	ovider Type:				Current Rate	New Rate	Effective Date			
	X Rural H	lealth Clinic			87.66	100.16	10/01/2024			
	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	ire							
	#05	51 / 0561 Continuous Home C	are - SIA	4						
	#06	555 / H55 Inpatient Respite Car	е							
	#06	556 / H56 General Inpatient Car	е							
	#06	58 Room and Board								
	Basis :	]		Rate Ty	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			
		Levy								
	<u>Distribution</u> :		l T. K. F	eehrer.			A \			
	Fiscal Agent				ent Analyst Supe	rvisor	- TANC			
	Contract Mana	agement	Medica	id Program	n Finance					
	Permanent File	е								
	Program Deve	lopment:								



660205300 - 2024/10

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

			<u>Medicaid Reimbursement Per</u>	Diem Ra	ates for No	on-Institutiona	<u>l Providers</u>				
Th	e Medica	l Center	LLC		Pro	ovider Number	: 660205300				
	The Medical Center LLC				Date: 10/16/2024						
20	454 N.E.	Finley A	ve		Fis	scal Year End :	N/A				
Blo	ountstowr	n, FL 32	424		Au	dit Status : N/A					
Pro	ovider Ty	/pe:				Current Rate	New Rate	Effective Date			
	X	Rural H	ealth Clinic			89.3	5 100.16	10/01/2024			
		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	e							
		#06	56 / H56 General Inpatient Car	re							
		#06	58 Room and Board								
	Bas	sis :	]		Rate Typ	oe :					
,			Budget		Х	Prospe	ctive				
			Unaudited costs	-		Total P	rospective				
•			Desk audited costs	-		Prospe	ctive Adjusted for	New costs			
			Field audited costs								
			Medicare - Prospective			Interim					
	>	(	Payment System Rate			Total In	terim				
			Average Nursing Home Rate			Settlem	ent based on cos	ts			
•			Calhoun								
	Distri	bution:		l T. K. Fe	eehrer.			A \			
	Fiscal	Agent				ent Analyst Sup	ervisor	2K2+			
Contract Management			Medicai	id Program	Finance						
	Perma	nent File	)								
	Progra	m Devel	opment:								



660209600 - 2024/10

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

		Medicaid Reimbursement Per	<u>r Diem Rates f</u>	or No	on-Institut	<u>ional l</u>	<u>Providers</u>			
Cla	ark Clinic		Provider Number : 660209600							
			Date: 10/16/2024							
212	2 S. Florida St			Fis	scal Year E	End : N	/A			
Bu	shnell, FL 335	13		Au	ıdit Status	: N/A				
Provider Type:					Current	Rate	New Rate	Effective Date		
	X Rura	l Health Clinic				89.30	100.16	10/01/2024		
	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	Care - SIA							
	#(	0655 / H55 Inpatient Respite Ca	re							
	#(	0656 / H56 General Inpatient Ca	re							
	#(	0658 Room and Board								
	Basis :	7	Rat	te Typ	pe:					
		 Budget		Χ	Pro	ospecti	ve			
•		Unaudited costs			To	tal Pro	spective			
•		Desk audited costs			Pro	ospecti	ve Adjusted for	New costs		
		Field audited costs								
		Medicare - Prospective			Int	erim				
	Χ	Payment System Rate			To	tal Inte	rim			
•		Average Nursing Home Rate Sumter			Se	ttleme	nt based on cost	s		
	<u>Distributio</u>		T. K. Feehre		ant Amalicat	. C		NYI		
	Fiscal Agent		Senior Mana			Super	VISUI			
	Contract Ma	•	Medicaid Pro	Jyran	i rillance					
	Permanent F									
	Program Dev	velopment:								



660209605 - 2024/10

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

		Medicaid Reimbursement Per	Diem	Rates for No	on-Ins	<u>stitutional  </u>	<u>Providers</u>		
Cla	ark Clinic			Pr	ovide	r Number :	660209605		
			Date : 10/16/2024						
21	2 S Florida	St	Fiscal Year End : N/A						
Bu	shnell, FL	33513		Αι	udit St	atus : N/A			
Pr	ovider Typ	De:			Curi	ent Rate	New Rate	Effective Date	
	X F	Rural Health Clinic				89.89	100.16	10/01/2024	
	5	Swing-Bed Provider							
	F	ederally Qualified Health Centers							
	H	lospice Provider							
		#0651 / H51 Routine Home Care (	1-60)				,		
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	are						
		#0551 / 0561 Continuous Home C	are - S	IA					
		#0655 / H55 Inpatient Respite Car	e						
		#0656 / H56 General Inpatient Car	re						
		#0658 Room and Board							
	Basis	<b>s</b> :		Rate Ty	pe :	7			
		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				_			
	Distrib	<u>ution:</u>	l T. K.	Feehrer,				AV. A	
	Fiscal A	gent		or Managem	ent An	alyst Supe	rvisor	2/1/2	
	Contrac	t Management	Medio	caid Progran	n Fina	nce			
	Perman	ent File							
	Program	n Development:							
		_ For information Only (No Change in r	ate)						



660209606 - 2024/10

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

			Medicaid Reimbursement Per	Diem R	ates for	<u>r Nor</u>	<u>ı-Ins</u>	<u>titutional l</u>	<u>Providers</u>	
Clark Clinic Inc.					Prov	vider	Number :	660209606		
Lo	well F. C	lark, MD	D. PA.	Date: 10/16/2024						
21:	2 S. Floii	rda St.		Fiscal Year End : N/A						
Bu	shnell, F	L 3351	3			Aud	it Sta	ntus : N/A		
Pro	ovider T	уре:					Curre	ent Rate	New Rate	Effective Date
	X	Rural I	Health Clinic					89.89	100.16	10/01/2024
		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 - SI	4					
		#06	655 / H55 Inpatient Respite Car	е						
		#06	656 / H56 General Inpatient Car	re						
		#06	658 Room and Board							
	Bas	sis :	7		Rate	Туре	<b>:</b>	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
•			Lake	-				_		
	Distri	ibution	·		eehrer,					NY 1.
	Fiscal	Agent						alyst Supe	rvisor	2/M
	Contra	act Mana	agement	Medica	aid Prog	gram I	rınar	ice		
Permanent File										
	Progra	am Deve	elopment:							



660212600 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	r No	<u>n-Insti</u>	tutional	<u>Providers</u>	
Mc	hammad Afzal/E	excel Pediatrics & Family Care			Pro	vider 1	Number :	660212600	
26	5 Citrus Tower B	lvd			Fisc	cal Yea	ar End : N	I/A	
Cle	ermont, FL 3471	11908			Auc	dit Stat	us : N/A		
Pr	ovider Type:					Curre	nt Rate	New Rate	Effective Date
	X Rural I	lealth Clinic					94.78	100.16	10/01/2024
	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 - Sl	IA					
	#06	555 / H55 Inpatient Respite Car	e						
	#06	556 / H56 General Inpatient Car	re						
	#06	558 Room and Board							
	Basis :	]		Rate	Тур	e :			
'		Budget	'		X		Prospect	ive	
•		Unaudited costs					Total Pro	spective	
		Desk audited costs					Prospect	ive Adjusted for	New costs
		Field audited costs							
		Medicare - Prospective					Interim		
	Χ	Payment System Rate					Total Inte	erim	
		Average Nursing Home Rate					Settleme	nt based on cos	ts
		Lake							
	Distribution		<b>_</b>	Feehrer,					A)/ /
	Fiscal Agent				emer	nt Ana	lyst Supe	rvisor	1/4×
	Contract Mana	agement	Medic	aid Prog	ram	Financ	ce		
Permanent File									
	Program Deve	elopment:							



660218500 - 2024/10

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-Institutiona	<u>al Providers</u>				
Dwight Peter Tiu/Acute Care Pediatrics				Provider Number : 660218500							
Dwight Peter Tiu/Acute Care Pediatrics				Date : 10/16/2024 Fiscal Year End : N/A							
13	01 Reid S	St									
Ра	latka, FL	32178			Au	dit Status : N//	4				
Pro	ovider Ty	/pe:				Current Rate	New Rate	Effective Date			
	X	Rural H	ealth Clinic			89.3	100.16	10/01/2024			
		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	е							
		#06	58 Room and Board								
	Bas	is:	]		Rate Typ	pe :					
			Budget	-	Х	Prospe	ective				
•			Unaudited costs			Total F	rospective				
•			Desk audited costs			Prospe	ctive Adjusted for	New costs			
			Field audited costs								
			Medicare - Prospective			Interim					
	>	(	Payment System Rate			Total Ir	nterim				
			Average Nursing Home Rate			Settlen	nent based on cos	its			
			Putnam								
	<u>Distri</u>	bution:		I T. K. Fe	ehrer,			۸٧.٨			
	Fiscal	Agent				ent Analyst Su	pervisor	1/2×			
	Contra	ct Mana	gement	Medicai	d Program	Finance					
	Perma	nent File	}								
	Progra	m Devel	opment:								



660219300 - 2024/10

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

		Medicaid Reimbursement Per	Diem F	Rates for	· No	n-Inst	titutional	<u>Providers</u>			
Fa	mily Medical G	roup, P.A.			Pro	ovider	Number :	660219300			
					Da	ite : 10	e : 10/16/2024				
10	5 Tomoka Blvd	South	Fiscal Year End : N/A								
Lal	ke Placid, FL 3	33852			Au	dit Sta	itus : N/A				
Pro	ovider Type:					Curre	ent Rate	New Rate	Effective Date		
	X Rura	l Health Clinic					89.30	100.16	10/01/2024		
	Swin	g-Bed Provider									
	Fede	rally Qualified Health Centers									
	Hosp	ice Provider									
	#	0651 / H51 Routine Home Care (	1-60)								
	#	0651a / H5L Routine Home Care	(61 +)								
	#	0652 / H52 Continuous Home Ca	are								
	#	0551 / 0561 Continuous Home C	are - SI	Α							
	#	0655 / H55 Inpatient Respite Car	е								
	#	0656 / H56 General Inpatient Car	re								
	#	0658 Room and Board									
	Basis :	7		Rate	Тур	ре :	]				
		 Budget	'		Χ		Prospect	ive			
•		Unaudited costs	-				- Total Pro	spective			
•		Desk audited costs					- Prospect	ive Adjusted for	New costs		
•		Field audited costs	-				-				
•		Medicare - Prospective	-				Interim				
	Χ	Payment System Rate					Total Inte	erim			
		Average Nursing Home Rate Highlands	-				Settleme	nt based on cos	ts		
	<u>Distributio</u>			eehrer,		nt And	alvot Cuno	m door	NYI		
	Fiscal Agent			aid Prog			alyst Supe	IVISUI	אכ		
	Contract Ma	•	ivieuic	aiu F10g	ıaiii	ı Filiali	ic <del>c</del>				
	Permanent F										
	Program De	velopment:									



660230400 - 2024/10

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

		<u>.</u>	<u> Medicaid Reimbursement Per</u>	Diem R	Rates for	N	<u>on-Ins</u>	titutional	<u>Providers</u>	
Express Care of Leesburg						Pr	ovider	Number :	660230400	
				Date: 10/16/2024						
25	00 Citrus	Blvd				Fis	scal Ye	ear End : N	I/A	
Le	esburg, I	FL 34748	3			Αι	udit Sta	atus : N/A		
Pre	ovider T	ype:					Curr	ent Rate	New Rate	Effective Date
	X	Rural H	ealth Clinic					89.30	100.16	10/01/2024
		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 - Sl	A					
		#06	55 / H55 Inpatient Respite Car	е						
		#06	56 / H56 General Inpatient Car	е						
		#06	58 Room and Board							
	Bas	sis :		Ī	Rate	Ту	pe:	1		
,			Budget			X		□ Prospect	ive	
•			Unaudited costs	-				Total Pro	spective	
•			Desk audited costs	-				- Prospect	ive Adjusted for	New costs
•			Field audited costs	-				_		
			Medicare - Prospective	-				Interim		
	2	X	Payment System Rate	-				Total Inte	erim	
•			Average Nursing Home Rate	-				Settleme	nt based on cos	ts
•			Lake					_		
	Distri	ibution:		 K F	eehrer,					A>/ A
		Agent				eme	ent An	alyst Supe	rvisor	2K2
	Contra	act Mana	gement	Medica	aid Prog	ran	n Finar	nce		
	Perma	anent File								
	Progra	am Devel	opment:							



660232100 - 2024/10

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

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

Dawn Rene, Inc	Provider Number : 660232100
Vernon Family Health Center	Date: 10/16/2024
3027 Main St	Fiscal Year End : N/A
Vernon, FL 32462	Audit Status : N/A

ovider	Type:	<b>Current Rate</b>	New Rate	Effective Date
X	Rural Health Clinic	82.62	100.16	10/01/2024
	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
	- 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 - 2024/10

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>		
Jackson County Hospital				Provider Number: 660233900				
			Date: 10/16/2024					
4318 5th Avenue				Fiscal Year End : N/A				
Marianna, FL 32446				Audit Status : N/A				
Provider Type:					Current Rate	New Rate	Effective Date	
	X Rural H	lealth Clinic			89.24	100.16	10/01/2024	
	Swing-	Bed Provider						
Federally Qualified Health Centers								
	Hospic	e Provider						
	#06	51 / H51 Routine Home Care (	1-60)					
	#06	51a / H5L Routine Home Care	(61 +)					
#0652 / H52 Continuous Home Ca #0551 / 0561 Continuous Home C #0655 / H55 Inpatient Respite Car								
				A				
	#06	556 / H56 General Inpatient Car	e					
	#06	558 Room and Board						
	Basis :	7	Ιſ	Rate 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	
		Jackson						
	<u>Distribution:</u>	<u>.</u>	l T. K. F	eehrer,			1 V 1	
	Fiscal Agent			Senior Management Analyst Supervisor				
Contract Management			Medica	aid Program	Finance			
Permanent File								
	Program Deve	lopment:						