



Florida Agency for Health Care Administration

000387200 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Acute Care Pediatrics of Palm Coast, PA  
 397 SW Palm Coast Parkway, #309  
 Palm Coast, FL 32137

Provider Number : 000387200  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.56	83.71	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Flagler</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

000640100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 000640100  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	126.89	128.67	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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Florida Agency for Health Care Administration

000707900 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Adventist Health System  
 Family Practice Center of Avon Park  
 1006 W. Pleasant Street  
 Avon Park, FL 338252966

Provider Number : 000707900  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	86.50	87.71	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p><input type="checkbox"/> Highlands</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Florida Agency for Health Care Administration

000997400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Healthflo Medical Clinic, Inc.  
Ridge Manor Medical Clinic  
34498 Cortez Blvd  
Ridge Manor, FL 335238908

Provider Number : 000997400  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.56	83.71	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #0656 / H56 General Inpatient Care			
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<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Hernando</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Florida Agency for Health Care Administration

001165800 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Little Pine Pediatrics, PLLC  
1702 S Jefferson St  
Perry, FL 32348

Provider Number : 001165800  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.56	83.71	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Taylor	

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Medicaid Program Finance

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Florida Agency for Health Care Administration

001165803 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Little Pine Pediatrics-Madison  
 194 NE Hancock Ave  
 Madison, FL 32340

Provider Number : 001165803  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.97	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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 Permanent File  
 Program Development:

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

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Florida Agency for Health Care Administration

001165807 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Little Pine Pediatrics-Alachua	Provider Number : 001165807
	Date : 09/08/2021
15260 NW 147th Drive	Fiscal Year End : N/A
Alachua, FL 32615	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.56	83.71	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

001524200 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Avon Park Pediatrics, PA	Provider Number : 001524200
	Date : 09/08/2021
1571 US Hwy 27 North	Fiscal Year End : N/A
Avon Park, FL 33825	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.46	83.61	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

001532500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

North Florida Pediatrics - Lake City	Provider Number : 001532500
	Date : 09/08/2021
1859 SW Newland Way	Fiscal Year End : N/A
Lake City, FL 320256966	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.23	88.46	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="1"> <thead> <tr> <th>Basis :</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> <tr><td><input type="checkbox"/> Columbia</td></tr> </tbody> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Columbia	<table border="1"> <thead> <tr> <th>Rate Type :</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </tbody> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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**Distribution:**

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

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

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Florida Agency for Health Care Administration

001534800 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

North Florida Pediatrics - Jasper  
1117 US Highway 41 NW, Suite B  
Jasper, FL 320525856

Provider Number : 001534800  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.23	88.46	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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**Distribution:**

Fiscal Agent  
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Program Development:

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

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Florida Agency for Health Care Administration

001589500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

West Florida Medical Associates, PA  
Suncoast Primary Care Specialists - Inverness  
3733 Gulf To Lake Hwy.  
Inverness, FL 344534830

Provider Number : 001589500  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.54	83.69	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Citrus</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Permanent File  
Program Development:

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

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Florida Agency for Health Care Administration

001768600 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Tri County Primary Care, Inc.  
 Tri County Primary Care - Dixie Co.  
 306 NE Hwy 351  
 Cross City, FL 32628

Provider Number : 001768600  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.54	83.69	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Dixie</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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 Program Development:

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

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Florida Agency for Health Care Administration

002074400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Wakulla Urgent Care and Diagnostic Ctr PLC  
  
2615 Crawfordville Hwy, Suite 103  
Crawfordville, FL 323272169

Provider Number : 002074400  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.55	83.70	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

002335400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Sun n Lake Medical Group - Lake Placid  
 511 West Interlake Blvd.  
 Lake Placid, FL 33852

Provider Number : 002335400  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.55	83.70	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

Basis :	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Highlands	

**Distribution:**

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- Program Development:

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

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Florida Agency for Health Care Administration

002952100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Pediatric & Internal Medicine Specialists, PA  
PO Box 2066  
Lecanto, FL 34461

Provider Number : 002952100  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.71	83.87	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Program Development:

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Senior Management Analyst Supervisor  
Medicaid Program Finance

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Florida Agency for Health Care Administration

003198500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Premier Pediatrics, LLC	Provider Number : 003198500
	Date : 09/08/2021
7960 SW 60th Ave.	Fiscal Year End : N/A
Ocala, FL 344766457	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.74	83.90	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Program Development:

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

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Florida Agency for Health Care Administration

003198505 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Premier Pediatrics - Dunnellon  
 7960 SW 60th Ave, Ste 100  
 Ocala, FL 344768307

Provider Number : 003198505  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.01	84.17	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Marion</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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Florida Agency for Health Care Administration

003432700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

High Springs Pediatrics, LLC	Provider Number : 003432700
	Date : 09/08/2021
210 NW 1st Ave.	Fiscal Year End : N/A
High Springs, FL 326431002	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.71	83.87	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

003557700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Grace Healthcare Solutions, Inc.	Provider Number : 003557700
	Date : 09/08/2021
7368 State Road 15, US 441	Fiscal Year End : N/A
Pahokee, FL 334761736	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.73	83.89	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Florida Agency for Health Care Administration

003682000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

West Florida Medical Associates, PA  
Suncoast Primary Care Specialists - Homasassa  
7991 S. Suncoast Blvd.  
Homasassa, FL 344465005

Provider Number : 003682000  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.71	83.87	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

004510300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

West Florida Medical Associates  
Nature Coast Family Medical Clinic  
PO Box 640573  
Beverly Hills, FL 344533838

Provider Number : 004510300  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.96	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

004567100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Ira Fialko, DO, PA	Provider Number : 004567100
	Date : 09/08/2021
6171 West Gulf to Lake Highway	Fiscal Year End : N/A
Crystal River, FL 344292679	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.96	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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 Medicaid Program Finance

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Florida Agency for Health Care Administration

004770700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Mohammad Afzal, MD  
 Professional Pediatrics  
 1050 US HWY 27N Suite 5  
 Clermont, FL 34714

Provider Number : 004770700  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.96	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Lake</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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T. K. Feehrer,  
 Senior Management Analyst Supervisor  
 Medicaid Program Finance

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Florida Agency for Health Care Administration

004771000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Afzal Mohammad MD  
 Tavares Pediatrics Inc  
 2523 Dora Ave  
 Tavares, FL 32778

Provider Number : 004771000  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.96	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Lake</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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Florida Agency for Health Care Administration

005919400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

West Florida Medical Assoc. PA  
 3775 N. Lecanto Hwy  
 Beverly Hills, FL 344653504

Provider Number : 005919400  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.96	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Citrus</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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 Program Development:

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

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Florida Agency for Health Care Administration

005951500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

West Florida Medical Associates, PA  
 Deven Medical Center  
 11707 N. Williams Street, Suite 2  
 Dunnellon, FL 34432

Provider Number : 005951500  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.96	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Marion</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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 Program Development:

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

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Florida Agency for Health Care Administration

005951502 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

West Florida Medical Associates  
 801 Medical Ct. E  
 Inverness, FL 34452

Provider Number : 005951502  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.73	82.88	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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**Distribution:**

Fiscal Agent  
 Contract Management  
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 Program Development:

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

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Florida Agency for Health Care Administration

005951504 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

West Florida Medical Associates PA  
Suncoast Primary Care Specialists  
2671 W Norvell Bryant Hwy  
Lecanto, FL 34461

Provider Number : 005951504  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.96	84.12	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Citrus	

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Program Development:

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

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Florida Agency for Health Care Administration

005955000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Calhoun Liberty Hospital Assoc.  
Calhoun Liberty Hospital Primary Care Clinic  
20370 NE Burns Ave.  
Blountstown, FL 324241045

Provider Number : 005955000  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	88.40	89.64	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

<table border="0"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> <tr><td style="text-align: center;">Calhoun</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Calhoun	<table border="0"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
<b>Basis :</b>																	
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<input checked="" type="checkbox"/> Payment System Rate																	
<input type="checkbox"/> Average Nursing Home Rate																	
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<b>Rate Type :</b>																	
<input checked="" type="checkbox"/> Prospective																	
<input type="checkbox"/> Total Prospective																	
<input type="checkbox"/> Prospective Adjusted for New costs																	
<input type="checkbox"/> Interim																	
<input type="checkbox"/> Total Interim																	
<input type="checkbox"/> Settlement based on costs																	

**Distribution:**

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Program Development:

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

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Florida Agency for Health Care Administration

006449300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Sonnis Pediatrics PA	Provider Number : 006449300
	Date : 09/08/2021
1125 South Sixth Avenue	Fiscal Year End : N/A
Wauchula, FL 33873	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.96	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Hardee	

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

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Florida Agency for Health Care Administration

006480000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Sunshine Pediatrics of Ocala, PA

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1900 SW 20th Place

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Ocala, FL 344717870

Provider Number : 006480000

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Date : 09/08/2021

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Fiscal Year End : N/A

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Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.96	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <hr/> <p>Budget</p> <hr/> <p>Unaudited costs</p> <hr/> <p>Desk audited costs</p> <hr/> <p>Field audited costs</p> <hr/> <p>Medicare - Prospective</p> <hr/> <p><input checked="" type="checkbox"/> Payment System Rate</p> <hr/> <p>Average Nursing Home Rate</p> <hr/> <p style="text-align: center;">Marion</p>	<p><b>Rate Type :</b></p> <hr/> <p><input checked="" type="checkbox"/> Prospective</p> <hr/> <p>Total Prospective</p> <hr/> <p>Prospective Adjusted for New costs</p> <hr/> <p>Interim</p> <hr/> <p>Total Interim</p> <hr/> <p>Settlement based on costs</p>
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

007197500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Louis J. Radnothy, DO	Provider Number : 007197500
	Date : 09/08/2021
390 S. Central Ave.	Fiscal Year End : N/A
Umatilla, FL 327842325	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.90	84.06	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Lake</td> </tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Lake	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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T. K. Feehrer,  
Senior Management Analyst Supervisor  
Medicaid Program Finance

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Florida Agency for Health Care Administration

007210600 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Weirsdale Family Health Center Inc.	Provider Number : 007210600
	Date : 09/08/2021
16400 South Highway 25	Fiscal Year End : N/A
Wiersdale, FL 321952442	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.90	84.06	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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 Medicaid Program Finance

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Florida Agency for Health Care Administration

007864900 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

A Womans Place, Inc.	Provider Number : 007864900
	Date : 09/08/2021
1415 NW 23rd Ave.	Fiscal Year End : N/A
Chiefland, FL 326440058	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.90	84.06	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
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Florida Agency for Health Care Administration

008004300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Sacred Heart Medical Group on the Gulf	Provider Number : 008004300
	Date : 09/08/2021
55 Avenue E	Fiscal Year End : N/A
Apalachicola, FL 323201763	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	124.23	125.97	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

008413600 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

University of Florida College of Nursing  
 Archer Family Health Care  
 16939 SW 134th Ave  
 Archer, FL 326185413

Provider Number : 008413600  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.90	84.06	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

009615800 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Nature Coast Medical Group PA  
  
130 SW 7th Street  
Williston, FL 326962404

Provider Number : 009615800  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.90	84.06	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

009634300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Magnolia Pediatrics LLC  
  
1140 SW Bascom Norris Drive Ste 104  
Lake City, FL 320251329

Provider Number : 009634300  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.90	84.06	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

010332700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.51	85.70	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
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<input type="checkbox"/>	Settlement based on costs																																

**Distribution:**

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

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Florida Agency for Health Care Administration

010633400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Grace Pediatrics PL  
4196 W US Highway 90 STE 105  
Lake City, FL 320558834

Provider Number : 010633400  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.01	84.17	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr><td><b>Basis :</b></td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate Columbia</td></tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate Columbia	<table border="0"> <tr><td><b>Rate Type :</b></td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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Medicaid Program Finance

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Florida Agency for Health Care Administration

010801000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Williston Rural Health and Wellness Clinic	Provider Number : 010801000
	Date : 09/08/2021
300A NW 1st Ave	Fiscal Year End : N/A
Williston, FL 32696	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.90	84.06	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Levy	

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 Medicaid Program Finance

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Florida Agency for Health Care Administration

010834300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 010834300  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	124.22	125.96	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
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#0658 Room and Board			

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Florida Agency for Health Care Administration

010855400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Premier Medical Pediatric Clinic	Provider Number : 010855400
	Date : 09/08/2021
315 East Ash Street	Fiscal Year End : N/A
Perry, FL 323472029	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.56	83.71	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Taylor	

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Florida Agency for Health Care Administration

014637300 - 2021/10

Bureau of Medicaid Program Finance

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Tallahassee, Florida 32308

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

First Coast Obstetrics & Gynecology  
PO Box 519  
Palatka, FL 32178-0519

Provider Number : 014637300  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.00	84.17	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Putnam</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Program Development:

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

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Florida Agency for Health Care Administration

014683500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Sumter Pediatrics  
 Mohammad Afzal  
 265 Citrus Tower Blvd Ste 102  
 Clermont, FL 34711

Provider Number : 014683500  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.00	84.17	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

015048100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

North Florida Pediatrics-Columbia Co  
1859 SW Newland Way  
Lake City, FL 32025

Provider Number : 015048100  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.99	84.16	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Suwannee	

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Florida Agency for Health Care Administration

016554200 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.98	84.14	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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T. K. Feehrer,  
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

018056100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Jay Hospital, Inc.  
Century Medical Center  
8401 North Century Boulevard  
Century, FL 32535

Provider Number : 018056100  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	122.39	126.46	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
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Contract Management  
Permanent File  
Program Development:

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

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Florida Agency for Health Care Administration

018968900 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family & After Hours Care  
  
1413 NW 23rd Ave  
Chiefland, FL 32626

Provider Number : 018968900  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.97	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

018968904 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

FAMILY AND AFTER HOUR CARE LLC  
5915 North Oceanshore Blvd  
Palm Coast, FL 32137

Provider Number : 018968904  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.97	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
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<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

019432300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

North Florida Pediatrics-Cross City	Provider Number : 019432300
	Date : 09/08/2021
149 NE 241st St Ste A	Fiscal Year End : N/A
Cross City, Fl 32628	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.97	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

019474000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Divaker Pediatrics	Provider Number : 019474000
	Date : 09/08/2021
6551 N Orange Blossom Trl	Fiscal Year End : N/A
Mount Dora, Fl 32757	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.97	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

020403901 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Reliant Acute Care  
5781 Lee Blvd  
Lehigh Acres, FL 33971

Provider Number : 020403901  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.98	84.14	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #0658 Room and Board			

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Florida Agency for Health Care Administration

023548300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Kids Health Alliance, P.A.	Provider Number : 023548300
	Date : 09/08/2021
2650 NW 2nd Street Suite 100	Fiscal Year End : N/A
Ocala, FL 34475	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.97	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
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Florida Agency for Health Care Administration

023710500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Northwest Florida Healthcare  
 Chipley Medical Group  
 1376 Brickyard Rd Ste 4  
 Chipley, FL 32428

Provider Number : 023710500  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.66	83.82	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate Washington</td> </tr> </table>	<b>Basis :</b>		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate Washington	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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**Distribution:**

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

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

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Florida Agency for Health Care Administration

023710502 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Northwest Florida Healthcare, Inc  
 PO Box 889  
 Chipley, FL 32428

Provider Number : 023710502  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.66	83.82	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #0658 Room and Board			

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 Program Development:

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

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Florida Agency for Health Care Administration

024917965 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

St Vincent's Ambulatory Care, Inc	Provider Number : 024917965
	Date : 09/08/2021
4205 Belfort Rd	Fiscal Year End : N/A
Jacksonville, FL 32216	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.98	84.14	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #0658 Room and Board			

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T. K. Feehrer,  
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

029506000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Trenton Medical Center	Provider Number : 029506000
	Date : 09/08/2021
911 S. Main St	Fiscal Year End : N/A
Trenton, FL 32693	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.82	90.06	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #0658 Room and Board			

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T. K. Feehrer,  
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Florida Agency for Health Care Administration

029511600 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

ACV Community Services  
 PO Box 4675  
 Dowling Park, FL 32064

Provider Number : 029511600  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.45	82.59	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p><input type="checkbox"/> Not Selected</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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 Program Development:

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

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



Florida Agency for Health Care Administration

100167400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Dynamic Health Centers-Lake City	Provider Number : 100167400
	Date : 09/08/2021
163 Sw Stonegate Tercace Suite 109	Fiscal Year End : N/A
Lake City , FL 32024	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.99	84.15	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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- Program Development:

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

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Florida Agency for Health Care Administration

100739300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Northwest Florida Healthcare  
5429 College Dr  
Graceville, FL 32440

Provider Number : 100739300  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.23	84.40	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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T. K. Feehrer,  
Senior Management Analyst Supervisor  
Medicaid Program Finance

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Florida Agency for Health Care Administration

101319900 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Jeffrey A. Carameros PLLC  
 Rainbow River Medical  
 20312 Robinson Road  
 Dunnellon, FL 34431

Provider Number : 101319900  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.98	84.14	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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 Medicaid Program Finance

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Florida Agency for Health Care Administration

101707000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

North Florida Pediatrics-Chiefland	Provider Number : 101707000
	Date : 09/08/2021
2220 North Young Blvd	Fiscal Year End : N/A
Chiefland, FL 32626	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.98	84.14	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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T. K. Feehrer,  
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Medicaid Program Finance

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Florida Agency for Health Care Administration

101707400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

North Florida Pediatrics-Starke  
417 E Call St  
Starke, FL 32091

Provider Number : 101707400  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.98	84.14	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
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<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
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Medicaid Program Finance

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Florida Agency for Health Care Administration

102610200 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Port Charlotte HMA Physician Management  
 Bayfront Health Medical Group  
 1012 N Mills Ave  
 Arcadia, FL 34266

Provider Number : 102610200  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.75	82.90	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Program Development:

T. K. Feehrer,  
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

102625100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Philip Colaizzo MD PA  
170 S Barfield Hwy STE 108  
Pahokee, FL 33476

Provider Number : 102625100  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.98	84.14	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Florida Agency for Health Care Administration

105706200 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Ocala Hope Medical Clinic  
3301 SW 34th Circle  
Ocala, FL 34474

Provider Number : 105706200  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.98	84.14	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
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<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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<input type="checkbox"/> Average Nursing Home Rate	
Marion	

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Program Development:

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Senior Management Analyst Supervisor  
Medicaid Program Finance

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Florida Agency for Health Care Administration

105763900 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.75	82.90	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
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T. K. Feehrer,  
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

106170600 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Franklin County BoCC	Provider Number : 106170600
Weems Med Ctr West	Date : 09/08/2021
PO Box 580	Fiscal Year End : N/A
Apalachicola, FL 32329	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	87.95	89.18	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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Florida Agency for Health Care Administration

106362400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 106362400  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	87.95	89.18	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Franklin</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Florida Agency for Health Care Administration

107889600 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Kids Care Pediatrics  
6910 Old Wolf Bay Rd  
Palatka, FL 32177

Provider Number : 107889600  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.24	88.46	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Putnam	

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Florida Agency for Health Care Administration

109045401 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Care Medical Center II LLC	Provider Number : 109045401
	Date : 09/08/2021
819 N Mills Ave	Fiscal Year End : N/A
Arcadia, FL 34266	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.12	85.30	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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T. K. Feehrer,  
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

109368700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Holmes County Hospital Corporation  
Bonifay Rural Health Clinic  
2910 HOSPITAL DR  
BONIFAY, FL 32425

Provider Number : 109368700  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.12	84.28	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Holmes</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Florida Agency for Health Care Administration

109437500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Heartland Pediatric Associates  
 7215 US Hwy 27 North  
 Sebring, FL 33870

Provider Number : 109437500  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.12	84.28	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

110621800 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Adventist Health System - Sunbelt Inc	Provider Number : 110621800
	Date : 09/08/2021
200 S SCENIC HWY	Fiscal Year End : N/A
Frostproof, FL 33843	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.52	88.75	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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- Program Development:

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

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



Florida Agency for Health Care Administration

110740900 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Panhandle Rural Health & Primary Care, Inc	Provider Number : 110740900
	Date : 09/08/2021
20274 Central Ave W	Fiscal Year End : N/A
Blountstown, FL 32424	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.52	88.75	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<table border="0"> <tr> <td><b>Basis :</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Calhoun</td> </tr> </table>	<b>Basis :</b>		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Calhoun	<table border="0"> <tr> <td><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

251469901 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Heartland Pediatrics of Lake Wales  
1354 State Road 60 East  
Lake Wales, Fl 33853

Provider Number : 251469901  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.45	78.53	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Florida Agency for Health Care Administration

253535101 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Heartland Pediatrics of L. P  
344 East Royal Palm St, Ste 3  
Lake Placid, Fl 33852

Provider Number : 253535101  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.43	78.52	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Highlands	

**Distribution:**

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Florida Agency for Health Care Administration

253668401 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 253668401  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	151.53	153.65	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Hendry	

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Florida Agency for Health Care Administration

370861601 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Children's Medical Clinic  
  
1002 SW 11th Street  
Live Oak, FL 32064

Provider Number : 370861601  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.26	78.34	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Suwannee</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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T. K. Feehrer,  
Senior Management Analyst Supervisor  
Medicaid Program Finance

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Florida Agency for Health Care Administration

370861604 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Children's Medical Center	Provider Number : 370861604
	Date : 09/08/2021
789 West Duval Street	Fiscal Year End : N/A
Lake City, FL 32055	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.26	78.34	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
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 Program Development:

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

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



Florida Agency for Health Care Administration

372143401 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Jack M. Matheny RHC  
205 Zeagler Drive, Suite #101  
Palatka, FL 32177

Provider Number : 372143401  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.23	88.46	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Medicaid Program Finance

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



Florida Agency for Health Care Administration

372384401 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Healthmark of Walton	Provider Number : 372384401
	Date : 09/08/2021
4415 US Hwy 331	Fiscal Year End : N/A
DeFuniak Springs, FL 32435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	155.07	160.22	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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<input type="checkbox"/>	Average Nursing Home Rate																																
	Walton																																
Rate Type :																																	
<input checked="" type="checkbox"/>	Prospective																																
<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

**Distribution:**

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

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Florida Agency for Health Care Administration

377682401 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Sebring Pediatrics  
1550 Lakeview Dr.  
Sebring, FL 33870

Provider Number : 377682401  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.57	82.71	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Highlands	

**Distribution:**

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Medicaid Program Finance

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Florida Agency for Health Care Administration

378772904 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

The Pediatric Center  
1447 Medical Park Blvd, Suite 402  
Wellington, FL 33414

Provider Number : 378772904  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.97	84.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Palm Beach	

**Distribution:**

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Florida Agency for Health Care Administration

660018201 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Heartland Pediatric Associates  
 120 Heartland Way  
 Wauchula, FL 338375000

Provider Number : 660018201  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	77.63	78.72	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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**Distribution:**

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 Contract Management  
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 Program Development:

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

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Florida Agency for Health Care Administration

660022100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Jay Medical Center
14088 Alabama St
Jay, FL 32565

Provider Number : 660022100
Date : 09/08/2021
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	89.08	90.33	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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<input type="checkbox"/> Unaudited costs																	
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<input type="checkbox"/> Medicare - Prospective																	
<input checked="" type="checkbox"/> Payment System Rate																	
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<input type="checkbox"/> Total Prospective																	
<input type="checkbox"/> Prospective Adjusted for New costs																	
<input type="checkbox"/> Interim																	
<input type="checkbox"/> Total Interim																	
<input type="checkbox"/> Settlement based on costs																	

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T. K. Feehrer,  
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660026300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Medical Ctr.-Deland  
1190 North Stone Street  
Deland, FL 32720

Provider Number : 660026300

Date : 09/08/2021

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	88.43	89.67	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

Basis :	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Volusia	

**Distribution:**

Fiscal Agent  
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Permanent File  
Program Development:

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Florida Agency for Health Care Administration

660026302 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Comm. Medical Ctr.-Orange Cty.  
 810 Commed Boulevard  
 Orange City, FL 32763

Provider Number : 660026302  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.99	84.15	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Volusia</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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T. K. Feehrer,  
 Senior Management Analyst Supervisor  
 Medicaid Program Finance

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Florida Agency for Health Care Administration

660027100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

N. Fl. Pediatrics RHC  
 4316 Fifth Avenue  
 Marianna, FL 32446

Provider Number : 660027100  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.23	88.46	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: right;">Jackson</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

660037900 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Blountstown Family Practice	Provider Number : 660037900
	Date : 09/08/2021
17808 NE Charley Johns St	Fiscal Year End : N/A
Blountstown, FL 32424	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	86.22	87.43	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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Medicaid Program Finance

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Florida Agency for Health Care Administration

660037901 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Monticello Family Medicine	Provider Number : 660037901
	Date : 09/08/2021
1549. S. Jefferson St	Fiscal Year End : N/A
Monticello, FL 32344	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	86.22	87.43	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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Florida Agency for Health Care Administration

660037902 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Quincy Medical Group	Provider Number : 660037902
	Date : 09/08/2021
178 LaSalle Dr	Fiscal Year End : N/A
Quincy, FL 32351	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	86.22	87.43	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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T. K. Feehrer,  
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660037903 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Wakulla Family Medicine  
 15 Council Moore Rd  
 Crawfordville, Fl 32327

Provider Number : 660037903  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	86.22	87.43	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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 Medicaid Program Finance

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Florida Agency for Health Care Administration

660039500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Yunus Rural Health Clinic
Mohammad Yunus, MD
404 East Hwy 90
Bonifay, FL 32425

Provider Number : 660039500
Date : 09/08/2021
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.23	88.46	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Florida Agency for Health Care Administration

660046800 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Richard A. Campbell RHC	Provider Number : 660046800
	Date : 09/08/2021
105 Tomoka Boulevard South	Fiscal Year End : N/A
Lake Placid, FL 33852	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	86.85	88.07	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Florida Agency for Health Care Administration

660049201 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Gateway Medical Clinic - Crestview	Provider Number : 660049201
	Date : 09/08/2021
127-C Redstone Ave	Fiscal Year End : N/A
Crestview, FL 32539	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	87.29	88.51	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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Florida Agency for Health Care Administration

660053100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Children's Clinic	Provider Number : 660053100
	Date : 09/08/2021
1100 N. Main St	Fiscal Year End : N/A
Belle Glade, FL 33430	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.23	88.46	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Palm Beach	

**Distribution:**

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 Senior Management Analyst Supervisor  
 Medicaid Program Finance

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Florida Agency for Health Care Administration

660054900 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Marion RHC dba Forest Family Health	Provider Number : 660054900
	Date : 09/08/2021
15932 E. 40	Fiscal Year End : N/A
Silver Springs, FL 34488	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	86.02	87.22	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Marion	

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Florida Agency for Health Care Administration

660056500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Ahmad T. Ismail RHC	Provider Number : 660056500
	Date : 09/08/2021
110 E. Byrd Avenue	Fiscal Year End : N/A
Bonifay, FL 32425	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	76.88	77.96	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
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<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
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Florida Agency for Health Care Administration

660058100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

N. Okaloosa Medical Center	Provider Number : 660058100
	Date : 09/08/2021
1045 US Hwy 331, Ste D	Fiscal Year End : N/A
DeFuniak, FL 32435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	87.29	88.51	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
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#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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**Distribution:**

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T. K. Feehrer,  
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660069700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Florida Family Rural Hlth Care  
 2398 N. Beach Dr., Suite 100  
 Avon Park, Fl 33825

Provider Number : 660069700  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.88	87.08	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Florida Agency for Health Care Administration

660070100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Express Care of Belleview, Inc  
10762 S US Hwy 441  
Belleview, FL 34420

Provider Number : 660070100  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	86.18	87.39	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

660071900 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Nature Coast Family Medical  
Nature Coast Family  
3400 N. Lecanto Hwy Suite A  
Beverly Hills, FL 34464

Provider Number : 660071900  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.56	83.72	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

660072700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Rajendra P. Bellam MD  
11707 N. Williams St Suite 3  
Dunnellon, FL 34432

Provider Number : 660072700  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.31	85.49	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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

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Florida Agency for Health Care Administration

660075100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Charles S. Li MD

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7647 W. Gulf Lake Hwy

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Crystal River, Fl 34429

Provider Number : 660075100

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Date : 09/08/2021

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Fiscal Year End : N/A

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Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.30	82.44	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Program Development:

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Florida Agency for Health Care Administration

660075101 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Citrus Springs RHC	Provider Number : 660075101
	Date : 09/08/2021
10489 N. Fl Ave	Fiscal Year End : N/A
Citrus Springs, Fl 34434	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.30	82.44	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
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<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
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<input type="checkbox"/> Average Nursing Home Rate	
Citrus	

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

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Florida Agency for Health Care Administration

660076000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

WFMA- Beverly Hills Med Ctr  
 Alugubelli & Patel MD  
 3745 N Lecanto Hwy  
 Beverly Hills, FL 34465

Provider Number : 660076000  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	85.36	86.55	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Florida Agency for Health Care Administration

660083200 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Lake Butler Hospital RHC	Provider Number : 660083200
	Date : 09/08/2021
850 E Main St	Fiscal Year End : N/A
Lake Butler, FL 32054	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	171.33	173.73	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660087500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Palm Glades Rural Hlth Assoc  
  
217 W Ave  
Belle Glade, Fl 33430

Provider Number : 660087500  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.84	86.02	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Palm Beach</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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Florida Agency for Health Care Administration

660089100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Hernando Medical Center	Provider Number : 660089100
	Date : 09/08/2021
10489 N Florida Ave	Fiscal Year End : N/A
Citrus Springs, FL 34434	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.73	84.90	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

660092100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Doctor's Memorial Hospital	Provider Number : 660092100
Steinhatchee Family Center	Date : 09/08/2021
1209 First Ave S.	Fiscal Year End : N/A
Steinhatchee, Fl 32359	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	300.36	304.57	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Lake Pediatrics	Provider Number : 660103100
	Date : 09/08/2021
4880 N Hwy 19A	Fiscal Year End : N/A
Mt. Dora, FL 32757	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.14	85.32	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

660122700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Northwest Florida Community Hospital  
 3250 Main Street  
 Vernon, FL 32462

Provider Number : 660122700  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	126.23	128.00	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

660123500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Doctor's Memorial Family Medicine	Provider Number : 660123500
DMH Mayo Family Medicine	Date : 09/08/2021
P.O. Box 228	Fiscal Year End : N/A
Mayo, Fl 32066	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	166.54	168.87	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
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Florida Agency for Health Care Administration

660124300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Doctor's Memorial Family Practice	Provider Number : 660124300
	Date : 09/08/2021
1702 S. Jefferson St	Fiscal Year End : N/A
Perry, FL 32348	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	112.72	114.30	10/01/2021
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
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Florida Agency for Health Care Administration

660129400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Meidcal Group (Sebring)
3420 US 27 North
Sebring, Fl 33870

Provider Number : 660129400
Date : 09/08/2021
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	84.96	86.15	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board			

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**Distribution:**

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

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

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



Florida Agency for Health Care Administration

660132400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Oak Hill Medical  
185A North Rt. 1, PO Box 373  
Oak Hill, FL 32759

Provider Number : 660132400  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.72	83.88	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Program Development:

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

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Florida Agency for Health Care Administration

660140500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Andres R. Villar, M.D.	Provider Number : 660140500
	Date : 09/08/2021
P.O. Box 606	Fiscal Year End : N/A
Glen St. Mary, FL 32040	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.38	84.55	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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Senior Management Analyst Supervisor  
Medicaid Program Finance

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Florida Agency for Health Care Administration

660141300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Williston Pediatrics, PA  
223 N. Main Street  
Williston, FL 32696

Provider Number : 660141300  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.58	83.74	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660142100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Rajendra P. Bellam MD	Provider Number : 660142100
	Date : 09/08/2021
P.O. Box 69	Fiscal Year End : N/A
Inglis, Fl 34449	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	65.22	66.13	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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- Program Development:

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

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Florida Agency for Health Care Administration

660147200 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Doctor's Medical Ctr of Walton Co, PA	Provider Number : 660147200
	Date : 09/08/2021
21 West Main St	Fiscal Year End : N/A
DeFuniak Springs, FL 32435	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.45	88.67	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
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<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Walton	

**Distribution:**

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Florida Agency for Health Care Administration

660151100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Andres R. Villar, M.D  
 Children's Medical Ctr-Mt. Vernon  
 P.O. Box 606  
 Glen St. Mary, Fl 32040

Provider Number : 660151100  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	83.38	84.55	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
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 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

660162600 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	86.21	87.42	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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 Medicaid Program Finance

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Florida Agency for Health Care Administration

660167700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Southern Family Healthcare, PA	Provider Number : 660167700
	Date : 09/08/2021
P.O. Box 692	Fiscal Year End : N/A
Chipley, FL 32428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	81.41	82.54	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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<input type="checkbox"/> #0656 / H56 General Inpatient Care			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660174000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Children's Medical Center - Alachua  
 Children's Medical Center - Alachua  
 14681 N.W. Hwy 441  
 Alachua, FL 32615

Provider Number : 660174000  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.25	81.38	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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 Medicaid Program Finance

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Florida Agency for Health Care Administration

660182100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.63	83.79	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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T. K. Feehrer,  
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660183900 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Pediatrics in Brevard - Hibiscus  
Pediatrics in Brevard, PA  
1755 Hibiscus Blvd  
Melbourne, FL 32901

Provider Number : 660183900

Date : 09/08/2021

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.63	83.79	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
Brevard	

**Distribution:**

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Medicaid Program Finance

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Florida Agency for Health Care Administration

660184700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Pediatrics in Brevard - Woods Dr  
Pediatrics in Brevard, PA  
134 S. Woods Dr  
Rockledge, FL 32955

Provider Number : 660184700  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.63	83.79	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660187100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Sun 'Lake Medical Group, PA  
Sun 'N Lake Medical Group  
4958 Sun ' N Lake Blvd  
Sebring, FL 33872

Provider Number : 660187100  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.79	83.95	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
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T. K. Feehrer,  
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Medicaid Program Finance

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Florida Agency for Health Care Administration

660200200 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Garcia Medical Clinic	Provider Number : 660200200
	Date : 09/08/2021
411 E. Nelson Avenue	Fiscal Year End : N/A
Defuniak Springs, FL 32433	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.66	83.81	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
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**Distribution:**

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

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Florida Agency for Health Care Administration

660204500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Chiefland Medical Center  
 1113 N. W. 23rd Ave  
 Chiefland, FL 32626

Provider Number : 660204500  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	80.92	82.06	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Levy</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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 Senior Management Analyst Supervisor  
 Medicaid Program Finance

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Florida Agency for Health Care Administration

660205300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

The Medical Center LLC	Provider Number : 660205300
	Date : 09/08/2021
20454 N.E. Finley Ave	Fiscal Year End : N/A
Blountstown, FL 32424	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.47	83.62	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Calhoun	

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Florida Agency for Health Care Administration

660209600 - 2021/10

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Tallahassee, Florida 32308

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

Clark Clinic	Provider Number : 660209600
	Date : 09/08/2021
212 S. Florida St	Fiscal Year End : N/A
Bushnell, FL 33513	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.43	83.58	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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T. K. Feehrer,  
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Florida Agency for Health Care Administration

660209605 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Clark Clinic  
212 S Florida St  
Bushnell, FL 33513

Provider Number : 660209605  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.98	84.14	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<b>Basis :</b>	<b>Rate Type :</b>
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Lake	

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Permanent File  
Program Development:

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

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Florida Agency for Health Care Administration

660209606 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Clark Clinic Inc.  
Lowell F. Clark, MD. PA.  
212 S. Floirda St.  
Bushnell, FL 33513

Provider Number : 660209606  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.98	84.14	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Program Development:

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Senior Management Analyst Supervisor  
Medicaid Program Finance

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Florida Agency for Health Care Administration

660212600 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Mohammad Afzal/Excel Pediatrics & Family Care  
265 Citrus Tower Blvd  
Clermont, FL 347111908

Provider Number : 660212600  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	87.49	88.71	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Florida Agency for Health Care Administration

660218500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Dwight Peter Tiu/Acute Care Pediatrics  
1301 Reid St  
Palatka, FL 32178

Provider Number : 660218500  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.43	83.58	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
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Program Development:

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Medicaid Program Finance

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Florida Agency for Health Care Administration

660219300 - 2021/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Family Medical Group, P.A.  
  
105 Tomoka Blvd South  
Lake Placid, FL 33852

Provider Number : 660219300  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.43	83.58	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p><input type="checkbox"/> Highlands</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Distribution:**

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

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

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Florida Agency for Health Care Administration

660230400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Express Care of Leesburg  
2500 Citrus Blvd  
Leesburg, FL 34748

Provider Number : 660230400  
Date : 09/08/2021  
Fiscal Year End : N/A  
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.43	83.58	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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Florida Agency for Health Care Administration

660232100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Dawn Rene, Inc  
 Vernon Family Health Center  
 3027 Main St  
 Vernon, FL 32462

Provider Number : 660232100  
 Date : 09/08/2021  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	76.27	77.33	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate Washington</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Florida Agency for Health Care Administration

660233900 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Jackson County Hospital	Provider Number : 660233900
	Date : 09/08/2021
4318 5th Avenue	Fiscal Year End : N/A
Marianna, FL 32446	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	82.37	83.52	10/01/2021
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #0651 / H51 Routine Home Care (1-60)			
<input type="checkbox"/> #0651a / H5L Routine Home Care (61 +)			
<input type="checkbox"/> #0652 / H52 Continuous Home Care			
<input type="checkbox"/> #0551 / 0561 Continuous Home Care - SIA			
<input type="checkbox"/> #0655 / H55 Inpatient Respite Care			
<input type="checkbox"/> #0656 / H56 General Inpatient Care			
<input type="checkbox"/> #0658 Room and Board			

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