



Florida Agency for Health Care Administration

000141800 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of Florida, Inc.
 Heartland Home Health Care and Hospice
 8130 Baymeadows Way W
 Jacksonville, FL 322564409

Provider Number : 000141800
 Date : 09/16/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	182.02	189.28	10/01/2022
#0651a / H5L Routine Home Care (61 +)	143.85	149.58	10/01/2022
#0652 / H52 Continuous Home Care	53.58	55.78	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.40	13.95	10/01/2022
#0655 / H55 Inpatient Respite Care	449.70	467.62	10/01/2022
#0656 / H56 General Inpatient Care	959.06	998.15	10/01/2022
#0658 Room and Board			

<p>Basis :</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"/> Duval</p>	<p>Rate Type :</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

000602600 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Central Florida
 Attn: Martha Carvajal & Khameche Cuff
 3046 Corporate Way
 Miramar, FL 33025

Provider Number : 000602600
 Date : 09/16/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	189.16	194.48	10/01/2022
#0651a / H5L Routine Home Care (61 +)	149.49	153.68	10/01/2022
#0652 / H52 Continuous Home Care	56.02	57.56	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.00	14.39	10/01/2022
#0655 / H55 Inpatient Respite Care	465.86	479.38	10/01/2022
#0656 / H56 General Inpatient Care	995.09	1024.40	10/01/2022
#0658 Room and Board			

<p>Basis :</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;">Brevard</p>	<p>Rate Type :</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

001572800 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Health Care Miami-Dade	Provider Number : 001572800
	Date : 09/16/2022
5755 Blue Lagoon Dr	Fiscal Year End : N/A
Miami, FL 33126	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.80	202.27	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.74	159.84	10/01/2022
#0652 / H52 Continuous Home Care	58.28	60.23	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.57	15.06	10/01/2022
#0655 / H55 Inpatient Respite Care	480.88	497.01	10/01/2022
#0656 / H56 General Inpatient Care	1028.60	1063.75	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <th style="text-align: left;">Basis :</th> </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;">Dade</td> </tr> </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	Dade	<table border="1"> <tr> <th style="text-align: left;">Rate Type :</th> </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>	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:

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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

001636100 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Regency Hospice of NW Florida, Inc.	Provider Number : 001636100
	Date : 09/16/2022
4900 Bayou Blvd., Ste 101	Fiscal Year End : N/A
Pensacola, FL 32503	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	178.00	184.58	10/01/2022
#0651a / H5L Routine Home Care (61 +)	140.67	145.86	10/01/2022
#0652 / H52 Continuous Home Care	52.21	54.18	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.05	13.54	10/01/2022
#0655 / H55 Inpatient Respite Care	440.61	456.97	10/01/2022
#0656 / H56 General Inpatient Care	938.78	974.38	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <th style="text-align: left;">Basis :</th> </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;">Escambia</td> </tr> </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	Escambia	<table border="1"> <tr> <th style="text-align: left;">Rate Type :</th> </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>	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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<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																	
Escambia																	
Rate Type :																	
<input checked="" type="checkbox"/> Prospective																	
<input type="checkbox"/> Total Prospective																	
<input type="checkbox"/> Prospective Adjusted for New costs																	
<input type="checkbox"/> Interim																	
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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

014043700 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando-Pasco Hospice
 HPH Hospice
 12107 Majestic Blvd
 Hudson, FL

Provider Number : 014043700
 Date : 09/16/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	187.88	195.39	10/01/2022
#0651a / H5L Routine Home Care (61 +)	148.48	154.41	10/01/2022
#0652 / H52 Continuous Home Care	55.58	57.87	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.89	14.47	10/01/2022
#0655 / H55 Inpatient Respite Care	462.97	481.44	10/01/2022
#0656 / H56 General Inpatient Care	988.64	1029.01	10/01/2022
#0658 Room and Board			

<p>Basis :</p> <p>_____ Budget</p> <p>_____ Unaudited costs</p> <p>_____ Desk audited costs</p> <p>_____ Field audited costs</p> <p>_____ Medicare - Prospective</p> <p>X _____ Payment System Rate</p> <p>_____ Average Nursing Home Rate</p> <p style="text-align: center;">Pasco</p>	<p>Rate Type :</p> <p>X _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ 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

015328000 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care Broward FL LLC	Provider Number : 015328000
	Date : 09/16/2022
1815 Griffin Rd Ste 410	Fiscal Year End : N/A
Dania Beach, FL 33004	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.29	202.89	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.33	160.33	10/01/2022
#0652 / H52 Continuous Home Care	58.11	60.44	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.53	15.11	10/01/2022
#0655 / H55 Inpatient Respite Care	479.73	498.41	10/01/2022
#0656 / H56 General Inpatient Care	1026.02	1066.86	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td>Basis :</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;">Broward</td> </tr> </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	Broward	<table border="1"> <tr> <td>Rate Type :</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>	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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<input type="checkbox"/> Field audited costs																	
<input type="checkbox"/> Medicare - Prospective																	
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Broward																	
Rate Type :																	
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<input type="checkbox"/> Interim																	
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<input type="checkbox"/> Settlement based on costs																	

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

015986100 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Covenant Hospice, Inc	Provider Number : 015986100
	Date : 09/16/2022
5041 N. 12th	Fiscal Year End : N/A
Pensacola, FL 32504	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	178.00	184.58	10/01/2022
#0651a / H5L Routine Home Care (61 +)	140.67	145.86	10/01/2022
#0652 / H52 Continuous Home Care	52.21	54.18	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.05	13.54	10/01/2022
#0655 / H55 Inpatient Respite Care	440.61	456.97	10/01/2022
#0656 / H56 General Inpatient Care	938.78	974.38	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td style="text-align: center;">Basis :</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;">Escambia</td> </tr> </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	Escambia	<table border="1"> <tr> <td style="text-align: center;">Rate Type :</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>	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
Basis :																	
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<input type="checkbox"/> Unaudited costs																	
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Rate Type :																	
<input checked="" type="checkbox"/> Prospective																	
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<input type="checkbox"/> Prospective Adjusted for New costs																	
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<input type="checkbox"/> Settlement based on costs																	

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

016254400 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Healthcare of Marion County
Kindred at Home-Hospice
1300 N Semoran Blvd Ste 210
Orlando, FL 32807

Provider Number : 016254400
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.26	195.91	10/01/2022
#0651a / H5L Routine Home Care (61 +)	150.36	154.82	10/01/2022
#0652 / H52 Continuous Home Care	56.39	58.05	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.10	14.51	10/01/2022
#0655 / H55 Inpatient Respite Care	468.35	482.61	10/01/2022
#0656 / H56 General Inpatient Care	1000.65	1031.63	10/01/2022
#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"/> Orange	

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

019255800 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of Florida Inc.
 Heartland Hospice
 5975 Sunset Drive Suite 301
 South Miami, FL 33143

Provider Number : 019255800
 Date : 09/16/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.80	202.27	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.74	159.84	10/01/2022
#0652 / H52 Continuous Home Care	58.28	60.23	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.57	15.06	10/01/2022
#0655 / H55 Inpatient Respite Care	480.88	497.01	10/01/2022
#0656 / H56 General Inpatient Care	1028.60	1063.75	10/01/2022
#0658 Room and Board			

<p>Basis :</p> <p>Budget</p> <p>Unaudited costs</p> <p>Desk audited costs</p> <p>Field audited costs</p> <p>Medicare - Prospective</p> <p>X Payment System Rate</p> <p>Average Nursing Home Rate</p> <p>Dade</p>	<p>Rate Type :</p> <p>X Prospective</p> <p>Total Prospective</p> <p>Prospective Adjusted for New costs</p> <p>Interim</p> <p>Total Interim</p> <p>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

024621400 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care of Tampa	Provider Number : 024621400
	Date : 09/16/2022
1408 N West Shore Blvd Suite 260	Fiscal Year End : N/A
Tampa , FL 33607	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	187.88	195.39	10/01/2022
#0651a / H5L Routine Home Care (61 +)	148.48	154.41	10/01/2022
#0652 / H52 Continuous Home Care	55.58	57.87	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.89	14.47	10/01/2022
#0655 / H55 Inpatient Respite Care	462.97	481.44	10/01/2022
#0656 / H56 General Inpatient Care	988.64	1029.01	10/01/2022
#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"/> Hillsborough	

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

087000500 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C.	Provider Number : 087000500
	Date : 09/16/2022
1111 36th Street	Fiscal Year End : N/A
Vero Beach, FL 32960	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	176.78	184.28	10/01/2022
#0651a / H5L Routine Home Care (61 +)	139.70	145.63	10/01/2022
#0652 / H52 Continuous Home Care	51.79	54.08	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	12.95	13.51	10/01/2022
#0655 / H55 Inpatient Respite Care	437.84	456.30	10/01/2022
#0656 / H56 General Inpatient Care	932.61	972.88	10/01/2022
#0658 Room and Board			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td> X _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Indian River</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate		Indian River	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td> X _____</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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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

087246600 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corporation - Dade County
Attn: Martha Carvajal & Khameche Cuff
3046 Corporate Way
Miramar, FL 33025

Provider Number : 087246600
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.80	202.27	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.74	159.84	10/01/2022
#0652 / H52 Continuous Home Care	58.28	60.23	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.57	15.06	10/01/2022
#0655 / H55 Inpatient Respite Care	480.88	497.01	10/01/2022
#0656 / H56 General Inpatient Care	1028.60	1063.75	10/01/2022
#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	
Dade	

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

087255500 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Francis Hospice	Provider Number : 087255500
	Date : 09/16/2022
1250-B Grumman Place	Fiscal Year End : N/A
Titusville, FL 32780	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	189.16	194.48	10/01/2022
#0651a / H5L Routine Home Care (61 +)	149.49	153.68	10/01/2022
#0652 / H52 Continuous Home Care	56.02	57.56	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.00	14.39	10/01/2022
#0655 / H55 Inpatient Respite Care	465.86	479.38	10/01/2022
#0656 / H56 General Inpatient Care	995.09	1024.40	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <th style="text-align: left;">Basis :</th> </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;">Brevard</td> </tr> </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	Brevard	<table border="1"> <tr> <th style="text-align: left;">Rate Type :</th> </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>	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:

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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

087256300 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter	Provider Number : 087256300
	Date : 09/16/2022
480 West Central Pkwy	Fiscal Year End : N/A
Altamonte Springs, FL 327143125	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.26	195.91	10/01/2022
#0651a / H5L Routine Home Care (61 +)	150.36	154.82	10/01/2022
#0652 / H52 Continuous Home Care	56.39	58.05	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.10	14.51	10/01/2022
#0655 / H55 Inpatient Respite Care	468.35	482.61	10/01/2022
#0656 / H56 General Inpatient Care	1000.65	1031.63	10/01/2022
#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	
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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

087407800 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast	Provider Number : 087407800
	Date : 09/16/2022
4266 Sunbeam Road	Fiscal Year End : N/A
Jacksonville, FL 32257	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	182.02	189.28	10/01/2022
#0651a / H5L Routine Home Care (61 +)	143.85	149.58	10/01/2022
#0652 / H52 Continuous Home Care	53.58	55.78	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.40	13.95	10/01/2022
#0655 / H55 Inpatient Respite Care	449.70	467.62	10/01/2022
#0656 / H56 General Inpatient Care	959.06	998.15	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td>Basis :</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><input type="checkbox"/> Duval</td> </tr> </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"/> Duval	<table border="1"> <tr> <td>Rate Type :</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>	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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<input type="checkbox"/> Medicare - Prospective																	
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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

087514700 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Martin & St. Lucie	Provider Number : 087514700
	Date : 09/16/2022
1201 SE Indian Street	Fiscal Year End : N/A
Stuart, FL 34997	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	189.64	199.05	10/01/2022
#0651a / H5L Routine Home Care (61 +)	149.87	157.30	10/01/2022
#0652 / H52 Continuous Home Care	56.18	59.12	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.04	14.78	10/01/2022
#0655 / H55 Inpatient Respite Care	466.95	489.72	10/01/2022
#0656 / H56 General Inpatient Care	997.53	1047.48	10/01/2022
#0658 Room and Board			

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Distribution:

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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

087516300 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Palm Beach County	Provider Number : 087516300
	Date : 09/16/2022
5300 East Avenue	Fiscal Year End : N/A
West Palm Beach, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.16	197.20	10/01/2022
#0651a / H5L Routine Home Care (61 +)	150.28	155.83	10/01/2022
#0652 / H52 Continuous Home Care	56.36	58.49	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.09	14.62	10/01/2022
#0655 / H55 Inpatient Respite Care	468.14	485.53	10/01/2022
#0656 / H56 General Inpatient Care	1000.17	1038.14	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <th style="text-align: left;">Basis :</th> </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 Palm Beach</td> </tr> </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 Palm Beach	<table border="1"> <tr> <th style="text-align: left;">Rate Type :</th> </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>	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

087520100 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Marion County	Provider Number : 087520100
	Date : 09/16/2022
P.O. Box 4860	Fiscal Year End : N/A
Ocala, FL 344784860	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	186.64	194.39	10/01/2022
#0651a / H5L Routine Home Care (61 +)	147.50	153.61	10/01/2022
#0652 / H52 Continuous Home Care	55.16	57.53	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.79	14.38	10/01/2022
#0655 / H55 Inpatient Respite Care	460.17	479.16	10/01/2022
#0656 / H56 General Inpatient Care	982.40	1023.91	10/01/2022
#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

087522800 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Health First	Provider Number : 087522800
	Date : 09/16/2022
1900 Dairy Road	Fiscal Year End : N/A
West Melbourne, FL 32904	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	189.16	194.48	10/01/2022
#0651a / H5L Routine Home Care (61 +)	149.49	153.68	10/01/2022
#0652 / H52 Continuous Home Care	56.02	57.56	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.00	14.39	10/01/2022
#0655 / H55 Inpatient Respite Care	465.86	479.38	10/01/2022
#0656 / H56 General Inpatient Care	995.09	1024.40	10/01/2022
#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	
Brevard	

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

087523600 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Volusia	Provider Number : 087523600
	Date : 09/16/2022
3800 Woodbriar Trail	Fiscal Year End : N/A
Port Orange, FL 32129	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	181.32	186.67	10/01/2022
#0651a / H5L Routine Home Care (61 +)	143.29	147.52	10/01/2022
#0652 / H52 Continuous Home Care	53.34	54.90	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.34	13.73	10/01/2022
#0655 / H55 Inpatient Respite Care	448.12	461.73	10/01/2022
#0656 / H56 General Inpatient Care	955.54	984.99	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td>Basis :</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;">Volusia</td> </tr> </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	Volusia	<table border="1"> <tr> <td>Rate Type :</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>	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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Medicaid Program Finance

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Florida Agency for Health Care Administration

087524400 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Big Bend Hospice	Provider Number : 087524400
	Date : 09/16/2022
1723 Mahan Center Blvd.	Fiscal Year End : N/A
Tallahassee, FL 323085428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	179.76	187.62	10/01/2022
#0651a / H5L Routine Home Care (61 +)	142.06	148.26	10/01/2022
#0652 / H52 Continuous Home Care	52.81	55.22	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.20	13.81	10/01/2022
#0655 / H55 Inpatient Respite Care	444.59	463.84	10/01/2022
#0656 / H56 General Inpatient Care	947.67	989.73	10/01/2022
#0658 Room and Board			

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Medicaid Program Finance

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Florida Agency for Health Care Administration

087526100 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Lake and Sumter

12300 Lane Park Road
Tavares, FL 32778

Provider Number : 087526100
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.26	195.91	10/01/2022
#0651a / H5L Routine Home Care (61 +)	150.36	154.82	10/01/2022
#0652 / H52 Continuous Home Care	56.39	58.05	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.10	14.51	10/01/2022
#0655 / H55 Inpatient Respite Care	468.35	482.61	10/01/2022
#0656 / H56 General Inpatient Care	1000.65	1031.63	10/01/2022
#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"/> Lake	

Distribution:

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Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

087527900 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tidewell Hospice & Palliative Care	Provider Number : 087527900
	Date : 09/16/2022
5955 Rand Blvd	Fiscal Year End : N/A
Sarasota, FL 34238	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	194.51	202.84	10/01/2022
#0651a / H5L Routine Home Care (61 +)	153.72	160.29	10/01/2022
#0652 / H52 Continuous Home Care	57.84	60.42	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.46	15.10	10/01/2022
#0655 / H55 Inpatient Respite Care	477.96	498.28	10/01/2022
#0656 / H56 General Inpatient Care	1022.08	1066.58	10/01/2022
#0658 Room and Board			

<table border="0"> <tr> <td>Basis :</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>Sarasota</td> </tr> </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		Sarasota	<table border="0"> <tr> <td>Rate Type :</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>	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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Medicaid Program Finance

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Florida Agency for Health Care Administration

087528700 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Treasure Coast
 1201 SE Indian St
 Stuart, FL 34997

Provider Number : 087528700
 Date : 09/16/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	189.64	199.05	10/01/2022
#0651a / H5L Routine Home Care (61 +)	149.87	157.30	10/01/2022
#0652 / H52 Continuous Home Care	56.18	59.12	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.04	14.78	10/01/2022
#0655 / H55 Inpatient Respite Care	466.95	489.72	10/01/2022
#0656 / H56 General Inpatient Care	997.53	1047.48	10/01/2022
#0658 Room and Board			

<table border="0"> <tr> <td>Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td>X _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>St Lucie</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate		St Lucie	<table border="0"> <tr> <td>Rate Type :</td> <td></td> </tr> <tr> <td>X _____</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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Florida Agency for Health Care Administration

087529500 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice by the Sea	Provider Number : 087529500
	Date : 09/16/2022
1531 W. Palmetto Park Road	Fiscal Year End : N/A
Boca Raton, FL 334863395	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.16	197.20	10/01/2022
#0651a / H5L Routine Home Care (61 +)	150.28	155.83	10/01/2022
#0652 / H52 Continuous Home Care	56.36	58.49	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.09	14.62	10/01/2022
#0655 / H55 Inpatient Respite Care	468.14	485.53	10/01/2022
#0656 / H56 General Inpatient Care	1000.17	1038.14	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td style="text-align: center;">Basis :</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;">Palm Beach</td> </tr> </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	Palm Beach	<table border="1"> <tr> <td style="text-align: center;">Rate Type :</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>	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,
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

087532500 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Suncoast	Provider Number : 087532500
	Date : 09/16/2022
5771 Roosevelt Blvd	Fiscal Year End : N/A
Clearwater, FL 337603770	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	187.88	195.39	10/01/2022
#0651a / H5L Routine Home Care (61 +)	148.48	154.41	10/01/2022
#0652 / H52 Continuous Home Care	55.58	57.87	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.89	14.47	10/01/2022
#0655 / H55 Inpatient Respite Care	462.97	481.44	10/01/2022
#0656 / H56 General Inpatient Care	988.64	1029.01	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <th style="text-align: left;">Basis :</th> </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;">Pinellas</td> </tr> </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	Pinellas	<table border="1"> <tr> <th style="text-align: left;">Rate Type :</th> </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>	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
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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

087535000 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hope Hospice & Palliative Care
 9470 Health Park Circle
 Ft. Myers, FL 339083617

Provider Number : 087535000
 Date : 09/16/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	193.26	199.08	10/01/2022
#0651a / H5L Routine Home Care (61 +)	152.73	157.32	10/01/2022
#0652 / H52 Continuous Home Care	57.41	59.13	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.35	14.78	10/01/2022
#0655 / H55 Inpatient Respite Care	475.13	489.78	10/01/2022
#0656 / H56 General Inpatient Care	1015.77	1047.62	10/01/2022
#0658 Room and Board			

<p>Basis :</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;">Lee</p>	<p>Rate Type :</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:

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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

087537600 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avow Hospice	Provider Number : 087537600
	Date : 09/16/2022
1095 Whippoorwill Lane	Fiscal Year End : N/A
Naples, FL 34105	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	188.28	195.45	10/01/2022
#0651a / H5L Routine Home Care (61 +)	148.80	154.45	10/01/2022
#0652 / H52 Continuous Home Care	55.72	57.89	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.93	14.48	10/01/2022
#0655 / H55 Inpatient Respite Care	463.88	481.57	10/01/2022
#0656 / H56 General Inpatient Care	990.68	1029.29	10/01/2022
#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

087569400 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice
14875 NW 77th Ave
Miami Lakes, FL 33014

Provider Number : 087569400
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.80	202.27	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.74	159.84	10/01/2022
#0652 / H52 Continuous Home Care	58.28	60.23	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.57	15.06	10/01/2022
#0655 / H55 Inpatient Respite Care	480.88	497.01	10/01/2022
#0656 / H56 General Inpatient Care	1028.60	1063.75	10/01/2022
#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	
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Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

100313200 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District
Hospice of Gold Coast Home Health
309 SE 18th St
Ft. Lauderdale, FL 33316

Provider Number : 100313200
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.29	202.89	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.33	160.33	10/01/2022
#0652 / H52 Continuous Home Care	58.11	60.44	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.53	15.11	10/01/2022
#0655 / H55 Inpatient Respite Care	479.73	498.41	10/01/2022
#0656 / H56 General Inpatient Care	1026.02	1066.86	10/01/2022
#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	
Broward	

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

100944700 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care of Pinellas County	Provider Number : 100944700
	Date : 09/16/2022
17757 US Highway 19 N STE 175	Fiscal Year End : N/A
Clearwater, FL 33764	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	187.88	195.39	10/01/2022
#0651a / H5L Routine Home Care (61 +)	148.48	154.41	10/01/2022
#0652 / H52 Continuous Home Care	55.58	57.87	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.89	14.47	10/01/2022
#0655 / H55 Inpatient Respite Care	462.97	481.44	10/01/2022
#0656 / H56 General Inpatient Care	988.64	1029.01	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td style="text-align: center;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Hillsborough</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate		Hillsborough	<table border="1"> <tr> <td style="text-align: center;">Rate Type :</td> <td></td> </tr> <tr> <td style="text-align: center;">X</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	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

101809700 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Central Florida, Inc.	Provider Number : 101809700
Compassionate Care Hospice of Central Florida, Inc.	Date : 09/16/2022
2525 Drane Field Rd Ste 4	Fiscal Year End : N/A
Lakeland, FL 33811-1344	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	176.96	187.68	10/01/2022
#0651a / H5L Routine Home Care (61 +)	139.85	148.31	10/01/2022
#0652 / H52 Continuous Home Care	51.86	55.24	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	12.96	13.81	10/01/2022
#0655 / H55 Inpatient Respite Care	438.27	463.97	10/01/2022
#0656 / H56 General Inpatient Care	933.56	990.01	10/01/2022
#0658 Room and Board			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td>X _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Polk</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate		Polk	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td>X _____</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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Medicaid Program Finance

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Florida Agency for Health Care Administration

101811400 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade and the Florida Keys
 460-464 W 51 Place
 Hialeah, FL 33012

Provider Number : 101811400
 Date : 09/16/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.80	202.27	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.74	159.84	10/01/2022
#0652 / H52 Continuous Home Care	58.28	60.23	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.57	15.06	10/01/2022
#0655 / H55 Inpatient Respite Care	480.88	497.01	10/01/2022
#0656 / H56 General Inpatient Care	1028.60	1063.75	10/01/2022
#0658 Room and Board			

<p>Basis :</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;">Dade</p>	<p>Rate Type :</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,
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Florida Agency for Health Care Administration

103844700 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice Inc	Provider Number : 103844700
	Date : 09/16/2022
2900 W Cypress Creek Rd, Ste 7	Fiscal Year End : N/A
Ft. Lauderdale, FL 33309	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.29	202.89	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.33	160.33	10/01/2022
#0652 / H52 Continuous Home Care	58.11	60.44	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.53	15.11	10/01/2022
#0655 / H55 Inpatient Respite Care	479.73	498.41	10/01/2022
#0656 / H56 General Inpatient Care	1026.02	1066.86	10/01/2022
#0658 Room and Board			

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<input checked="" type="checkbox"/> Payment System Rate																	
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Florida Agency for Health Care Administration

104177600 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Morselife Hospice Institute
 Palm Beach Hospice by Morselife
 Attn: Finance Department
 West Palm Beach, FL 33417

Provider Number : 104177600
 Date : 09/16/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.16	197.20	10/01/2022
#0651a / H5L Routine Home Care (61 +)	150.28	155.83	10/01/2022
#0652 / H52 Continuous Home Care	56.36	58.49	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.09	14.62	10/01/2022
#0655 / H55 Inpatient Respite Care	468.14	485.53	10/01/2022
#0656 / H56 General Inpatient Care	1000.17	1038.14	10/01/2022
#0658 Room and Board			

<p>Basis :</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>Rate Type :</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
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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

104213800 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard HMA Hospice	Provider Number : 104213800
Wuesthoff Helath Systems Brevard Hospice	Date : 09/16/2022
PO BOX 51266	Fiscal Year End : N/A
Lafayette, LA 70505-1266	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	189.16	194.48	10/01/2022
#0651a / H5L Routine Home Care (61 +)	149.49	153.68	10/01/2022
#0652 / H52 Continuous Home Care	56.02	57.56	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.00	14.39	10/01/2022
#0655 / H55 Inpatient Respite Care	465.86	479.38	10/01/2022
#0656 / H56 General Inpatient Care	995.09	1024.40	10/01/2022
#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	
Brevard	

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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

105197500 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Okeechobee	Provider Number : 105197500
	Date : 09/16/2022
411 SE 4th St	Fiscal Year End : N/A
Okeechobee, FL 34974	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	178.50	186.86	10/01/2022
#0651a / H5L Routine Home Care (61 +)	141.06	147.66	10/01/2022
#0652 / H52 Continuous Home Care	52.38	54.96	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.09	13.74	10/01/2022
#0655 / H55 Inpatient Respite Care	441.73	462.14	10/01/2022
#0656 / H56 General Inpatient Care	941.29	985.91	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td>Basis :</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;">Okeechobee</td> </tr> </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	Okeechobee	<table border="1"> <tr> <td>Rate Type :</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>	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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<input checked="" type="checkbox"/> Payment System Rate																	
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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

105421900 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bristol Hospice - Miami Dade	Provider Number : 105421900
	Date : 09/16/2022
206 N 2100 W Ste 202	Fiscal Year End : N/A
Salt Lake City,	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.80	202.27	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.74	159.84	10/01/2022
#0652 / H52 Continuous Home Care	58.28	60.23	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.57	15.06	10/01/2022
#0655 / H55 Inpatient Respite Care	480.88	497.01	10/01/2022
#0656 / H56 General Inpatient Care	1028.60	1063.75	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td>Basis :</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;">Dade</td> </tr> </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	Dade	<table border="1"> <tr> <td>Rate Type :</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>	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

106026400 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Central Florida Hospice	Provider Number : 106026400
	Date : 09/16/2022
4200 NW 90th Blvd	Fiscal Year End : N/A
Gainesville, FL 32606	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	189.06	192.48	10/01/2022
#0651a / H5L Routine Home Care (61 +)	149.41	152.10	10/01/2022
#0652 / H52 Continuous Home Care	55.98	56.88	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.00	14.22	10/01/2022
#0655 / H55 Inpatient Respite Care	465.64	474.85	10/01/2022
#0656 / H56 General Inpatient Care	994.61	1014.29	10/01/2022
#0658 Room and Board			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</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 style="text-align: center;">Alachua</td> </tr> </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		Alachua	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</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>	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:

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

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Florida Agency for Health Care Administration

106087100 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice and Palliative Care of Pasco County	Provider Number : 106087100
	Date : 09/16/2022
6400 Shafer Ct	Fiscal Year End : N/A
Rosemont, IL 60018	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	187.88	195.39	10/01/2022
#0651a / H5L Routine Home Care (61 +)	148.48	154.41	10/01/2022
#0652 / H52 Continuous Home Care	55.58	57.87	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.89	14.47	10/01/2022
#0655 / H55 Inpatient Respite Care	462.97	481.44	10/01/2022
#0656 / H56 General Inpatient Care	988.64	1029.01	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td style="text-align: center;">Basis :</td> <td></td> </tr> <tr> <td></td> <td>Budget</td> </tr> <tr> <td></td> <td>Unaudited costs</td> </tr> <tr> <td></td> <td>Desk audited costs</td> </tr> <tr> <td></td> <td>Field audited costs</td> </tr> <tr> <td></td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Pasco</td> </tr> </table>	Basis :			Budget		Unaudited costs		Desk audited costs		Field audited costs		Medicare - Prospective	X	Payment System Rate		Average Nursing Home Rate		Pasco	<table border="1"> <tr> <td style="text-align: center;">Rate Type :</td> <td></td> </tr> <tr> <td style="text-align: center;">X</td> <td>Prospective</td> </tr> <tr> <td></td> <td>Total Prospective</td> </tr> <tr> <td></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td></td> <td>Interim</td> </tr> <tr> <td></td> <td>Total Interim</td> </tr> <tr> <td></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X	Prospective		Total Prospective		Prospective Adjusted for New costs		Interim		Total Interim		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

106749100 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Healthcare of Marion County	Provider Number : 106749100
Kindred Hospice	Date : 09/16/2022
1975 S John Young Pkwy	Fiscal Year End : N/A
Kissimmee, FL 34741	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.26	195.91	10/01/2022
#0651a / H5L Routine Home Care (61 +)	150.36	154.82	10/01/2022
#0652 / H52 Continuous Home Care	56.39	58.05	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.10	14.51	10/01/2022
#0655 / H55 Inpatient Respite Care	468.35	482.61	10/01/2022
#0656 / H56 General Inpatient Care	1000.65	1031.63	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <th style="text-align: left;">Basis :</th> </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;">Osceola</td> </tr> </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	Osceola	<table border="1"> <tr> <th style="text-align: left;">Rate Type :</th> </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>	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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 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

108376800 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Opuscare of Florida
6900 SW 80th St
Miami, FL 33143

Provider Number : 108376800
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.80	202.27	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.74	159.84	10/01/2022
#0652 / H52 Continuous Home Care	58.28	60.23	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.57	15.06	10/01/2022
#0655 / H55 Inpatient Respite Care	480.88	497.01	10/01/2022
#0656 / H56 General Inpatient Care	1028.60	1063.75	10/01/2022
#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"/> Dade	

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

108953500 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Continuum Care of Broward	Provider Number : 108953500
	Date : 09/16/2022
7771 W Oakland Park Blvd	Fiscal Year End : N/A
Sunrise, FL 33351	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.29	202.89	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.33	160.33	10/01/2022
#0652 / H52 Continuous Home Care	58.11	60.44	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.53	15.11	10/01/2022
#0655 / H55 Inpatient Respite Care	479.73	498.41	10/01/2022
#0656 / H56 General Inpatient Care	1026.02	1066.86	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td>Basis :</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;">Broward</td> </tr> </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	Broward	<table border="1"> <tr> <td>Rate Type :</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>	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
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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

110029100 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulfside Hospice	Provider Number : 110029100
	Date : 09/16/2022
2061 Collier Pkwy	Fiscal Year End : N/A
Land O Lakes, FL 34639	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	187.88	195.39	10/01/2022
#0651a / H5L Routine Home Care (61 +)	148.48	154.41	10/01/2022
#0652 / H52 Continuous Home Care	55.58	57.87	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.89	14.47	10/01/2022
#0655 / H55 Inpatient Respite Care	462.97	481.44	10/01/2022
#0656 / H56 General Inpatient Care	988.64	1029.01	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td>Basis :</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;">Pasco</td> </tr> </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	Pasco	<table border="1"> <tr> <td>Rate Type :</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>	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
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Florida Agency for Health Care Administration

110680000 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice and Palliative Care of Southern Florida	Provider Number : 110680000
	Date : 09/16/2022
5200 NE 2nd Ave	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.80	202.27	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.74	159.84	10/01/2022
#0652 / H52 Continuous Home Care	58.28	60.23	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.57	15.06	10/01/2022
#0655 / H55 Inpatient Respite Care	480.88	497.01	10/01/2022
#0656 / H56 General Inpatient Care	1028.60	1063.75	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td style="text-align: center;">Basis :</td> </tr> <tr> <td>_____ Budget</td> </tr> <tr> <td>_____ Unaudited costs</td> </tr> <tr> <td>_____ Desk audited costs</td> </tr> <tr> <td>_____ Field audited costs</td> </tr> <tr> <td>_____ Medicare - Prospective</td> </tr> <tr> <td>X _____ Payment System Rate</td> </tr> <tr> <td>_____ Average Nursing Home Rate</td> </tr> <tr> <td style="text-align: center;">Dade</td> </tr> </table>	Basis :	_____ Budget	_____ Unaudited costs	_____ Desk audited costs	_____ Field audited costs	_____ Medicare - Prospective	X _____ Payment System Rate	_____ Average Nursing Home Rate	Dade	<table border="1"> <tr> <td style="text-align: center;">Rate Type :</td> </tr> <tr> <td>X _____ Prospective</td> </tr> <tr> <td>_____ Total Prospective</td> </tr> <tr> <td>_____ Prospective Adjusted for New costs</td> </tr> <tr> <td>_____ Interim</td> </tr> <tr> <td>_____ Total Interim</td> </tr> <tr> <td>_____ Settlement based on costs</td> </tr> </table>	Rate Type :	X _____ Prospective	_____ Total Prospective	_____ Prospective Adjusted for New costs	_____ Interim	_____ Total Interim	_____ Settlement based on costs
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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

111872900 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Shepherd Hospice, Inc.	Provider Number : 111872900
Chapters Health Hospice	Date : 09/16/2022
12470 Telecom Dr, Ste 301	Fiscal Year End : N/A
Temple Terrace, FL 33637-0904	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	178.50	186.86	10/01/2022
#0651a / H5L Routine Home Care (61 +)	141.06	147.66	10/01/2022
#0652 / H52 Continuous Home Care	52.38	54.96	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.09	13.74	10/01/2022
#0655 / H55 Inpatient Respite Care	441.73	462.14	10/01/2022
#0656 / H56 General Inpatient Care	941.29	985.91	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td style="text-align: center;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Monroe</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate		Monroe	<table border="1"> <tr> <td style="text-align: center;">Rate Type :</td> <td></td> </tr> <tr> <td style="text-align: center;">X</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	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

112701500 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Continuum Care of Sarasota
5589 Marquesas Cir, Ste 202
Sarasota, FL 34233-3337

Provider Number : 112701500
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	194.51	202.84	10/01/2022
#0651a / H5L Routine Home Care (61 +)	153.72	160.29	10/01/2022
#0652 / H52 Continuous Home Care	57.84	60.42	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.46	15.10	10/01/2022
#0655 / H55 Inpatient Respite Care	477.96	498.28	10/01/2022
#0656 / H56 General Inpatient Care	1022.08	1066.58	10/01/2022
#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	
Sarasota	

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Florida Agency for Health Care Administration

113425000 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Svcs of Florida III LLC	Provider Number : 113425000
Promedica Hospice (Broward)	Date : 09/16/2022
333 N Summit St	Fiscal Year End : N/A
Toledo, OH 43604-1531	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.29	202.89	10/01/2022
#0651a / H5L Routine Home Care (61 +)	154.33	160.33	10/01/2022
#0652 / H52 Continuous Home Care	58.11	60.44	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.53	15.11	10/01/2022
#0655 / H55 Inpatient Respite Care	479.73	498.41	10/01/2022
#0656 / H56 General Inpatient Care	1026.02	1066.86	10/01/2022
#0658 Room and Board			

<table border="1"> <tr> <td>Basis :</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;">Broward</td> </tr> </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	Broward	<table border="1"> <tr> <td>Rate Type :</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>	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

150003100 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Hospital Hospice Care
 770 W. Granada Blvd
 Ormond Beach, FL 32174

Provider Number : 150003100
 Date : 09/16/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	181.32	186.67	10/01/2022
#0651a / H5L Routine Home Care (61 +)	143.29	147.52	10/01/2022
#0652 / H52 Continuous Home Care	53.34	54.90	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.34	13.73	10/01/2022
#0655 / H55 Inpatient Respite Care	448.12	461.73	10/01/2022
#0656 / H56 General Inpatient Care	955.54	984.99	10/01/2022
#0658 Room and Board			

<p>Basis :</p> <p>Budget</p> <p>Unaudited costs</p> <p>Desk audited costs</p> <p>Field audited costs</p> <p>Medicare - Prospective</p> <p>X Payment System Rate</p> <p>Average Nursing Home Rate</p> <p>Volusia</p>	<p>Rate Type :</p> <p>X Prospective</p> <p>Total Prospective</p> <p>Prospective Adjusted for New costs</p> <p>Interim</p> <p>Total Interim</p> <p>Settlement based on costs</p>
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Florida Agency for Health Care Administration

150009100 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Emerald Coast	Provider Number : 150009100
	Date : 09/16/2022
PO Box 2127	Fiscal Year End : N/A
Dothan, AL 36302	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	189.30	193.90	10/01/2022
#0651a / H5L Routine Home Care (61 +)	149.60	153.22	10/01/2022
#0652 / H52 Continuous Home Care	56.07	57.36	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.02	14.34	10/01/2022
#0655 / H55 Inpatient Respite Care	466.19	478.05	10/01/2022
#0656 / H56 General Inpatient Care	995.83	1021.43	10/01/2022
#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
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Florida Agency for Health Care Administration

150013900 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Florida - Congress Ave
 Attn: Martha Carvajal & Khameche Cuff
 3046 Corporate Way
 Miramar, FL 33025

Provider Number : 150013900
 Date : 09/16/2022
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.16	197.20	10/01/2022
#0651a / H5L Routine Home Care (61 +)	150.28	155.83	10/01/2022
#0652 / H52 Continuous Home Care	56.36	58.49	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	14.09	14.62	10/01/2022
#0655 / H55 Inpatient Respite Care	468.14	485.53	10/01/2022
#0656 / H56 General Inpatient Care	1000.17	1038.14	10/01/2022
#0658 Room and Board			

<p>Basis :</p> <p>_____ Budget</p> <p>_____ Unaudited costs</p> <p>_____ Desk audited costs</p> <p>_____ Field audited costs</p> <p>_____ Medicare - Prospective</p> <p>X _____ Payment System Rate</p> <p>_____ Average Nursing Home Rate</p> <p style="text-align: center;">Palm Beach</p>	<p>Rate Type :</p> <p>X _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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T. K. Feehrer,
 Senior Management Analyst Supervisor
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Florida Agency for Health Care Administration

150021000 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Shepherd Hospice, Inc
115 South Missouri Ave
Lakeland, FL 33815

Provider Number : 150021000
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	176.96	187.68	10/01/2022
#0651a / H5L Routine Home Care (61 +)	139.85	148.31	10/01/2022
#0652 / H52 Continuous Home Care	51.86	55.24	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	12.96	13.81	10/01/2022
#0655 / H55 Inpatient Respite Care	438.27	463.97	10/01/2022
#0656 / H56 General Inpatient Care	933.56	990.01	10/01/2022
#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"/> Polk	

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

150022800 - 2022/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.	Provider Number : 150022800
	Date : 09/16/2022
3010 W. Azeele Street	Fiscal Year End : N/A
Tampa, FL 33609	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	187.88	195.39	10/01/2022
#0651a / H5L Routine Home Care (61 +)	148.48	154.41	10/01/2022
#0652 / H52 Continuous Home Care	55.58	57.87	10/01/2022
#0551 / 0561 Continuous Home Care - SIA	13.89	14.47	10/01/2022
#0655 / H55 Inpatient Respite Care	462.97	481.44	10/01/2022
#0656 / H56 General Inpatient Care	988.64	1029.01	10/01/2022
#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"/> Hillsborough	

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