



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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	213.76	235.91	10/1/2022

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

Distribution:

Fiscal Agent
 Contract Management
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 Program Development:
 _____ For information Only (No Change in rate)

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



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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	221.06	237.68	10/1/2022

<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><input checked="" type="checkbox"/> _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td>_____</td> <td>Brevard</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	<input checked="" type="checkbox"/> _____	Payment System Rate	_____	Average Nursing Home Rate	_____	Brevard	<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>_____</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 :		<input checked="" type="checkbox"/> _____	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



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
 5755 Blue Lagoon Dr
 Miami, FL 33126

Provider Number : 001572800
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	224.67	242.24	10/1/2022

<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>_____ <input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td>_____</td> <td>Dade</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	_____ <input checked="" type="checkbox"/>	Payment System Rate	_____	Average Nursing Home Rate	_____	Dade	<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>_____</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 :		_____ <input checked="" type="checkbox"/>	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



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.
4900 Bayou Blvd., Ste 101
Pensacola, FL 32503

Provider Number : 001636100
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Escambia) and Rate Type (Prospective (checked), 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

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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Pasco. Rate Type options include Prospective (checked), 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

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
1815 Griffin Rd Ste 410
Dania Beach, FL 33004

Provider Number : 015328000
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Senior Management Analyst Supervisor
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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
5041 N. 12th
Pensacola, FL 32504

Provider Number : 015986100
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Escambia) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Program Development:

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

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For information Only (No Change in rate)



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
<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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	219.01	240.26	10/1/2022

<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;">Orange</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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Program Development:

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



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
<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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	232.20	253.09	10/1/2022

<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><input checked="" type="checkbox"/> _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td>_____</td> <td>Dade</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	<input checked="" type="checkbox"/> _____	Payment System Rate	_____	Average Nursing Home Rate	_____	Dade	<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>_____</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 :		<input checked="" type="checkbox"/> _____	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



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
<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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	232.78	234.32	10/1/2022

<table border="1"> <tr> <th>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 Hillsborough</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 Hillsborough	<table border="1"> <tr> <th>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
Basis :																
<input type="checkbox"/> Budget																
<input type="checkbox"/> Unaudited costs																
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<input type="checkbox"/> Medicare - Prospective																
<input checked="" type="checkbox"/> Payment System Rate																
<input type="checkbox"/> Average Nursing Home Rate Hillsborough																
Rate Type :																
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<input type="checkbox"/> Total Prospective																
<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

Distribution:

Fiscal Agent

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

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



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

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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Indian River. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider, and various home care codes (#0651, #0651a, #0652, #0551, #0655, #0656, #0658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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

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
 1250-B Grumman Place
 Titusville, FL 32780

Provider Number : 087255500
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	223.42	243.65	10/1/2022

<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><input type="checkbox"/></td> <td>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	<input type="checkbox"/>	Brevard	<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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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance



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
 480 West Central Pkwy
 Altamonte Springs, FL 327143125

Provider Number : 087256300
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	221.49	240.15	10/1/2022

<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>Seminole</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	_____	Seminole	<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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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance



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
4266 Sunbeam Road
Jacksonville, FL 32257

Provider Number : 087407800
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Duval) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Senior Management Analyst Supervisor
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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
1201 SE Indian Street
Stuart, FL 34997

Provider Number : 087514700
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Senior Management Analyst Supervisor
Medicaid Program Finance

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For information Only (No Change in rate)



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
 5300 East Avenue
 West Palm Beach, FL 33407

Provider Number : 087516300
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	234.29	252.69	10/1/2022

<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 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="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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<input type="checkbox"/>	Average Nursing Home Rate Palm Beach																														
Rate Type :																															
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<input type="checkbox"/>	Settlement based on costs																														

Distribution:

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



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
P.O. Box 4860
Ocala, FL 344784860

Provider Number : 087520100
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate Marion) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, 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

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
1900 Dairy Road
West Melbourne, FL 32904

Provider Number : 087522800
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Brevard) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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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
3800 Woodbriar Trail
Port Orange, FL 32129

Provider Number : 087523600
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, and Volusia. Rate Type options include Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
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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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	223.63	242.33	10/1/2022

<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><input type="checkbox"/></td> <td>Leon</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"/>	Leon	<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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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance



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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, and #0658.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate Lake. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and 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

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
5955 Rand Blvd
Sarasota, FL 34238

Provider Number : 087527900
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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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

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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and St Lucie. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Contract Management
Permanent File
Program Development:

T. K. Feehrer,
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Medicaid Program Finance

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_____ For information Only (No Change in rate)



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
1531 W. Palmetto Park Road
Boca Raton, FL 334863395

Provider Number : 087529500
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Palm Beach) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, 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

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
5771 Roosevelt Blvd
Clearwater, FL 337603770

Provider Number : 087532500
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

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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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	225.03	243.11	10/1/2022

<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 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;">Lee</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate	_____	Lee	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">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



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
1095 Whippoorwill Lane
Naples, FL 34105

Provider Number : 087537600
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Collier) and Rate Type (Prospective (checked), 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

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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Dade) and Rate Type (Prospective (checked), 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



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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and 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

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
 17757 US Highway 19 N STE 175
 Clearwater, FL 33764

Provider Number : 100944700
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	224.75	237.51	10/1/2022

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 Hillsborough	

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 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.
 Compassionate Care Hospice of Central Florida, Inc.
 2525 Drane Field Rd Ste 4
 Lakeland, FL 33811-1344

Provider Number : 101809700
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	217.63	234.54	10/1/2022

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



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

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

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Contract Management
Permanent File
Program Development:
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T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

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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
 2900 W Cypress Creek Rd, Ste 7
 Ft. Lauderdale, FL 33309

Provider Number : 103844700
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	248.74	261.68	10/1/2022

<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>Broward</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate		Broward	<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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Distribution:

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



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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	234.77	275.88	10/1/2022

<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> Palm Beach</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	_____ X	Payment System Rate	_____	Average Nursing Home Rate	_____	Palm Beach	<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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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance



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
Wuesthoff Helath Systems Brevard Hospice
PO BOX 51266
Lafayette, LA 70505-1266

Provider Number : 104213800
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Contract Management
Permanent File
Program Development:
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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
411 SE 4th St
Okeechobee, FL 34974

Provider Number : 105197500
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type options include Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Contract Management
Permanent File
Program Development:

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Senior Management Analyst Supervisor
Medicaid Program Finance

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For information Only (No Change in rate)



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
 206 N 2100 W Ste 202
 Salt Lake City,

Provider Number : 105421900
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	232.20	253.09	10/1/2022

<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><input type="checkbox"/></td> <td>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	<input type="checkbox"/>	Dade	<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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<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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



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
 4200 NW 90th Blvd
 Gainesville, FL 32606

Provider Number : 106026400
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	221.99	240.89	10/1/2022

<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>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>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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<input type="checkbox"/>	Unaudited costs																																
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<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



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
 6400 Shafer Ct
 Rosemont, IL 60018

Provider Number : 106087100
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	222.97	236.08	10/1/2022

<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>_____ <input checked="" type="checkbox"/></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	_____ <input checked="" type="checkbox"/>	Payment System Rate	_____	Average Nursing Home Rate		Pasco	<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>_____</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 :		_____ <input checked="" type="checkbox"/>	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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	Pasco																																
Rate Type :																																	
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance



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
Kindred Hospice
1975 S John Young Pkwy
Kissimmee, FL 34741

Provider Number : 106749100
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various home care codes (#0651, #0651a, #0652, #0551, #0655, #0656, #0658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Osceola) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Senior Management Analyst Supervisor
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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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various home care codes (#0651, #0651a, #0652, #0551, #0655, #0656, #0658).

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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
7771 W Oakland Park Blvd
Sunrise, FL 33351

Provider Number : 108953500
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various home care codes (#0651, #0651a, #0652, #0551, #0655, #0656, #0658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate Broward) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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

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Florida Agency for Health Care Administration

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
 2061 Collier Pkwy
 Land O Lakes, FL 34639

Provider Number : 110029100
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	218.69	233.84	10/1/2022

<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>_____ <input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td>_____</td> <td>Pasco</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	_____ <input checked="" type="checkbox"/>	Payment System Rate	_____	Average Nursing Home Rate	_____	Pasco	<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>_____</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 :		_____ <input checked="" type="checkbox"/>	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



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
 5200 NE 2nd Ave
 Miami, FL 33137

Provider Number : 110680000
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	229.60	253.09	10/1/2022

<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><input type="checkbox"/></td> <td>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	<input type="checkbox"/>	Dade	<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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<input type="checkbox"/>	Unaudited costs																																
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<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
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<input type="checkbox"/>	Average Nursing Home Rate																																
<input type="checkbox"/>	Dade																																
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<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



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.
Chapters Health Hospice
12470 Telecom Dr, Ste 301
Temple Terrace, FL 33637-0904

Provider Number : 111872900
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Contract Management
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Program Development:

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

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For information Only (No Change in rate)



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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	227.36	241.46	10/1/2022

<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"/> 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,
 Senior Management Analyst Supervisor
 Medicaid Program Finance



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
 Promedica Hospice (Broward)
 333 N Summit St
 Toledo, OH 43604-1531

Provider Number : 113425000
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	235.75	253.36	10/1/2022

<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><input checked="" type="checkbox"/> _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td>_____</td> <td>Dade</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	<input checked="" type="checkbox"/> _____	Payment System Rate	_____	Average Nursing Home Rate	_____	Dade	<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>_____</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 :		<input checked="" type="checkbox"/> _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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 Senior Management Analyst Supervisor
 Medicaid Program Finance



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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various home care codes (#0651, #0651a, #0652, #0551, #0655, #0656, #0658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Volusia) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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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
PO Box 2127
Dothan, AL 36302

Provider Number : 150009100
Date : 09/16/2022
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and 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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various home care codes (#0651, #0651a, #0652, #0551, #0655, #0656, #0658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate, Palm Beach) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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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

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #0651, #0651a, #0652, #0551, #0655, #0656, #0658.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Polk) and Rate Type (Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, 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

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.
 3010 W. Azeele Street
 Tampa, FL 33609

Provider Number : 150022800
 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)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	217.95	241.38	10/1/2022

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