

000141800 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of Florida, Inc.	Provider Number : 000141800
Heartland Home Health Care and Hospice	Date: 10/09/2023
8130 Baymeadows Way W	Fiscal Year End : N/A
Jacksonville, FL 322564409	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	189.28	199.05	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	149.58	157.13	10/01/2023
	#0652 / H52 Continuous Home Care	55.78	58.57	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	13.95	14.64	10/01/2023
	#0655 / H55 Inpatient Respite Care	467.62	490.41	10/01/2023
	#0656 / H56 General Inpatient Care	998.15	1046.91	10/01/2023
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





000602600 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Central Florida	Provider Number : 000602600
Attn: Martha Carvajal & Khameche Cuff	Date: 10/09/2023
3046 Corporate Way	Fiscal Year End : N/A
Miramar, FL 33025	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	194.48	200.32	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	153.68	158.13	10/01/2023
	#0652 / H52 Continuous Home Care	57.56	59.00	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.39	14.75	10/01/2023
	#0655 / H55 Inpatient Respite Care	479.38	493.25	10/01/2023
	#0656 / H56 General Inpatient Care	1024.40	1053.26	10/01/2023
	#0658 Room and Board			

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		<u>—</u>
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	– Brevard		<u> </u>

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001572800 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Health Care Miami-Dade	Provider Number : 001572800
	Date: 10/09/2023
5755 Blue Lagoon Dr	Fiscal Year End : N/A
Miami, FL 33126	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	202.27	208.60	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	159.84	164.67	10/01/2023
	#0652 / H52 Continuous Home Care	60.23	61.81	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.06	15.45	10/01/2023
	#0655 / H55 Inpatient Respite Care	497.01	511.97	10/01/2023
	#0656 / H56 General Inpatient Care	1063.75	1095.02	10/01/2023
	#0658 Room and Board			

Basis :	7	Ra	te Type :	
	Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			•
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	- Dade			•

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T. K. Feehrer,





001636100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Regency	Regency Hospice of NW Florida, Inc.		ovider Number : 001636100		
		Da	ate: 10/09/2023		
4900 Bay	ou Blvd., Ste 101	Fis	scal Year End : N	I/A	
Pensacol	a, FL 32503	Αι	Audit Status : N/A		
Provider	Туре:		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)		184.58	190.49	10/01/2023
	#0651a / H5L Routine Home Care (61 +)		145.86	150.37	10/01/2023
	#0652 / H52 Continuous Home Care		54.18	55.66	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA		13.54	13.91	10/01/2023
	#0655 / H55 Inpatient Respite Care		456.97	471.06	10/01/2023

Basis :	7	Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		<u> </u>
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	- Escambia		

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#0656 / H56 General Inpatient Care

#0658 Room and Board

T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance

974.38



10/01/2023

1003.76



014043700 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando-Pasco Hospice	Provider Number : 014043700
HPH Hospice	Date: 10/09/2023
12107 Majestic Blvd	Fiscal Year End : N/A
Hudson, FL	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	195.39	201.96	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	154.41	159.42	10/01/2023
	#0652 / H52 Continuous Home Care	57.87	59.55	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.47	14.89	10/01/2023
	#0655 / H55 Inpatient Respite Care	481.44	496.95	10/01/2023
	#0656 / H56 General Inpatient Care	1029.01	1061.51	10/01/2023
	#0658 Room and Board			

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

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Senior Management Analyst Supervisor



015328000 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care Broward FL LLC	Provider Number : 015328000	
	Date: 10/09/2023	
1815 Griffin Rd Ste 410	Fiscal Year End : N/A	
Dania Beach, FI 33004	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	202.89	215.12	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	160.33	169.81	10/01/2023
	#0652 / H52 Continuous Home Care	60.44	64.03	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.11	16.00	10/01/2023
	#0655 / H55 Inpatient Respite Care	498.41	526.70	10/01/2023
	#0656 / H56 General Inpatient Care	1066.86	1127.88	10/01/2023
	#0658 Room and Board			

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Broward		_

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

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015986100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Covena	ant Hospice,	Inc		Pro	rovider Number : 015986100				
	Date			ate: 10/09/2023					
5041 N. 12th Fis			cal Ye	ear End : N	I/A				
Pensacola, FL 32504		Au	dit Sta	atus : N/A					
Provide	er Type:				Curre	ent Rate	New Rate	Effective Da	te
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
Х	Hospid	ce Provider							
	#06	651 / H51 Routine Home Care (1-60	0)			184.58	190.49	10/01/202	23
	#06	651a / H5L Routine Home Care (61	+)			145.86	150.37	10/01/202	23
#0652 / H52 Continuous Home Care				54.1	54.18	55.66	10/01/2023	23	
	#0	551 / 0561 Continuous Home Care	- SIA			13.54	13.91		23
	#06	655 / H55 Inpatient Respite Care			456	456.97	471.06		23
	#06	656 / H56 General Inpatient Care				974.38	1003.76	10/01/202	23
	#06	558 Room and Board							
	Basis :		Rate	Э Тур	e :	1			
		∟ Budget		Χ		⊐ Prospect	ive		
		Unaudited costs				Total Pro	spective		
		Desk audited costs				- Prospect	ive Adjusted for	New costs	
-		Field audited costs				_			
		Medicare - Prospective				Interim			
	Χ	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	ts	
		Escambia				_			
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T. K. Feehrer,

Senior Management Analyst Supervisor





016254400 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Healthcare of Marion County	Provider Number: 016254400		
Kindred at Home-Hospice	Date: 10/09/2023		
1300 N Semoran Blvd Ste 210	Fiscal Year End : N/A		
Orlando, Fl 32807	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	195.91	199.97	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	154.82	157.85	10/01/2023
	#0652 / H52 Continuous Home Care	58.05	58.88	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.51	14.72	10/01/2023
	#0655 / H55 Inpatient Respite Care	482.61	492.47	10/01/2023
	#0656 / H56 General Inpatient Care	1031.63	1051.51	10/01/2023
	#0658 Room and Board			

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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019255800 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of Florida Inc.	Provider Number : 019255800	
Heartland Hospice	Date: 10/09/2023	
5975 Sunset Drive Suite 301	Fiscal Year End : N/A	
South Miami, FL 33143	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	202.27	208.60	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	159.84	164.67	10/01/2023
	#0652 / H52 Continuous Home Care	60.23	61.81	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.06	15.45	10/01/2023
	#0655 / H55 Inpatient Respite Care	497.01	511.97	10/01/2023
	#0656 / H56 General Inpatient Care	1063.75	1095.02	10/01/2023
	#0658 Room and Board			

Basis :	7	Rate Type :]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Dade		_

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T. K. Feehrer,





024621400 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care of Tampa	Provider Number : 024621400
	Date: 10/09/2023
1408 N West Shore Blvd Suite 260	Fiscal Year End : N/A
Tampa , FL 33607	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	195.39	201.96	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	154.41	159.42	10/01/2023
	#0652 / H52 Continuous Home Care	57.87	59.55	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.47	14.89	10/01/2023
	#0655 / H55 Inpatient Respite Care	481.44	496.95	10/01/2023
	#0656 / H56 General Inpatient Care	1029.01	1061.51	10/01/2023
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

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087000500 - 2023/10

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

		Medicaid Reimbursement Per	r Diem I	Rates for N	on-Ins	stitutional	<u>Providers</u>	
Но	spice of I.R.C.			P	rovide	Number :	087000500	
				D	ate : 1	0/09/2023		
11	11 36th Street			F	Fiscal Year End : N/A			
Ve	ero Beach, FL 32960			A	udit St	atus : N/A		
Pro	ovider Type:				Curi	ent Rate	New Rate	Effective Date
	Rural	Health Clinic					,	
	Swing	g-Bed Provider						
	Feder	ally Qualified Health Centers						
	X Hospi	ice Provider						
	#0	651 / H51 Routine Home Care	(1-60)			184.28	190.49	10/01/2023
	#0	651a / H5L Routine Home Care	(61 +)			145.63	150.37	10/01/2023
	#0	652 / H52 Continuous Home C	are			54.08	55.66	10/01/2023
	#0	551 / 0561 Continuous Home C	Care - S	IA		13.51	13.91	10/01/2023
	#0	655 / H55 Inpatient Respite Ca	re			456.30	471.06	10/01/2023
	#0	656 / H56 General Inpatient Ca	re			972.88	1003.76	10/01/2023
	#0	658 Room and Board						
	Basis :			Rate Ty	pe:	1		
•		Budget		Х		Prospect	ive	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospect	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				Interim		
	Х	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				_Settleme	nt based on cost	S
		Indian River						
	Distribution	<u>ı:</u>	T. K. I	Feehrer,				AV 1
	Fiscal Agent			r Managem			rvisor	1/4 L
	Contract Man	nagement	Medic	aid Progran	m Fina	nce		
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	Program Dev	relopment:						

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087246600 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corporation - Dade County	Provider Number : 087246600	
Attn: Martha Carvajal & Khameche Cuff	Date: 10/09/2023	
3046 Corporate Way	Fiscal Year End : N/A	
Miramar, FL 33025	Audit Status : N/A	

Provider	Туре:	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)	202.27	208.60	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	159.84	164.67	10/01/2023
	#0652 / H52 Continuous Home Care	60.23	61.81	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.06	15.45	10/01/2023
	#0655 / H55 Inpatient Respite Care	497.01	511.97	10/01/2023
	#0656 / H56 General Inpatient Care	1063.75	1095.02	10/01/2023
	#0658 Room and Board			

Basis:	7	Rate Type :]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		- Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	– Dade		-

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

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087255500 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Francis Hospice	Provider Number : 087255500
	Date: 10/09/2023
1250-B Grumman Place	Fiscal Year End : N/A
Titusville, FL 32780	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	194.48	200.32	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	153.68	158.13	10/01/2023
	#0652 / H52 Continuous Home Care	57.56	59.00	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.39	14.75	10/01/2023
	#0655 / H55 Inpatient Respite Care	479.38	493.25	10/01/2023
	#0656 / H56 General Inpatient Care	1024.40	1053.26	10/01/2023
	#0658 Room and Board			

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

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor





087256300 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter	Provider Number: 087256300
	Date: 10/09/2023
480 West Central Pkwy	Fiscal Year End : N/A
Altamonte Springs, FL 327143125	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	195.91	199.97	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	154.82	157.85	10/01/2023
	#0652 / H52 Continuous Home Care	58.05	58.88	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.51	14.72	10/01/2023
	#0655 / H55 Inpatient Respite Care	482.61	492.47	10/01/2023
	#0656 / H56 General Inpatient Care	1031.63	1051.51	10/01/2023
	#0658 Room and Board			

Basis :	7	Rate Type :]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		_ Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Seminole		-

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



087407800 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast	Provider Number : 087407800		
	Date: 10/09/2023		
4266 Sunbeam Road	Fiscal Year End : N/A		
Jacksonville, FL 32257	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	189.28	199.05	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	149.58	157.13	10/01/2023
	#0652 / H52 Continuous Home Care	55.78	58.57	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	13.95	14.64	10/01/2023
	#0655 / H55 Inpatient Respite Care	467.62	490.41	10/01/2023
	#0656 / H56 General Inpatient Care	998.15	1046.91	10/01/2023
	#0658 Room and Board			

Basis :	7	Rate Ty	pe :	
	Budget	X		Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	– Duval			

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T. K. Feehrer,



087514700 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic			-		
Provider Type:		Current Rate	New Rate	Effective Date	
Stuart, FL 34997	Audit Status : N/A				
1201 SE Indian Street	Fiscal Year End : N/A				
	Date: 10/09/2023				
Hospice of Martin & St. Lucie	Provider Number : 087514700				

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic		<u>'</u>	
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	199.05	199.20	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	157.30	157.25	10/01/2023
	#0652 / H52 Continuous Home Care	59.12	58.62	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.78	14.66	10/01/2023
	#0655 / H55 Inpatient Respite Care	489.72	490.73	10/01/2023
	#0656 / H56 General Inpatient Care	1047.48	1047.64	10/01/2023
	#0658 Room and Board			

Basis :	ヿ	Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Martin		_

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

EXC.



087516300 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Palm Beach County	Provider Number : 087516300
	Date: 10/09/2023
5300 East Avenue	Fiscal Year End : N/A
West Palm Beach, FL 33407	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	197.20	205.50	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	155.83	162.22	10/01/2023
	#0652 / H52 Continuous Home Care	58.49	60.76	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.62	15.19	10/01/2023
	#0655 / H55 Inpatient Respite Care	485.53	504.96	10/01/2023
	#0656 / H56 General Inpatient Care	1038.14	1079.40	10/01/2023
	#0658 Room and Board			

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

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T. K. Feehrer,



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Florida Agency for Health Care Administration

087522800 - 2023/10

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

		Medicaid Reimbursement Per	Diem Rates for I	Non-	-Institutional I	<u>Providers</u>			
Нс	spice of Health F	First	F	Prov	ider Number :	087522800			
				Date	ate: 10/09/2023				
19	00 Dairy Road		F	Fiscal Year End : N/A					
W	est Melbourne, F	L 32904	P	Audit Status : N/A					
Pr	ovider Type:			C	Current Rate New Rate Effectiv				
	Rural I	Health Clinic						_	
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	X Hospic	ce Provider						_	
	#06	551 / H51 Routine Home Care (1	1-60)		194.48	200.32	10/01/202	3	
	#06	551a / H5L Routine Home Care	(61 +)		153.68	158.13	10/01/202	3	
	#06	552 / H52 Continuous Home Ca	re		57.56	59.00	10/01/202	3	
	#05	551 / 0561 Continuous Home Ca	are - SIA		14.39	14.75	10/01/202	3	
	#06	655 / H55 Inpatient Respite Card	e		479.38	493.25	10/01/202	3	
	#06	656 / H56 General Inpatient Care	е		1024.40	1053.26	10/01/202	3	
	#06	558 Room and Board							
	Basis :]	Rate T	уре	:				
		∟ Budget	X		Prospecti	ive			
		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospect	ive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	X	Payment System Rate			Total Inte	erim			
		Average Nursing Home Rate			Settleme	nt based on cost	ts		
		Brevard							
	Distribution	<u>:</u>	T. K. Feehrer,				۸٧.٨		
	Fiscal Agent		Senior Managen			rvisor	1/h/2		
	Contract Mana	agement	Medicaid Progra	m F	inance				
	Permanent Fil	е							



087523600 - 2023/10

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

	Medicaid Reimbursement Per Diem Rates i	or No	on-Institutional	<u>Providers</u>			
Hospice of	of Volusia	Provider Number : 087523600					
			Date: 10/09/2023				
3800 Woodbriar Trail		Fis	scal Year End : N	I/A			
Port Orar	nge, FL 32129	Audit Status : N/A					
Provider	Туре:		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)		186.67	190.71	10/01/2023		
	#0651a / H5L Routine Home Care (61 +)		147.52	150.55	10/01/2023		
	#0652 / H52 Continuous Home Care		54.90	55.73	10/01/2023		
	#0551 / 0561 Continuous Home Care - SIA		13.73	13.93	10/01/2023		
	#0655 / H55 Inpatient Respite Care		461.73	471.55	10/01/2023		
	#0656 / H56 General Inpatient Care		984.99	1004.86	10/01/2023		

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

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For information Only (No Change in rate)

#0658 Room and Board

T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor



087524400 - 2023/10

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

Medicaid Reimbursement P	er Diem Rates for N	on-Institutional	<u>Providers</u>	
Big Bend Hospice	Pr	ovider Number :	087524400	
Da		ate: 10/09/2023		
1723 Mahan Center Blvd.		scal Year End : N	I/A	
Tallahassee, FL 323085428	Allahassee, FL 323085428 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	e (1-60)	187.62	190.49	10/01/2023
#0651a / H5L Routine Home Ca	re (61 +)	148.26	150.37	10/01/2023
#0652 / H52 Continuous Home	Care	55.22	55.66	10/01/2023
#0551 / 0561 Continuous Home	Care - SIA	13.81	13.91	10/01/2023
#0655 / H55 Inpatient Respite C	are	463.84	471.06	10/01/2023
#0656 / H56 General Inpatient C	are	989.73	1003.76	10/01/2023
#0658 Room and Board				
Basis:	Rate Ty	pe:		
Budget	X	Prospect	ive	
Unaudited costs		Total Pro	spective	
Desk audited costs		Prospect	ive Adjusted for I	New costs
Field audited costs				
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte	erim	
Average Nursing Home Rate		Settleme	nt based on cost	s
Leon				
<u>Distribution:</u>	T. K. Feehrer,			AV 1
Fiscal Agent	Senior Managem	ent Analyst Supe	rvisor	1/2 ×
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Program Development:				

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087526100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Lake and Sumter	Provider Number : 087526100
	Date: 10/09/2023
12300 Lane Park Road	Fiscal Year End : N/A
Tavares, FL 32778	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	195.91	199.97	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	154.82	157.85	10/01/2023
	#0652 / H52 Continuous Home Care	58.05	58.88	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.51	14.72	10/01/2023
	#0655 / H55 Inpatient Respite Care	482.61	492.47	10/01/2023
	#0656 / H56 General Inpatient Care	1031.63	1051.51	10/01/2023
	#0658 Room and Board			

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		<u></u>
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Lake		

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087527900 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tidewell Hospice & Palliative Care	Provider Number : 087527900
	Date: 10/09/2023
5955 Rand Blvd	Fiscal Year End : N/A
Sarasota, FL 34238	Audit Status : N/A

Provider	Туре:	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)	202.84	207.31	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	160.29	163.65	10/01/2023
	#0652 / H52 Continuous Home Care	60.42	61.38	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.10	15.34	10/01/2023
	#0655 / H55 Inpatient Respite Care	498.28	509.06	10/01/2023
	#0656 / H56 General Inpatient Care	1066.58	1088.52	10/01/2023
	#0658 Room and Board			

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		_ Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Sarasota		_
	Sarasota		_

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



087528700 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Treasure Coast	Provider Number : 087528700
	Date: 10/09/2023
1201 SE Indian St	Fiscal Year End : N/A
Stuart, FL 34997	Audit Status : N/A

Provider	Туре:	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)	199.05	199.20	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	157.30	157.25	10/01/2023
	#0652 / H52 Continuous Home Care	59.12	58.62	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.78	14.66	10/01/2023
	#0655 / H55 Inpatient Respite Care	489.72	490.73	10/01/2023
	#0656 / H56 General Inpatient Care	1047.48	1047.64	10/01/2023
	#0658 Room and Board			

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

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Senior Management Analyst Supervisor



087529500 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date	
Boca Raton, FL 334863395	Audit Status : N/A	
1531 W. Palmetto Park Road	Fiscal Year End : N/A	
	Date: 10/09/2023	
Hospice by the Sea	Provider Number : 087529500	

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)	197.20	205.50	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	155.83	162.22	10/01/2023
	#0652 / H52 Continuous Home Care	58.49	60.76	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.62	15.19	10/01/2023
	#0655 / H55 Inpatient Respite Care	485.53	504.96	10/01/2023
	#0656 / H56 General Inpatient Care	1038.14	1079.40	10/01/2023
	#0658 Room and Board			

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Palm Beach	1	_
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T. K. Feehrer,





087532500 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Suncoast	Provider Number : 087532500
	Date: 10/09/2023
5771 Rosevelt Blvd	Fiscal Year End : N/A
Clearwater, FL 337603770	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	195.39	201.96	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	154.41	159.42	10/01/2023
	#0652 / H52 Continuous Home Care	57.87	59.55	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.47	14.89	10/01/2023
	#0655 / H55 Inpatient Respite Care	481.44	496.95	10/01/2023
	#0656 / H56 General Inpatient Care	1029.01	1061.51	10/01/2023
	#0658 Room and Board			

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

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T. K. Feehrer,



087535000 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hope Hospice & Palliative Care	Provider Number : 087535000
	Date: 10/09/2023
9470 Health Park Circle	Fiscal Year End : N/A
Ft. Myers, FL 339083617	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	199.08	207.91	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	157.32	164.12	10/01/2023
	#0652 / H52 Continuous Home Care	59.13	61.58	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.78	15.39	10/01/2023
	#0655 / H55 Inpatient Respite Care	489.78	510.41	10/01/2023
	#0656 / H56 General Inpatient Care	1047.62	1091.52	10/01/2023
	#0658 Room and Board			

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

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T. K. Feehrer,





Program Development:

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Florida Agency for Health Care Administration

087537600 - 2023/10

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

	Medicaid Reimbursement Per	Diem Rates for I	Non-lı	nstitutional	<u>Providers</u>	
Avow Hosp	pice	F	Provider Number : 087537600			
	Γ	Date: 10/09/2023				
1095 Whip	poorwill Lane	F	Fiscal	Year End : N	I/A	
Naples, FL	. 34105	,	Audit \$	Status : N/A		
Provider 1	уре:		Cu	irrent Rate	New Rate	Effective Date
	Rural Health Clinic					
	Swing-Bed Provider					
	Federally Qualified Health Centers					
X	Hospice Provider					
	#0651 / H51 Routine Home Care (1-60)		195.45	195.92	10/01/2023
	#0651a / H5L Routine Home Care	(61 +)		154.45	154.66	10/01/2023
	#0652 / H52 Continuous Home Ca	are		57.89	57.50	10/01/2023
	#0551 / 0561 Continuous Home C	are - SIA		14.48	14.38	10/01/2023
	#0655 / H55 Inpatient Respite Car	е		481.57	483.34	10/01/2023
	#0656 / H56 General Inpatient Car	re		1029.29	1031.14	10/01/2023
	#0658 Room and Board					
Ва	sis :	Rate T	ype :			
	Budget	X	,	 Prospect	ive	
	Unaudited costs			 Total Pro	spective	
	Desk audited costs			Prospect	ive Adjusted for	New costs
	Field audited costs					
	Medicare - Prospective			Interim		
	X Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate			Settleme	nt based on cost	ts
	Collier					
<u>Distr</u>	<u>ibution:</u>	T. K. Feehrer,				NYJ
Fiscal	Agent	Senior Manager			rvisor	2/1/2
Contr	act Management	Medicaid Progra	am Fin	nance		
Perma	anent File					



087569400 - 2023/10

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

		Medicaid Reimbursement Per	Diem Rates for	Nor	n-Institutional	<u>Providers</u>		
Ca	tholic Hospice			Provider Number: 087569400				
				Date	e: 10/09/2023	3		
148	875 NW 77th Av	e		Fisc	al Year End : N	I/A		
Mia	ami Lakes, FL 3	3014		Aud	it Status : N/A			
Pro	ovider Type:			(Current Rate	New Rate	Effective Date	
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	X Hospic	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)		202.27	208.60	10/01/2023	
	#06	651a / H5L Routine Home Care	(61 +)		159.84	164.67	10/01/2023	
	#06	652 / H52 Continuous Home Ca	are		60.23	61.81	10/01/2023	
	#05	551 / 0561 Continuous Home C	are - SIA		15.06	15.45	10/01/2023	
	#06	655 / H55 Inpatient Respite Car	е		497.01	511.97	10/01/2023	
	#06	656 / H56 General Inpatient Car	re		1063.75	1095.02	10/01/2023	
	#06	658 Room and Board						
[Basis :	7	Rate	Туре	e :			
٠		Budget)	X	Prospect	ive		
•		Unaudited costs			Total Pro	spective		
•		Desk audited costs			Prospect	ive Adjusted for	New costs	
		Field audited costs						
		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
•		Average Nursing Home Rate Dade			Settleme	nt based on cost	s	
	<u>Distribution</u> Fiscal Agent	<u>:</u>	T. K. Feehrer, Senior Manage	emen	nt Analyst Supe	rvisor	1X4	
	Contract Mana	agement	Medicaid Progr	ram F	Finance			
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100313200 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District	Provider Number: 100313200
Hospice of Gold Coast Home Health	Date: 10/09/2023
309 SE 18th St	Fiscal Year End : N/A
Ft. Lauderdale, FL 33316	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)	202.89	215.12	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	160.33	169.81	10/01/2023
	#0652 / H52 Continuous Home Care	60.44	64.03	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.11	16.00	10/01/2023
	#0655 / H55 Inpatient Respite Care	498.41	526.70	10/01/2023
	#0656 / H56 General Inpatient Care	1066.86	1127.88	10/01/2023
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,





100944700 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care of Pinellas County	Provider Number : 100944700
	Date: 10/09/2023
17757 US Highway 19 N STE 175	Fiscal Year End : N/A
Clearwater, FL 33764	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	195.39	201.96	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	154.41	159.42	10/01/2023
	#0652 / H52 Continuous Home Care	57.87	59.55	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.47	14.89	10/01/2023
	#0655 / H55 Inpatient Respite Care	481.44	496.95	10/01/2023
	#0656 / H56 General Inpatient Care	1029.01	1061.51	10/01/2023
	#0658 Room and Board			

Basis :	7	Rate Type :]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	– Hillsborough		-

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Senior Management Analyst Supervisor



101809700 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Central Florida, Inc.	Provider Number : 101809700
Compassionate Care Hospice of Central Florida, Inc.	Date: 10/09/2023
2525 Drane Field Rd Ste 4	Fiscal Year End : N/A
Lakeland, FL 33811-1344	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	187.68	194.94	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	148.31	153.89	10/01/2023
	#0652 / H52 Continuous Home Care	55.24	57.17	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	13.81	14.30	10/01/2023
	#0655 / H55 Inpatient Respite Care	463.97	481.11	10/01/2023
	#0656 / H56 General Inpatient Care	990.01	1026.17	10/01/2023
	#0658 Room and Board			

Basis :	7	Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Polk		_

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T. K. Feehrer,

Senior Management Analyst Supervisor





101811400 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade and the Florida	Provider Number : 101811400	
	Date: 10/09/2023	
	Fiscal Year End : N/A Audit Status : N/A	
460-464 W 51 Place		
Hialeah, FL 33012		

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	202.27	208.60	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	159.84	164.67	10/01/2023
	#0652 / H52 Continuous Home Care	60.23	61.81	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.06	15.45	10/01/2023
	#0655 / H55 Inpatient Respite Care	497.01	511.97	10/01/2023
	#0656 / H56 General Inpatient Care	1063.75	1095.02	10/01/2023
	#0658 Room and Board			

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

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103844700 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice Inc	Provider Number : 103844700
	Date: 10/09/2023
2900 W Cypress Creek Rd, Ste 7	Fiscal Year End : N/A
Ft. Lauderdale, FL 33309	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	202.89	215.12	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	160.33	169.81	10/01/2023
	#0652 / H52 Continuous Home Care	60.44	64.03	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.11	16.00	10/01/2023
	#0655 / H55 Inpatient Respite Care	498.41	526.70	10/01/2023
	#0656 / H56 General Inpatient Care	1066.86	1127.88	10/01/2023
	#0658 Room and Board			

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

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104177600 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Morselife Hospice Institute	Provider Number : 104177600	
Palm Beach Hospice by Morselife	Date: 10/09/2023	
Attn: Finance Department	Fiscal Year End : N/A	
West Palm Beach, FL 33417	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)	197.20	205.50	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	155.83	162.22	10/01/2023
	#0652 / H52 Continuous Home Care	58.49	60.76	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.62	15.19	10/01/2023
	#0655 / H55 Inpatient Respite Care	485.53	504.96	10/01/2023
	#0656 / H56 General Inpatient Care	1038.14	1079.40	10/01/2023
	#0658 Room and Board			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor



104213800 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard HMA Hospice	Provider Number : 104213800	
Wuesthoff Helath Systems Brevard Hospice	Date: 10/09/2023	
PO BOX 51266	Fiscal Year End : N/A	
Lafayette, LA 70505-1266	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	194.48	200.32	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	153.68	158.13	10/01/2023
	#0652 / H52 Continuous Home Care	57.56	59.00	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.39	14.75	10/01/2023
	#0655 / H55 Inpatient Respite Care	479.38	493.25	10/01/2023
	#0656 / H56 General Inpatient Care	1024.40	1053.26	10/01/2023
	#0658 Room and Board			

Basis :	7	Rate Type :]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		- Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Brevard		-

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105197500 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Okeechobee	Provider Number : 105197500	
	Date: 10/09/2023	
411 SE 4th St	Fiscal Year End : N/A	
Okeechobee, FL 34974	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	186.86	194.38	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	147.66	153.44	10/01/2023
	#0652 / H52 Continuous Home Care	54.96	56.97	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	13.74	14.25	10/01/2023
	#0655 / H55 Inpatient Respite Care	462.14	479.84	10/01/2023
	#0656 / H56 General Inpatient Care	985.91	1023.33	10/01/2023
	#0658 Room and Board			

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

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105421900 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

: 10/09/2023
Year End : N/A
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)	202.27	208.60	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	159.84	164.67	10/01/2023
	#0652 / H52 Continuous Home Care	60.23	61.81	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.06	15.45	10/01/2023
	#0655 / H55 Inpatient Respite Care	497.01	511.97	10/01/2023
	#0656 / H56 General Inpatient Care	1063.75	1095.02	10/01/2023
	#0658 Room and Board		'	

Basis :	7	Ra	te Type :	
	Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			•
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	- Dade			•

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





106026400 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Tyne:	Current Rate New Rate Effective Date		
Gainesville, FL 32606	Audit Status : N/A		
4200 NW 90th Blvd	Fiscal Year End : N/A		
	Date: 10/09/2023		
North Central Florida Hospice	Provider Number: 106026400		

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)	192.48	199.22	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	152.10	157.27	10/01/2023
	#0652 / H52 Continuous Home Care	56.88	58.63	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.22	14.66	10/01/2023
	#0655 / H55 Inpatient Respite Care	474.85	490.80	10/01/2023
	#0656 / H56 General Inpatient Care	1014.29	1047.79	10/01/2023
	#0658 Room and Board			

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

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Medicaid Program Finance

Senior Management Analyst Supervisor

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106087100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice and Palliative Care of Pasco County	Provider Number : 106087100
	Date: 10/09/2023
6400 Shafer Ct	Fiscal Year End : N/A
Rosemont, IL 60018	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	195.39	201.96	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	154.41	159.42	10/01/2023
	#0652 / H52 Continuous Home Care	57.87	59.55	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.47	14.89	10/01/2023
	#0655 / H55 Inpatient Respite Care	481.44	496.95	10/01/2023
	#0656 / H56 General Inpatient Care	1029.01	1061.51	10/01/2023
	#0658 Room and Board			

Basis :		Rate Typ	pe:
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Pasco		

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

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106749100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Healthcare of Marion County	Provider Number : 106749100
Kindred Hospice	Date: 10/09/2023
1975 S John Young Pkwy	Fiscal Year End : N/A
Kissimmee, FL 34741	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	195.91	199.97	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	154.82	157.85	10/01/2023
	#0652 / H52 Continuous Home Care	58.05	58.88	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.51	14.72	10/01/2023
	#0655 / H55 Inpatient Respite Care	482.61	492.47	10/01/2023
	#0656 / H56 General Inpatient Care	1031.63	1051.51	10/01/2023
	#0658 Room and Board			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



108376800 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date			
Miami, FL 33143	Audit Status : N/A			
6900 SW 80th St	Fiscal Year End : N/A			
	Date: 10/09/2023			
Opuscare of Florida	Provider Number : 108376800			

Provider	Туре:	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)	202.27	208.60	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	159.84	164.67	10/01/2023
	#0652 / H52 Continuous Home Care	60.23	61.81	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.06	15.45	10/01/2023
	#0655 / H55 Inpatient Respite Care	497.01	511.97	10/01/2023
	#0656 / H56 General Inpatient Care	1063.75	1095.02	10/01/2023
	#0658 Room and Board			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor



108953500 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Continuum Care of Broward	Provider Number : 108953500
	Date: 10/09/2023
7771 W Oakland Park Blvd	Fiscal Year End : N/A
Sunrise, FL 33351	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	202.89	215.12	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	160.33	169.81	10/01/2023
	#0652 / H52 Continuous Home Care	60.44	64.03	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.11	16.00	10/01/2023
	#0655 / H55 Inpatient Respite Care	498.41	526.70	10/01/2023
	#0656 / H56 General Inpatient Care	1066.86	1127.88	10/01/2023
	#0658 Room and Board			

ed costs Idited costs dited costs	X	Prospective Total Prospective Prospective Adjusted for New costs
dited costs		<u> </u>
		Prospective Adjusted for New costs
dited costs		
e - Prospective		Interim
t System Rate		Total Interim
Nursing Home Rate		Settlement based on costs
Broward	-	
	Nursing Home Rate	Nursing Home Rate

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Senior Management Analyst Supervisor Medicaid Program Finance



110029100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulfside Hospice	Provider Number: 110029100
	Date: 10/09/2023
2061 Collier Pkwy	Fiscal Year End : N/A
Land O Lakes, FL 34639	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	195.39	201.96	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	154.41	159.42	10/01/2023
	#0652 / H52 Continuous Home Care	57.87	59.55	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.47	14.89	10/01/2023
	#0655 / H55 Inpatient Respite Care	481.44	496.95	10/01/2023
	#0656 / H56 General Inpatient Care	1029.01	1061.51	10/01/2023
	#0658 Room and Board			

Basis :	7	Ra	te Type :	
	Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			•
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	- Pasco			•

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T. K. Feehrer,

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Senior Management Analyst Supervisor

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110680000 - 2023/10

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

		Medicaid Reimbursement Pe	r Diem Rates for	Non	-Institutional I	<u>Providers</u>	
Se	asons Hosp	ice and Palliative Care of Southern I	Florida	Prov	ider Number :	110680000	
				Date	: 10/09/2023		
52	00 NE 2nd A	Ave		Fiscal Year End : N/A			
Mia	ami, FL 331	37		Audi	t Status : N/A		
Pro	ovider Type	::		C	Current Rate	New Rate	Effective Date
	Ru	ıral Health Clinic					
	Sv	ving-Bed Provider					
	Fe	derally Qualified Health Centers					
	X Ho	spice Provider					
		#0651 / H51 Routine Home Care	(1-60)		202.27	208.60	10/01/2023
		#0651a / H5L Routine Home Care	e (61 +)		159.84	164.67	10/01/2023
		#0652 / H52 Continuous Home C	are		60.23	61.81	10/01/2023
		#0551 / 0561 Continuous Home (Care - SIA		15.06	15.45	10/01/2023
		#0655 / H55 Inpatient Respite Ca	re		497.01	511.97	10/01/2023
	#0656 / H56 General Inpatient C		Care		1063.75	1095.02	10/01/2023
		#0658 Room and Board					
	Basis	:	Rate	Туре	:		
'		Budget	\	X	Prospecti	ve	
•		Unaudited costs			Total Pro	spective	
•		Desk audited costs			Prospect	ve Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	rim	
		Average Nursing Home Rate			Settleme	nt based on cost	s
		Dade					
	Distribut	tion:	T. K. Feehrer,				NYL
	Fiscal Age	ent	Senior Manage			visor	7/NZ
		Management	Medicaid Progr	am F	inance		
	Permaner	nt File					
	Program I	Development:					

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111872900 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Shepherd Hospice, Inc.	Provider Number : 111872900
Chapters Health Hospice	Date: 10/09/2023
12470 Telecom Dr, Ste 301	Fiscal Year End : N/A
Temple Terrace, FL 33637-0904	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	186.86	194.38	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	147.66	153.44	10/01/2023
	#0652 / H52 Continuous Home Care	54.96	56.97	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	13.74	14.25	10/01/2023
	#0655 / H55 Inpatient Respite Care	462.14	479.84	10/01/2023
	#0656 / H56 General Inpatient Care	985.91	1023.33	10/01/2023
	#0658 Room and Board			

Basis :	\neg	Γ	Rate Type :]
	Budget	_	Х	Prospective
	Unaudited costs	_		Total Prospective
	Desk audited costs	_		Prospective Adjusted for New costs
	Field audited costs	_		-
	Medicare - Prospective	_		Interim
X	Payment System Rate	_		Total Interim
	Average Nursing Home Rate	_		Settlement based on costs
	 Monroe	_		-
		L		

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T. K. Feehrer,

Senior Management Analyst Supervisor



112701500 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Continuum Care of Sarasota	Provider Number : 112701500	
	Date: 10/09/2023	
5589 Marquesas Cir, Ste 202	Fiscal Year End : N/A	
Sarasota, FL 34233-3337	Audit Status : N/A	

Provider	Туре:	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)	202.84	207.31	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	160.29	163.65	10/01/2023
	#0652 / H52 Continuous Home Care	60.42	61.38	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.10	15.34	10/01/2023
	#0655 / H55 Inpatient Respite Care	498.82	509.06	10/01/2023
	#0656 / H56 General Inpatient Care	1066.58	1088.52	10/01/2023
	#0658 Room and Board			

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		_ Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Sarasota		_
	Sarasota		_

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance



113425000 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Svcs of Florida III LLC	Provider Number : 113425000	
Promedica Hospice (Broward)	Date: 10/09/2023	
333 N Summit St	Fiscal Year End : N/A	
Toledo, OH 43604-1531	Audit Status : N/A	

Provider	Туре:	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)	202.89	215.12	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	160.33	169.81	10/01/2023
	#0652 / H52 Continuous Home Care	60.44	64.03	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.11	16.00	10/01/2023
	#0655 / H55 Inpatient Respite Care	498.41	526.70	10/01/2023
	#0656 / H56 General Inpatient Care	1066.86	1127.88	10/01/2023
	#0658 Room and Board			

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

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Medicaid Program Finance

Senior Management Analyst Supervisor

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114361300 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Svcs of Florida III	Provider Number : 114361300	
Promedica Hospice (Broward)	Date: 10/09/2023	
134 S Dixie Hwy	Fiscal Year End : N/A	
Hallandale Beach, FL 33009-5407	Audit Status : N/A	

Provider	Type: Rural Health Clinic	Current Rate	New Rate	Effective Date
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	202.89	215.12	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	160.33	169.81	10/01/2023
	#0652 / H52 Continuous Home Care	60.44	64.03	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.11	16.00	10/01/2023
	#0655 / H55 Inpatient Respite Care	498.41	526.70	10/01/2023
	#0656 / H56 General Inpatient Care	1066.86	1127.88	10/01/2023
	#0658 Room and Board			

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

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114519100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Lake and Sumter	Provider Number : 114519100	
	Date: 10/09/2023	
304 LaGrande Blvd	Fiscal Year End : N/A	
The Villages, FL 32159-2388	Audit Status : N/A	

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	195.91	199.97	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	154.82	157.85	10/01/2023
	#0652 / H52 Continuous Home Care	58.05	58.88	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.51	14.72	10/01/2023
	#0655 / H55 Inpatient Respite Care	482.61	492.47	10/01/2023
	#0656 / H56 General Inpatient Care	1031.63	1051.51	10/01/2023
	#0658 Room and Board			

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

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114836800 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Continuum Care of Miami Dade			Provi	rovider Number : 114836800			
Dat		Date	ate: 10/09/2023				
1150 NW 72nd	d Ave, Ste. 400		Fisca	I Year End : N	I/A		
Miami, FL 331	26-1907		Audit	Status : N/A			
Provider Type	e:		С	urrent Rate	New Rate	Effective Date	
Ru	ıral Health Clinic						
Sv	ving-Bed Provider						
Fe	ederally Qualified Health Centers						
Х Но	ospice Provider						
	#0651 / H51 Routine Home Care (1-60)			202.27	208.60	10/01/2023	
	#0651a / H5L Routine Home Care (61 +)		159.84	164.67	10/01/2023	
	#0652 / H52 Continuous Home Care			60.23	61.81	10/01/2023	
	#0551 / 0561 Continuous Home Care -	SIA		15.06	15.45	10/01/2023	
	#0655 / H55 Inpatient Respite Care			497.01	511.97	10/01/2023	
	#0656 / H56 General Inpatient Care			1,063.75	1095.02	10/01/2023	
	#0658 Room and Board						
Basis	:	Rate	Туре	:			
	Budget		X	—— Prospect	ive		
Unaudited costs			Total Prospective				
Desk audited costs			Prospective Adjusted for New costs				
	Field audited costs						
	Medicare - Prospective	-		Interim			
X	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	ts	

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115218500 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Hospice of Hillsborough	Provider Number: 115218500	
Empath Suncoast Hospice of Hillsborough	Date: 10/09/2023	
5771 Roosevelt Blvd, Ste 610	Fiscal Year End : N/A	
Clearwater, FL 33760-3415	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	195.39	201.96	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	154.41	159.42	10/01/2023
	#0652 / H52 Continuous Home Care	57.87	59.55	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.47	14.89	10/01/2023
	#0655 / H55 Inpatient Respite Care	481.44	496.95	10/01/2023
	#0656 / H56 General Inpatient Care	1029.01	1061.51	10/01/2023
	#0658 Room and Board			

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

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Senior Management Analyst Supervisor





115356800 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Moments Hospice of Miami	Provider Number: 115356800	
	Date: 10/09/2023	
7850 NW 146TH ST STE 508	Fiscal Year End : N/A	
Miami Lakes, FL 33016-1516	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	202.27	208.60	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	159.84	164.67	10/01/2023
	#0652 / H52 Continuous Home Care	60.23	61.81	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	15.06	15.45	10/01/2023
	#0655 / H55 Inpatient Respite Care	497.01	511.97	10/01/2023
	#0656 / H56 General Inpatient Care	1,063.75	1095.02	10/01/2023
	#0658 Room and Board			

Basis :	7	Ra	te Type :	
	Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			•
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	- Dade			•

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Medicaid Program Finance

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118680000 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Marion County	Provider Number : 118680000	
	Date: 10/09/2023	
3231 SW 34th Ave	Fiscal Year End : N/A	
Ocala, FL 34474-8489	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	194.39	205.41	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	153.61	162.15	10/01/2023
	#0652 / H52 Continuous Home Care	57.53	60.73	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.38	15.18	10/01/2023
	#0655 / H55 Inpatient Respite Care	479.16	504.77	10/01/2023
	#0656 / H56 General Inpatient Care	1023.91	1078.96	10/01/2023
	#0658 Room and Board			

Basis :	7	Rate	Type :	
	Budget	•	Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			•
	Medicare - Prospective			Interim
X	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	- Marion			•

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T. K. Feehrer,

Senior Management Analyst Supervisor



150003100 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Hospital Hospice Care	Provider Number: 150003100
	Date: 10/09/2023
770 W. Granada Blvd	Fiscal Year End : N/A
Ormond Beach, FL 32174	Audit Status : N/A
Provider Type:	Current Rate New Rate Effective Date

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)	186.67	190.71	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	147.52	150.55	10/01/2023
	#0652 / H52 Continuous Home Care	54.90	55.73	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	13.73	13.93	10/01/2023
	#0655 / H55 Inpatient Respite Care	461.73	471.55	10/01/2023
	#0656 / H56 General Inpatient Care	984.99	1004.86	10/01/2023
	#0658 Room and Board			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





150009100 - 2023/10

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

		_	Medicaid Reimbursement Pe	er Diem Rates fo	r N	on-Ins	titutional	<u>Providers</u>	
Hospice of Emerald Coast				Provider Number : 150009100					
					Da	ate : 10	0/09/2023		
PO Box 2127 Fi				scal Y	ear End : N	I/A			
Do	than, AL	36302		Audit Status : N/A					
Provider Type:					Curr	ent Rate	New Rate	Effective Date	
		Rural H	lealth Clinic						
		Swing-	Bed Provider						
		Federa	lly Qualified Health Centers						
	X	Hospic	e Provider						
		#06	51 / H51 Routine Home Care	(1-60)			193.90	201.93	10/01/2023
		#06	51a / H5L Routine Home Car	e (61 +)			153.22	159.40	10/01/2023
		#06	52 / H52 Continuous Home C	are			57.36	59.54	10/01/2023
		#05	51 / 0561 Continuous Home	Care - SIA			14.34	14.89	10/01/2023
#0655 / H55 Inpatient Respite Care				are			478.05	496.88	10/01/2023
		#06	56 / H56 General Inpatient Ca	are			1021.43	1061.37	10/01/2023
		#06	58 Room and Board					,	,
	Bas	sis :]	Rate	Ту	pe :	7		
,			Budget		X		⊐ Prospect	ive	
			- Unaudited costs				– Total Pro	spective	
•			Desk audited costs				– Prospect	ive Adjusted for	New costs
•			Field audited costs				_		
•			Medicare - Prospective				_ Interim		
)	X	Payment System Rate				Total Inte	erim	
			Average Nursing Home Rate				Settleme	nt based on cost	S
•			- Bay				_		
	Distri Fiscal	bution :		T. K. Feehrer, Senior Manag	em	ent An	alyst Supe	rvisor	184
	Contract Management			Medicaid Prog	ran	n Finai	nce		-
		nent File							
	Progra	am Deve	lopment:						

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150013900 - 2023/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Florida - Congress Ave	Provider Number : 150013900		
Attn: Martha Carvajal & Khameche Cuff	Date: 10/09/2023		
3046 Corporate Way	Fiscal Year End : N/A		
Miramar, FL 33025	Audit Status : N/A		

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	197.20	205.50	10/01/2023
	#0651a / H5L Routine Home Care (61 +)	155.83	162.22	10/01/2023
	#0652 / H52 Continuous Home Care	58.49	60.76	10/01/2023
	#0551 / 0561 Continuous Home Care - SIA	14.62	15.19	10/01/2023
	#0655 / H55 Inpatient Respite Care	485.53	504.96	10/01/2023
	#0656 / H56 General Inpatient Care	1038.14	1079.40	10/01/2023
	#0658 Room and Board			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor





150021000 - 2023/10

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

		Medicaid Reimbursement Per	Diem Rates for	r No	n-Institutional	<u>Providers</u>		
Good Shepherd Hospice, Inc			Provider Number : 150021000					
				Dat	e: 10/09/2023			
11	5 South Missour	i Ave	F		iscal Year End : N/A			
Lakeland, FL 33815 Provider Type:				Auc	dit Status : N/A			
					Current Rate	New Rate	Effective Date	
	Rural	Health Clinic						
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	X Hospid	ce Provider						
	#06	651 / H51 Routine Home Care (1-60)		187.68	194.94	10/01/2023	
	#00	551a / H5L Routine Home Care	(61 +)		148.31	153.89	10/01/2023	
	#00	652 / H52 Continuous Home Ca	are		55.24	57.17 14.30		
	#0	551 / 0561 Continuous Home C	are - SIA		13.81			
#0655 / H55 Inpatient Respite Car #0656 / H56 General Inpatient Car			re		463.97	481.11	10/01/2023	
			e		990.01	1026.17	10/01/2023	
	#00	658 Room and Board						
	Basis :	7	Rate	Тур	e :			
		Budget		Χ	Prospect	ive		
		Unaudited costs			Total Pro	spective		
		Desk audited costs			Prospect	ive Adjusted for	New costs	
		Field audited costs						
		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate Polk			Settleme	nt based on cost	s	
	Distribution Fiscal Agent	<u>:</u>	T. K. Feehrer, Senior Manage		nt Analyst Supe	rvisor	184	
	Contract Mana	Medicaid Program Finance						
	Permanent Fil	J						
	Program Deve							
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Florida Agency for Health Care Administration

150022800 - 2023/10

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

Medicaid Reimbursement Per	Diem Rates for l	Non-Institutional	<u>Providers</u>			
LifePath Hospice, Inc.	Provider Number : 150022800					
	[Date: 10/09/2023				
3010 W. Azeele Street	F	Fiscal Year End : N/A				
Tampa, FL 33609	/	Audit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
Federally Qualified Health Centers						
X Hospice Provider						
#0651 / H51 Routine Home Care (1-60)	195.39	201.96	10/01/2023		
#0651a / H5L Routine Home Care	(61 +)	154.41	159.42	10/01/2023		
#0652 / H52 Continuous Home Ca	are	57.87	59.55	10/01/2023		
#0551 / 0561 Continuous Home C	ire	14.47	14.89	10/01/2023		
#0655 / H55 Inpatient Respite Car		481.44	496.95	10/01/2023		
#0656 / H56 General Inpatient Car		1029.01	1061.51	10/01/2023		
#0658 Room and Board						
Basis:	Rate T	ype:				
Budget	X		ive			
Unaudited costs		Total Pro	Total Prospective			
Desk audited costs		Prospect	ive Adjusted for	New costs		
Field audited costs						
Medicare - Prospective		Interim				
X Payment System Rate		Total Inte	erim			
Average Nursing Home Rate		Settleme	nt based on cost	ts		
Hillsborough						
<u>Distribution:</u>	T. K. Feehrer,			NYA		
Fiscal Agent		ment Analyst Supe	rvisor	2/1/2		
Contract Management	Medicaid Progra	am Finance				
Permanent File						