



Florida Agency for Health Care Administration

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.  
 Heartland Home Health Care and Hospice  
 8130 Baymeadows Way W  
 Jacksonville, FL 322564409

Provider Number : 000141800  
 Date : 10/09/2023  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	189.28	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			

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

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

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  
Attn: Martha Carvajal & Khameche Cuff  
3046 Corporate Way  
Miramar, FL 33025

Provider Number : 000602600  
Date : 10/09/2023  
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			
<b>X</b> 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			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

001572800 - 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			
<b>X</b> 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			

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

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Florida Agency for Health Care Administration

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 Hospice of NW Florida, Inc.	Provider Number : 001636100
	Date : 10/09/2023
4900 Bayou Blvd., Ste 101	Fiscal Year End : N/A
Pensacola, FL 32503	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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
#0656 / H56 General Inpatient Care	974.38	1003.76	10/01/2023
#0658 Room and Board			

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T. K. Feehrer,  
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Medicaid Program Finance

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Florida Agency for Health Care Administration

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  
HPH Hospice  
12107 Majestic Blvd  
Hudson, FL

Provider Number : 014043700

Date : 10/09/2023

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			
<b>X</b> 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			

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

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T. K. Feehrer,  
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Medicaid Program Finance

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Florida Agency for Health Care Administration

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, FL 33004	Audit Status : N/A

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

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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

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**

Covenant Hospice, Inc	Provider Number : 015986100
	Date : 10/09/2023
5041 N. 12th	Fiscal Year End : N/A
Pensacola, FL 32504	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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
#0656 / H56 General Inpatient Care	974.38	1003.76	10/01/2023
#0658 Room and Board			

<table border="1"> <tr> <td><b>Basis :</b></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><b>X</b></td> <td>Payment System Rate</td> </tr> <tr> <td></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Escambia</td> </tr> </table>	<b>Basis :</b>			Budget		Unaudited costs		Desk audited costs		Field audited costs		Medicare - Prospective	<b>X</b>	Payment System Rate		Average Nursing Home Rate		Escambia	<table border="1"> <tr> <td><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><b>X</b></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>	<b>Rate Type :</b>		<b>X</b>	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

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



Florida Agency for Health Care Administration

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  
 Kindred at Home-Hospice  
 1300 N Semoran Blvd Ste 210  
 Orlando, FL 32807

Provider Number : 016254400  
 Date : 10/09/2023  
 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			
<b>X</b> 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			

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

**Distribution:**

Fiscal Agent  
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 Permanent File  
 Program Development:

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

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





Florida Agency for Health Care Administration

019255800 - 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.  
 Heartland Hospice  
 5975 Sunset Drive Suite 301  
 South Miami, FL 33143

Provider Number : 019255800  
 Date : 10/09/2023  
 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			
<b>X</b> 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			

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

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 Contract Management  
 Permanent File  
 Program Development:

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

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Florida Agency for Health Care Administration

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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

**Distribution:**

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

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

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Florida Agency for Health Care Administration

087000500 - 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 I.R.C.	Provider Number : 087000500
	Date : 10/09/2023
1111 36th Street	Fiscal Year End : N/A
Vero Beach, FL 32960	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
<b>#0651 / H51 Routine Home Care (1-60)</b>	184.28	190.49	10/01/2023
<b>#0651a / H5L Routine Home Care (61 +)</b>	145.63	150.37	10/01/2023
<b>#0652 / H52 Continuous Home Care</b>	54.08	55.66	10/01/2023
<b>#0551 / 0561 Continuous Home Care - SIA</b>	13.51	13.91	10/01/2023
<b>#0655 / H55 Inpatient Respite Care</b>	456.30	471.06	10/01/2023
<b>#0656 / H56 General Inpatient Care</b>	972.88	1003.76	10/01/2023
<b>#0658 Room and Board</b>			

<table border="1"> <tr> <td><b>Basis :</b></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>    <b>X</b> _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td>_____</td> <td>Indian River</td> </tr> </table>	<b>Basis :</b>		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	<b>X</b> _____	Payment System Rate	_____	Average Nursing Home Rate	_____	Indian River	<table border="1"> <tr> <td><b>Rate Type :</b></td> <td></td> </tr> <tr> <td>    <b>X</b> _____</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>	<b>Rate Type :</b>		<b>X</b> _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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**Distribution:**

Fiscal Agent  
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 Program Development:

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

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Florida Agency for Health Care Administration

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  
 Attn: Martha Carvajal & Khameche Cuff  
 3046 Corporate Way  
 Miramar, FL 33025

Provider Number : 087246600  
 Date : 10/09/2023  
 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			
<b>X</b> 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			

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

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 Program Development:

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

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Florida Agency for Health Care Administration

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  
  
1250-B Grumman Place  
Titusville, FL 32780

Provider Number : 087255500  
Date : 10/09/2023  
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			
<b>X Hospice Provider</b>			
#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			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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Florida Agency for Health Care Administration

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  
480 West Central Pkwy  
Altamonte Springs, FL 327143125

Provider Number : 087256300  
Date : 10/09/2023  
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			
<b>X Hospice Provider</b>			
#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			

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

**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

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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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Florida Agency for Health Care Administration

087514700 - 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 Martin & St. Lucie	Provider Number : 087514700
	Date : 10/09/2023
1201 SE Indian Street	Fiscal Year End : N/A
Stuart, FL 34997	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

**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

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  
5300 East Avenue  
West Palm Beach, FL 33407

Provider Number : 087516300  
Date : 10/09/2023  
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			
<b>X Hospice Provider</b>			
#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			

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

**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 - 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 Health First	Provider Number : 087522800
	Date : 10/09/2023
1900 Dairy Road	Fiscal Year End : N/A
West Melbourne, FL 32904	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

**Distribution:**

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- 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 - 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 Volusia  
3800 Woodbriar Trail  
Port Orange, FL 32129

Provider Number : 087523600  
Date : 10/09/2023  
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			
<b>X Hospice Provider</b>			
#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			

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

**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

087524400 - 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**

Big Bend Hospice	Provider Number : 087524400
	Date : 10/09/2023
1723 Mahan Center Blvd.	Fiscal Year End : N/A
Tallahassee, FL 323085428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	187.62	190.49	10/01/2023
#0651a / H5L Routine Home Care (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 Care	463.84	471.06	10/01/2023
#0656 / H56 General Inpatient Care	989.73	1003.76	10/01/2023
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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Florida Agency for Health Care Administration

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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

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 Senior Management Analyst Supervisor  
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Florida Agency for Health Care Administration

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  
 5955 Rand Blvd  
 Sarasota, FL 34238

Provider Number : 087527900

Date : 10/09/2023

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

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 Program Development:

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Florida Agency for Health Care Administration

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  
 1201 SE Indian St  
 Stuart, FL 34997

Provider Number : 087528700  
 Date : 10/09/2023  
 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)	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			

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

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**

Hospice by the Sea  
1531 W. Palmetto Park Road  
Boca Raton, FL 334863395

Provider Number : 087529500  
Date : 10/09/2023  
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			
<b>X Hospice Provider</b>			
#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			

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

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Florida Agency for Health Care Administration

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 Roosevelt Blvd	Fiscal Year End : N/A
Clearwater, FL 337603770	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#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			

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

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Florida Agency for Health Care Administration

087535000 - 2023/10

Bureau of Medicaid Program Finance

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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 : 10/09/2023

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			
<b>X</b> 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			

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

Avow Hospice  
1095 Whippoorwill Lane  
Naples, FL 34105

Provider Number : 087537600  
Date : 10/09/2023  
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			
<b>X Hospice Provider</b>			
#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 Care	57.89	57.50	10/01/2023
#0551 / 0561 Continuous Home Care - SIA	14.48	14.38	10/01/2023
#0655 / H55 Inpatient Respite Care	481.57	483.34	10/01/2023
#0656 / H56 General Inpatient Care	1029.29	1031.14	10/01/2023
#0658 Room and Board			

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

087569400 - 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	Provider Number : 087569400
	Date : 10/09/2023
14875 NW 77th Ave	Fiscal Year End : N/A
Miami Lakes, FL 33014	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#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			

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

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 Program Development:

T. K. Feehrer,  
 Senior Management Analyst Supervisor  
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Florida Agency for Health Care Administration

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

Provider Number : 100313200  
 Date : 10/09/2023  
 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			
<b>X</b> 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			

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

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Florida Agency for Health Care Administration

100944700 - 2023/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

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**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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

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Florida Agency for Health Care Administration

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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

<table border="1"> <tr> <td style="text-align: center;"><b>Basis :</b></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;">Polk</td> </tr> </table>	<b>Basis :</b>			Budget		Unaudited costs		Desk audited costs		Field audited costs		Medicare - Prospective	X	Payment System Rate		Average Nursing Home Rate		Polk	<table border="1"> <tr> <td style="text-align: center;"><b>Rate Type :</b></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>	<b>Rate Type :</b>		X	Prospective		Total Prospective		Prospective Adjusted for New costs		Interim		Total Interim		Settlement based on costs
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T. K. Feehrer,  
Senior Management Analyst Supervisor  
Medicaid Program Finance

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Florida Agency for Health Care Administration

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 Keys	Provider Number : 101811400
	Date : 10/09/2023
460-464 W 51 Place	Fiscal Year End : N/A
Hialeah, FL 33012	Audit Status : N/A

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

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

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Florida Agency for Health Care Administration

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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

<table border="1"> <tr> <td><b>Basis :</b></td> </tr> <tr> <td><input type="checkbox"/> Budget</td> </tr> <tr> <td><input type="checkbox"/> Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/> Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/> Field audited costs</td> </tr> <tr> <td><input type="checkbox"/> Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/> Average Nursing Home Rate</td> </tr> <tr> <td style="text-align: center;">Broward</td> </tr> </table>	<b>Basis :</b>	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Broward	<table border="1"> <tr> <td><b>Rate Type :</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> Prospective</td> </tr> <tr> <td><input type="checkbox"/> Total Prospective</td> </tr> <tr> <td><input type="checkbox"/> Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/> Interim</td> </tr> <tr> <td><input type="checkbox"/> Total Interim</td> </tr> <tr> <td><input type="checkbox"/> Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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 Senior Management Analyst Supervisor  
 Medicaid Program Finance

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Florida Agency for Health Care Administration

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

Provider Number : 104177600  
 Date : 10/09/2023  
 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			
<b>X</b> 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			

<p><b>Basis :</b></p> <p>Budget</p> <p>Unaudited costs</p> <p>Desk audited costs</p> <p>Field audited costs</p> <p>Medicare - Prospective</p> <p><b>X</b> Payment System Rate</p> <p>Average Nursing Home Rate</p> <p>Palm Beach</p>	<p><b>Rate Type :</b></p> <p><b>X</b> Prospective</p> <p>Total Prospective</p> <p>Prospective Adjusted for New costs</p> <p>Interim</p> <p>Total Interim</p> <p>Settlement based on costs</p>
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 Program Development:

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

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Florida Agency for Health Care Administration

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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

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 Medicaid Program Finance

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Florida Agency for Health Care Administration

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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

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T. K. Feehrer,  
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 Medicaid Program Finance

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Florida Agency for Health Care Administration

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**

Bristol Hospice - Miami Dade	Provider Number : 105421900
	Date : 10/09/2023
206 N 2100 W Ste 202	Fiscal Year End : N/A
Salt Lake City,	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

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Florida Agency for Health Care Administration

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**

North Central Florida Hospice  
4200 NW 90th Blvd  
Gainesville, FL 32606

Provider Number : 106026400  
Date : 10/09/2023  
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			
<b>X</b> 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			

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

**Distribution:**

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Medicaid Program Finance

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Florida Agency for Health Care Administration

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			
<b>X</b> 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			

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

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T. K. Feehrer,  
 Senior Management Analyst Supervisor  
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Florida Agency for Health Care Administration

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			
<b>X</b> 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			

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

Fiscal Agent

Contract Management

Permanent File

Program Development:

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

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Florida Agency for Health Care Administration

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**

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

Provider Number : 108376800  
 Date : 10/09/2023  
 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			
<b>X</b> 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			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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Florida Agency for Health Care Administration

108953500 - 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  
 7771 W Oakland Park Blvd  
 Sunrise, FL 33351

Provider Number : 108953500  
 Date : 10/09/2023  
 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			
<b>X</b> 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			

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

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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Florida Agency for Health Care Administration

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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

Fiscal Agent  
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 Program Development:

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

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Florida Agency for Health Care Administration

110680000 - 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 Southern Florida	Provider Number : 110680000
	Date : 10/09/2023
5200 NE 2nd Ave	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

**Distribution:**

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 Program Development:

T. K. Feehrer,  
 Senior Management Analyst Supervisor  
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Florida Agency for Health Care Administration

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

Provider Number : 111872900  
Date : 10/09/2023  
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			
<b>X</b> 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			

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

**Distribution:**

Fiscal Agent  
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Program Development:

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

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Florida Agency for Health Care Administration

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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

**Distribution:**

Fiscal Agent  
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 Program Development:

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

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Florida Agency for Health Care Administration

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

Provider Number : 113425000  
Date : 10/09/2023  
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)	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			

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

**Distribution:**

Fiscal Agent  
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Permanent File  
Program Development:

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

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Florida Agency for Health Care Administration

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:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

<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</td> </tr> <tr> <td>Broward</td> </tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Broward	<table border="1"> <tr> <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
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<input type="checkbox"/> Medicare - Prospective																	
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<input type="checkbox"/> Prospective Adjusted for New costs																	
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<input type="checkbox"/> Settlement based on costs																	

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

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Florida Agency for Health Care Administration

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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

**Distribution:**

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 Program Development:

T. K. Feehrer,  
 Senior Management Analyst Supervisor  
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Florida Agency for Health Care Administration

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	Provider Number : 114836800
	Date : 10/09/2023
1150 NW 72nd Ave, Ste. 400	Fiscal Year End : N/A
Miami, FL 33126-1907	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

**Distribution:**

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

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

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Florida Agency for Health Care Administration

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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

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Florida Agency for Health Care Administration

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  
7850 NW 146TH ST STE 508  
Miami Lakes, FL 33016-1516

Provider Number : 115356800  
Date : 10/09/2023  
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			
<b>X Hospice Provider</b>			
#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			

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

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Florida Agency for Health Care Administration

118680000 - 2023/10

Bureau of Medicaid Program Finance

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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 Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#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			

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

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Florida Agency for Health Care Administration

150003100 - 2023/10

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**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 : 10/09/2023  
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)	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			

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

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Florida Agency for Health Care Administration

150009100 - 2023/10

Bureau of Medicaid Program Finance

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Tallahassee, Florida 32308

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

Hospice of Emerald Coast	Provider Number : 150009100
	Date : 10/09/2023
PO Box 2127	Fiscal Year End : N/A
Dothan, AL 36302	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	193.90	201.93	10/01/2023
#0651a / H5L Routine Home Care (61 +)	153.22	159.40	10/01/2023
#0652 / H52 Continuous Home Care	57.36	59.54	10/01/2023
#0551 / 0561 Continuous Home Care - SIA	14.34	14.89	10/01/2023
#0655 / H55 Inpatient Respite Care	478.05	496.88	10/01/2023
#0656 / H56 General Inpatient Care	1021.43	1061.37	10/01/2023
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

150013900 - 2023/10

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**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 : 10/09/2023  
 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			
<b>X</b> 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			

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

150021000 - 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 : 150021000
	Date : 10/09/2023
115 South Missouri Ave	Fiscal Year End : N/A
Lakeland, FL 33815	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

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150022800 - 2023/10

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Tallahassee, Florida 32308

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

LifePath Hospice, Inc.	Provider Number : 150022800
	Date : 10/09/2023
3010 W. Azeele Street	Fiscal Year End : N/A
Tampa, FL 33609	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

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

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