



Florida Agency for Health Care Administration

000602600 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 000602600
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various home care codes with rates and effective dates.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). Includes a signature line for T. K. Feehrer.

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

Handwritten signature

For information Only (No Change in rate)



Florida Agency for Health Care Administration

001572800 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Health Care Miami-Dade
5755 Blue Lagoon Dr
Miami, FL 33126

Provider Number : 001572800
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various home care codes with rates and effective dates.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'Payment System Rate' is checked in Basis, and 'Prospective' is checked in Rate Type.

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

001636100 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Regency Hospice of NW Florida, Inc.	Provider Number : 001636100
	Date : 09/21/2024
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
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	250.06	269.46	10/01/2024

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

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 Program Development:

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

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Florida Agency for Health Care Administration

014043700 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando-Pasco Hospice	Provider Number : 014043700
HPH Hospice	Date : 09/21/2024
12107 Majestic Blvd	Fiscal Year End : N/A
Hudson, FL	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	246.05	236.41	10/01/2024

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

015328000 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care Broward FL LLC	Provider Number : 015328000
	Date : 09/21/2024
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
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	270.27	283.05	10/01/2024

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

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Florida Agency for Health Care Administration

016254400 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 016254400
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	245.85	262.20	10/01/2024

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

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Florida Agency for Health Care Administration

019255800 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of Florida Inc.	Provider Number : 019255800
Heartland Hospice	Date : 09/21/2024
5975 Sunset Drive Suite 301	Fiscal Year End : N/A
South Miami, FL 33143	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	262.71	278.46	10/01/2024

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

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Florida Agency for Health Care Administration

024621400 - 2024/10

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

1408 N West Shore Blvd Suite 260
Tampa , FL 33607

Provider Number : 024621400
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	242.64	263.19	10/01/2024

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

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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 - 2024/10

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.

1111 36th Street
Vero Beach, FL 32960

Provider Number : 087000500
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	247.15	260.73	10/01/2024

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

087246600 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 087246600
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various home care codes with rates and effective dates.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'Payment System Rate' is checked in Basis, and 'Prospective' is checked in Rate Type.

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

Handwritten signature

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087255500 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Francis Hospice

1250-B Grumman Place
Titusville, FL 32780

Provider Number : 087255500
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	247.94	270.95	10/01/2024

Basis :	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New costs
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> 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 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter	Provider Number : 087256300
	Date : 09/21/2024
480 West Central Pkwy	Fiscal Year End : N/A
Altamonte Springs, FL 327143125	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	247.38	264.13	10/01/2024

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

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Florida Agency for Health Care Administration

087407800 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast	Provider Number : 087407800
	Date : 09/21/2024
4266 Sunbeam Road	Fiscal Year End : N/A
Jacksonville, FL 32257	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	249.22	264.62	10/01/2024

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p><input type="checkbox"/> Duval</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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087514700 - 2024/10

Bureau of Medicaid Program Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Martin & St. Lucie
1201 SE Indian Street
Stuart, FL 34997

Provider Number : 087514700
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various home care codes with rates and effective dates.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'Payment System Rate' is checked in Basis, and 'Prospective' is checked in Rate Type.

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Florida Agency for Health Care Administration

087516300 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Palm Beach County	Provider Number : 087516300
	Date : 09/21/2024
5300 East Avenue	Fiscal Year End : N/A
West Palm Beach, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	259.79	276.51	10/01/2024

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

087522800 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Health First	Provider Number : 087522800
	Date : 09/21/2024
1900 Dairy Road	Fiscal Year End : N/A
West Melbourne, FL 32904	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	252.17	268.38	10/01/2024

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Brevard</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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087523600 - 2024/10

Bureau of Medicaid Program Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Volusia	Provider Number : 087523600
	Date : 09/21/2024
3800 Woodbriar Trail	Fiscal Year End : N/A
Port Orange, FL 32129	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	245.60	275.84	10/01/2024

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

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Florida Agency for Health Care Administration

087524400 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Big Bend Hospice	Provider Number : 087524400
	Date : 09/21/2024
1723 Mahan Center Blvd.	Fiscal Year End : N/A
Tallahassee, FL 323085428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	249.76	276.01	10/01/2024

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

087526100 - 2024/10

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 : 09/21/2024
12300 Lane Park Road	Fiscal Year End : N/A
Tavares, FL 32778	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	244.76	266.17	10/01/2024

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

087527900 - 2024/10

Bureau of Medicaid Program Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tidewell Hospice & Palliative Care	Provider Number : 087527900
	Date : 09/21/2024
5955 Rand Blvd	Fiscal Year End : N/A
Sarasota, FL 34238	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	253.92	274.34	10/01/2024

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Sarasota</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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087528700 - 2024/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 087528700
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

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

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

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Florida Agency for Health Care Administration

087529500 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 087529500
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

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

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

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087532500 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Suncoast	Provider Number : 087532500
	Date : 09/21/2024
5771 Roosevelt Blvd	Fiscal Year End : N/A
Clearwater, FL 337603770	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	246.79	265.86	10/01/2024

<table border="0"> <tr><td>Basis :</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Budget</td></tr> <tr><td><input type="checkbox"/></td><td>Unaudited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Desk audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Field audited costs</td></tr> <tr><td><input type="checkbox"/></td><td>Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Payment System Rate</td></tr> <tr><td><input type="checkbox"/></td><td>Average Nursing Home Rate</td></tr> <tr><td></td><td>Pinellas</td></tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Pinellas	<table border="0"> <tr><td>Rate Type :</td><td></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Total Prospective</td></tr> <tr><td><input type="checkbox"/></td><td>Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/></td><td>Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Total Interim</td></tr> <tr><td><input type="checkbox"/></td><td>Settlement based on costs</td></tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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																																
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<input type="checkbox"/>	Interim																																
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087535000 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hope Hospice & Palliative Care	Provider Number : 087535000
	Date : 09/21/2024
9470 Health Park Circle	Fiscal Year End : N/A
Ft. Myers, FL 339083617	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	246.64	269.88	10/01/2024

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

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 Program Development:

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

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Florida Agency for Health Care Administration

087537600 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avow Hospice
1095 Whippoorwill Lane
Naples, FL 34105

Provider Number : 087537600
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	242.21	259.57	10/01/2024

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

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Florida Agency for Health Care Administration

087569400 - 2024/10

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 : 09/21/2024
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	263.76	278.46	10/01/2024

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

100313200 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 100313200
 Date : 09/21/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	245.05	283.05	10/01/2024

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

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Florida Agency for Health Care Administration

100944700 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care of Pinellas County	Provider Number : 100944700
	Date : 09/21/2024
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
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	242.46	262.52	10/01/2024

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

101809700 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Central Florida, Inc.	Provider Number : 101809700
Compassionate Care Hospice of Central Florida, Inc.	Date : 09/21/2024
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
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	243.40	267.47	10/01/2024

<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 style="text-align: center;">Polk</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		Polk	<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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<input type="checkbox"/>	Unaudited costs																																
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<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
	Polk																																
Rate Type :																																	
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<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

104177600 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Table with provider information: Morselife Hospice Institute, Palm Beach Hospice by Morselife, Attn: Finance Department, West Palm Beach, FL 33417. Includes fields for Provider Number, Date, Fiscal Year End, and Audit Status.

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Lists provider types like Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, and Hospice Provider with various care codes and rates.

Table with two columns: Basis and Rate Type. Lists options for Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.).

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Senior Management Analyst Supervisor
Medicaid Program Finance

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Florida Agency for Health Care Administration

105197500 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Okeechobee	Provider Number : 105197500
	Date : 09/21/2024
411 SE 4th St	Fiscal Year End : N/A
Okeechobee, FL 34974	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	248.41	265.26	10/01/2024

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

105421900 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bristol Hospice - Miami Dade
 206 N 2100 W Ste 202
 Salt Lake City,

Provider Number : 105421900
 Date : 09/21/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	262.71	278.46	10/01/2024

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

106026400 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Central Florida Hospice

4200 NW 90th Blvd
Gainesville, FL 32606

Provider Number : 106026400
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	257.33	276.16	10/01/2024

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

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Florida Agency for Health Care Administration

106087100 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice and Palliative Care of Pasco County	Provider Number : 106087100
	Date : 09/21/2024
6400 Shafer Ct	Fiscal Year End : N/A
Rosemont, IL 60018	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	248.11	270.90	10/01/2024

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

106749100 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Healthcare of Marion County
Kindred Hospice
1975 S John Young Pkwy
Kissimmee, FL 34741

Provider Number : 106749100
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	227.60	253.06	10/01/2024

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

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Program Development:

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

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Florida Agency for Health Care Administration

108376800 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 108376800
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	268.36	278.46	10/01/2024

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

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

108953500 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Continuum Care of Broward	Provider Number : 108953500
	Date : 09/21/2024
7771 W Oakland Park Blvd	Fiscal Year End : N/A
Sunrise, FL 33351	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	279.87	292.47	10/01/2024

<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;">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 style="text-align: left;">Rate Type :</th> </tr> <tr> <td><input checked="" type="checkbox"/> Prospective</td> </tr> <tr> <td><input type="checkbox"/> Total Prospective</td> </tr> <tr> <td><input type="checkbox"/> Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/> Interim</td> </tr> <tr> <td><input type="checkbox"/> Total Interim</td> </tr> <tr> <td><input type="checkbox"/> Settlement based on costs</td> </tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Field audited costs																	
<input type="checkbox"/> Medicare - Prospective																	
<input checked="" type="checkbox"/> Payment System Rate																	
<input type="checkbox"/> Average Nursing Home Rate																	
Broward																	
Rate Type :																	
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<input type="checkbox"/> Total Prospective																	
<input type="checkbox"/> Prospective Adjusted for New costs																	
<input type="checkbox"/> Interim																	
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T. K. Feehrer,
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Florida Agency for Health Care Administration

110029100 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Table with provider information: Gulfside Hospice, 2061 Collier Pkwy, Land O Lakes, FL 34639. Includes fields for Provider Number, Date, Fiscal Year End, and Audit Status.

Main table with columns: Provider Type, Current Rate, New Rate, Effective Date. Lists various provider types like Rural Health Clinic, Swing-Bed Provider, and Hospice Provider with associated rates and effective dates.

Table with two columns: Basis and Rate Type. Lists options for Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.).

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Florida Agency for Health Care Administration

110680000 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice and Palliative Care of Southern Florida	Provider Number : 110680000
	Date : 09/21/2024
5200 NE 2nd Ave	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	262.71	278.46	10/01/2024

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

112701500 - 2024/10

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 : 09/21/2024
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
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	257.15	277.10	10/01/2024

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

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Florida Agency for Health Care Administration

114361300 - 2024/10

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
Promedica Hospice (Broward)
134 S Dixie Hwy
Hallandale Beach, FL 33009-5407

Provider Number : 114361300
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	270.27	283.05	10/01/2024

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

114519100 - 2024/10

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 : 09/21/2024
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	247.07	271.84	10/01/2024

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

114836800 - 2024/10

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
 1150 NW 72nd Ave, Ste. 400
 Miami, FL 33126-1907

Provider Number : 114836800
 Date : 09/21/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	269.87	292.97	10/01/2024

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

115218500 - 2024/10

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 : 09/21/2024
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	242.64	255.54	10/01/2024

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td> X _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="padding-left: 40px;">Hillsborough</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate		Hillsborough	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td> X _____</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
Basis :																																	
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Florida Agency for Health Care Administration

115356800 - 2024/10

Bureau of Medicaid Program Finance

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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 : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	270.23	278.22	10/01/2024

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

Distribution:

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Permanent File
Program Development:

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

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Florida Agency for Health Care Administration

116865500 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Table with provider information: Peoples Hospice and Palliative Care of Florida, Provider Number: 116865500, Date: 09/21/2024, Fiscal Year End: N/A, Audit Status: N/A.

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (checked), and various home care codes with rates and effective dates.

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

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Florida Agency for Health Care Administration

117689700 - 2024/10

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, LLC
Wuesthoff Health System Brevard Hospice and Palliative Care of Florida
PO BOX 51266
LAFAYETTE, LA 70505-1266

Provider Number : 117689700
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

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

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Brevard. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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Florida Agency for Health Care Administration

118680000 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Marion County	Provider Number : 118680000
	Date : 09/21/2024
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
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	249.94	272.60	10/01/2024

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

120572400 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Amedisys Hospice
Amedisys Hospice of Brevard
1696 W Hibiscus Blvd Ste B
Melbourne, FL 32901-2638

Provider Number : 120572400
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	250.35	269.26	10/01/2024

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

121155600 - 2024/10

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 : 121155600
	Date : 09/21/2024
1723 Mahan Center Blvd	Fiscal Year End : N/A
Tallahassee, FL 32308-5428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	249.76	275.01	10/01/2024

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

121638300 - 2024/10

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	Provider Number : 121638300
Amedisys Hospice	Date : 09/21/2024
3854 American Way Ste A	Fiscal Year End : N/A
Baton Rouge, LA 70816-4897	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	262.71	282.58	10/01/2024

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

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Florida Agency for Health Care Administration

121920600 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Affinity Care of Manatee County
 Affinity Care of Manatee County
 209 6th Ave E, Ste A
 Bradenton, FL 34208-1904

Provider Number : 121920600
 Date : 09/21/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	247.23	266.03	10/01/2024

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

150003100 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 150003100
 Date : 09/21/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	247.64	260.72	10/01/2024

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

150009100 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Emerald Coast
PO Box 2127
Dothan, AL 36302

Provider Number : 150009100
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	242.86	259.41	10/01/2024

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	
Bay	

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Medicaid Program Finance

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Florida Agency for Health Care Administration

150013900 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 150013900
 Date : 09/21/2024
 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			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	262.40	278.72	10/01/2024

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

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Florida Agency for Health Care Administration

150021000 - 2024/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 150021000
 Date : 09/21/2024
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	244.06	269.22	10/01/2024

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

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 Program Development:

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

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Florida Agency for Health Care Administration

150022800 - 2024/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.

3010 W. Azeele Street
Tampa, FL 33609

Provider Number : 150022800
Date : 09/21/2024
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)			
#0651a / H5L Routine Home Care (61 +)			
#0652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#0655 / H55 Inpatient Respite Care			
#0656 / H56 General Inpatient Care			
#0658 Room and Board	249.79	263.77	10/01/2024

<p>Basis :</p> <p>_____ Budget</p> <p>_____ Unaudited costs</p> <p>_____ Desk audited costs</p> <p>_____ Field audited costs</p> <p>_____ Medicare - Prospective</p> <p>X _____ Payment System Rate</p> <p>_____ Average Nursing Home Rate</p> <p>_____ Hillsborough</p>	<p>Rate Type :</p> <p>X _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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T. K. Feehrer,
Senior Management Analyst Supervisor
Medicaid Program Finance

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