



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

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	200.32	206.64	10/01/2024
#0651a / H5L Routine Home Care (61 +)	158.13	162.76	10/01/2024
#0652 / H52 Continuous Home Care	59.00	61.19	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.75	15.30	10/01/2024
#0655 / H55 Inpatient Respite Care	493.25	505.22	10/01/2024
#0656 / H56 General Inpatient Care	1053.26	1078.74	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

001572800 - 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

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	208.60	221.44	10/01/2024
#0651a / H5L Routine Home Care (61 +)	164.67	174.42	10/01/2024
#0652 / H52 Continuous Home Care	61.81	66.25	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.45	16.56	10/01/2024
#0655 / H55 Inpatient Respite Care	511.97	538.44	10/01/2024
#0656 / H56 General Inpatient Care	1095.02	1152.83	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

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

Provider Number : 001636100
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, Escambia) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

Handwritten signature

For information Only (No Change in rate)



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
HPH Hospice
12107 Majestic Blvd
Hudson, FL

Provider Number : 014043700
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	201.96	210.56	10/01/2024
#0651a / H5L Routine Home Care (61 +)	159.42	165.84	10/01/2024
#0652 / H52 Continuous Home Care	59.55	62.53	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.89	15.63	10/01/2024
#0655 / H55 Inpatient Respite Care	496.95	514.01	10/01/2024
#0656 / H56 General Inpatient Care	1061.51	1098.34	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	215.12	228.67	10/01/2024
#0651a / H5L Routine Home Care (61 +)	169.81	180.11	10/01/2024
#0652 / H52 Continuous Home Care	64.03	68.72	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	16.00	17.18	10/01/2024
#0655 / H55 Inpatient Respite Care	526.70	554.65	10/01/2024
#0656 / H56 General Inpatient Care	1127.88	1188.99	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	199.97	219.90	10/01/2024
#0651a / H5L Routine Home Care (61 +)	157.85	173.20	10/01/2024
#0652 / H52 Continuous Home Care	58.88	65.72	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.72	16.43	10/01/2024
#0655 / H55 Inpatient Respite Care	492.47	534.96	10/01/2024
#0656 / H56 General Inpatient Care	1051.51	1145.09	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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

Provider Number : 019255800  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	208.60	221.44	10/01/2024
#0651a / H5L Routine Home Care (61 +)	164.67	174.42	10/01/2024
#0652 / H52 Continuous Home Care	61.81	66.25	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.45	16.56	10/01/2024
#0655 / H55 Inpatient Respite Care	511.97	538.44	10/01/2024
#0656 / H56 General Inpatient Care	1095.02	1152.83	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	201.96	210.56	10/01/2024
#0651a / H5L Routine Home Care (61 +)	159.42	165.84	10/01/2024
#0652 / H52 Continuous Home Care	59.55	62.53	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.89	15.63	10/01/2024
#0655 / H55 Inpatient Respite Care	496.95	514.01	10/01/2024
#0656 / H56 General Inpatient Care	1061.51	1098.34	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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





Florida Agency for Health Care Administration

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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.49	202.87	10/01/2024
#0651a / H5L Routine Home Care (61 +)	150.37	159.79	10/01/2024
#0652 / H52 Continuous Home Care	55.66	59.91	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	13.91	14.98	10/01/2024
#0655 / H55 Inpatient Respite Care	471.06	496.76	10/01/2024
#0656 / H56 General Inpatient Care	1003.76	1059.88	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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 their respective rates and effective dates.

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

T. K. Feehrer,
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

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

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

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

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
480 West Central Pkwy
Altamonte Springs, FL 327143125

Provider Number : 087256300
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, Seminole) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

Handwritten signature

For information Only (No Change in rate)



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  
  
4266 Sunbeam Road  
Jacksonville, FL 32257

Provider Number : 087407800  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	199.05	206.88	10/01/2024
#0651a / H5L Routine Home Care (61 +)	157.13	162.95	10/01/2024
#0652 / H52 Continuous Home Care	58.57	61.27	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.64	15.32	10/01/2024
#0655 / H55 Inpatient Respite Care	490.41	505.75	10/01/2024
#0656 / H56 General Inpatient Care	1046.91	1079.93	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

087514700 - 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 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

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	199.20	212.71	10/01/2024
#0651a / H5L Routine Home Care (61 +)	157.25	167.54	10/01/2024
#0652 / H52 Continuous Home Care	58.62	63.26	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.66	15.81	10/01/2024
#0655 / H55 Inpatient Respite Care	490.73	518.82	10/01/2024
#0656 / H56 General Inpatient Care	1047.64	1109.08	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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
5300 East Avenue
West Palm Beach, FL 33407

Provider Number : 087516300
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).

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

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  
  
1900 Dairy Road  
West Melbourne, FL 32904

Provider Number : 087522800  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	200.32	206.64	10/01/2024
#0651a / H5L Routine Home Care (61 +)	158.13	162.76	10/01/2024
#0652 / H52 Continuous Home Care	59.00	61.19	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.75	15.30	10/01/2024
#0655 / H55 Inpatient Respite Care	493.25	505.22	10/01/2024
#0656 / H56 General Inpatient Care	1053.26	1078.74	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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





Florida Agency for Health Care Administration

087523600 - 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 Volusia
3800 Woodbriar Trail
Port Orange, FL 32129

Provider Number : 087523600
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, Volusia) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

Handwritten signature

For information Only (No Change in rate)



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  
  
1723 Mahan Center Blvd.  
Tallahassee, FL 323085428

Provider Number : 087524400  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.49	195.87	10/01/2024
#0651a / H5L Routine Home Care (61 +)	150.37	154.28	10/01/2024
#0652 / H52 Continuous Home Care	55.66	57.51	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	13.91	14.38	10/01/2024
#0655 / H55 Inpatient Respite Care	471.06	481.06	10/01/2024
#0656 / H56 General Inpatient Care	1003.76	1024.84	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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
12300 Lane Park Road
Tavares, FL 32778

Provider Number : 087526100
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 their respective rates and effective dates.

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

Distribution:

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

087527900 - 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**

Tidewell Hospice & Palliative Care  
  
5955 Rand Blvd  
Sarasota, FL 34238

Provider Number : 087527900  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	207.31	216.35	10/01/2024
#0651a / H5L Routine Home Care (61 +)	163.65	170.41	10/01/2024
#0652 / H52 Continuous Home Care	61.38	64.51	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.34	16.12	10/01/2024
#0655 / H55 Inpatient Respite Care	509.06	527.01	10/01/2024
#0656 / H56 General Inpatient Care	1088.52	1127.34	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

087528700 - 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 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

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	199.20	212.71	10/01/2024
#0651a / H5L Routine Home Care (61 +)	157.25	167.54	10/01/2024
#0652 / H52 Continuous Home Care	58.62	63.26	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.66	15.81	10/01/2024
#0655 / H55 Inpatient Respite Care	490.73	518.82	10/01/2024
#0656 / H56 General Inpatient Care	1047.64	1109.08	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	205.50	211.12	10/01/2024
#0651a / H5L Routine Home Care (61 +)	162.22	166.29	10/01/2024
#0652 / H52 Continuous Home Care	60.76	62.73	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.19	15.68	10/01/2024
#0655 / H55 Inpatient Respite Care	504.96	515.28	10/01/2024
#0656 / H56 General Inpatient Care	1079.40	1101.18	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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  
 5771 Roosevelt Blvd  
 Clearwater, FL 337603770

Provider Number : 087532500  
 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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	201.96	209.20	10/01/2024
#0651a / H5L Routine Home Care (61 +)	159.42	164.78	10/01/2024
#0652 / H52 Continuous Home Care	59.55	62.07	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.89	15.52	10/01/2024
#0655 / H55 Inpatient Respite Care	496.95	510.97	10/01/2024
#0656 / H56 General Inpatient Care	1061.51	1091.56	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

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  
9470 Health Park Circle  
Ft. Myers, FL 339083617

Provider Number : 087535000  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	207.91	211.88	10/01/2024
#0651a / H5L Routine Home Care (61 +)	164.12	166.88	10/01/2024
#0652 / H52 Continuous Home Care	61.58	62.98	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.39	15.74	10/01/2024
#0655 / H55 Inpatient Respite Care	510.41	516.99	10/01/2024
#0656 / H56 General Inpatient Care	1091.52	1104.98	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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





Florida Agency for Health Care Administration

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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	195.92	208.26	10/01/2024
#0651a / H5L Routine Home Care (61 +)	154.66	164.03	10/01/2024
#0652 / H52 Continuous Home Care	57.50	61.74	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.38	15.44	10/01/2024
#0655 / H55 Inpatient Respite Care	483.34	508.86	10/01/2024
#0656 / H56 General Inpatient Care	1031.14	1086.87	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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  
 14875 NW 77th Ave  
 Miami Lakes, FL 33014

Provider Number : 087569400  
 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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	208.60	221.44	10/01/2024
#0651a / H5L Routine Home Care (61 +)	164.67	174.42	10/01/2024
#0652 / H52 Continuous Home Care	61.81	66.25	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.45	16.56	10/01/2024
#0655 / H55 Inpatient Respite Care	511.97	538.44	10/01/2024
#0656 / H56 General Inpatient Care	1095.02	1152.83	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	215.12	228.67	10/01/2024
#0651a / H5L Routine Home Care (61 +)	169.81	180.11	10/01/2024
#0652 / H52 Continuous Home Care	64.03	68.72	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	16.00	17.18	10/01/2024
#0655 / H55 Inpatient Respite Care	526.70	554.65	10/01/2024
#0656 / H56 General Inpatient Care	1127.88	1188.99	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

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  
  
17757 US Highway 19 N STE 175  
Clearwater, FL 33764

Provider Number : 100944700  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	201.96	210.56	10/01/2024
#0651a / H5L Routine Home Care (61 +)	159.42	165.84	10/01/2024
#0652 / H52 Continuous Home Care	59.55	62.53	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.89	15.63	10/01/2024
#0655 / H55 Inpatient Respite Care	496.95	514.01	10/01/2024
#0656 / H56 General Inpatient Care	1061.51	1098.34	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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

Provider Number : 101809700  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	194.94	203.20	10/01/2024
#0651a / H5L Routine Home Care (61 +)	153.89	160.05	10/01/2024
#0652 / H52 Continuous Home Care	57.17	60.02	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.30	15.00	10/01/2024
#0655 / H55 Inpatient Respite Care	481.11	497.50	10/01/2024
#0656 / H56 General Inpatient Care	1026.17	1061.52	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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**

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

Provider Number : 104177600  
 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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	205.50	211.12	10/01/2024
#0651a / H5L Routine Home Care (61 +)	162.22	166.29	10/01/2024
#0652 / H52 Continuous Home Care	60.76	62.73	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.19	15.68	10/01/2024
#0655 / H55 Inpatient Respite Care	504.96	515.28	10/01/2024
#0656 / H56 General Inpatient Care	1079.40	1101.18	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

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
411 SE 4th St
Okeechobee, FL 34974

Provider Number : 105197500
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 their respective rates and effective dates.

Form with two sections: Basis and Rate Type. Basis includes options like Budget, Unaudited costs, Medicare - Prospective, and Payment System Rate (checked). Rate Type includes options like Prospective, Total Prospective, Interim, and Settlement based on costs.

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

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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	208.60	221.44	10/01/2024
#0651a / H5L Routine Home Care (61 +)	164.67	174.42	10/01/2024
#0652 / H52 Continuous Home Care	61.81	66.25	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.45	16.56	10/01/2024
#0655 / H55 Inpatient Respite Care	511.97	538.44	10/01/2024
#0656 / H56 General Inpatient Care	1095.02	1152.83	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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





Florida Agency for Health Care Administration

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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	199.22	217.67	10/01/2024
#0651a / H5L Routine Home Care (61 +)	157.27	171.45	10/01/2024
#0652 / H52 Continuous Home Care	58.63	64.97	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.66	16.24	10/01/2024
#0655 / H55 Inpatient Respite Care	490.80	529.99	10/01/2024
#0656 / H56 General Inpatient Care	1047.79	1133.98	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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
6400 Shafer Ct
Rosemont, IL 60018

Provider Number : 106087100
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 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 Pasco) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

Handwritten signature

For information Only (No Change in rate)



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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	199.97	219.90	10/01/2024
#0651a / H5L Routine Home Care (61 +)	157.85	173.20	10/01/2024
#0652 / H52 Continuous Home Care	58.88	65.72	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.72	16.43	10/01/2024
#0655 / H55 Inpatient Respite Care	492.47	534.96	10/01/2024
#0656 / H56 General Inpatient Care	1051.51	1145.09	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	208.60	221.44	10/01/2024
#0651a / H5L Routine Home Care (61 +)	164.67	174.42	10/01/2024
#0652 / H52 Continuous Home Care	61.81	66.25	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.45	16.56	10/01/2024
#0655 / H55 Inpatient Respite Care	511.97	538.44	10/01/2024
#0656 / H56 General Inpatient Care	1095.02	1152.83	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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  
  
7771 W Oakland Park Blvd  
Sunrise, FL 33351

Provider Number : 108953500  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	215.12	228.67	10/01/2024
#0651a / H5L Routine Home Care (61 +)	169.81	180.11	10/01/2024
#0652 / H52 Continuous Home Care	64.03	68.72	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	16.00	17.18	10/01/2024
#0655 / H55 Inpatient Respite Care	526.70	554.65	10/01/2024
#0656 / H56 General Inpatient Care	1127.88	1188.99	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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**

Gulfside Hospice  
  
2061 Collier Pkwy  
Land O Lakes, FL 34639

Provider Number : 110029100  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	201.96	210.56	10/01/2024
#0651a / H5L Routine Home Care (61 +)	159.42	165.84	10/01/2024
#0652 / H52 Continuous Home Care	59.55	62.53	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.89	15.63	10/01/2024
#0655 / H55 Inpatient Respite Care	496.95	514.01	10/01/2024
#0656 / H56 General Inpatient Care	1061.51	1098.34	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	208.60	221.44	10/01/2024
#0651a / H5L Routine Home Care (61 +)	164.67	174.42	10/01/2024
#0652 / H52 Continuous Home Care	61.81	66.25	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.45	16.56	10/01/2024
#0655 / H55 Inpatient Respite Care	511.97	538.44	10/01/2024
#0656 / H56 General Inpatient Care	1095.02	1152.83	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

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

Table with provider information: Continuum Care of Sarasota, Provider Number: 112701500, 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, Sarasota. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

Handwritten signature

For information Only (No Change in rate)





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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	215.12	228.67	10/01/2024
#0651a / H5L Routine Home Care (61 +)	169.81	180.11	10/01/2024
#0652 / H52 Continuous Home Care	64.03	68.72	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	16.00	17.18	10/01/2024
#0655 / H55 Inpatient Respite Care	526.70	554.65	10/01/2024
#0656 / H56 General Inpatient Care	1127.88	1188.99	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

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
304 LaGrande Blvd
The Villages, FL 32159-2388

Provider Number : 114519100
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, Lake) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

Handwritten signature

For information Only (No Change in rate)



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)	208.60	221.44	10/01/2024
#0651a / H5L Routine Home Care (61 +)	164.67	174.42	10/01/2024
#0652 / H52 Continuous Home Care	61.81	66.25	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.45	16.56	10/01/2024
#0655 / H55 Inpatient Respite Care	511.97	538.44	10/01/2024
#0656 / H56 General Inpatient Care	1095.02	1152.83	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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
Empath Suncoast Hospice of Hillsborough
5771 Roosevelt Blvd, Ste 610
Clearwater, FL 33760-3415

Provider Number : 115218500
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 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 Hillsborough) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

Handwritten signature

For information Only (No Change in rate)



Florida Agency for Health Care Administration

115356800 - 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**

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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	208.60	221.44	10/01/2024
#0651a / H5L Routine Home Care (61 +)	164.67	174.42	10/01/2024
#0652 / H52 Continuous Home Care	61.81	66.25	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.45	16.56	10/01/2024
#0655 / H55 Inpatient Respite Care	511.97	538.44	10/01/2024
#0656 / H56 General Inpatient Care	1095.02	1152.83	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



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**

Peoples Hospice and Palliative Care of Florida  
  
213 E Wright St, Ste B  
Pensacola, FL 32501-4917

Provider Number : 116865500  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.49	195.87	10/01/2024
#0651a / H5L Routine Home Care (61 +)	150.37	154.28	10/01/2024
#0652 / H52 Continuous Home Care	55.66	57.51	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	13.91	14.38	10/01/2024
#0655 / H55 Inpatient Respite Care	471.06	481.06	10/01/2024
#0656 / H56 General Inpatient Care	1003.76	1024.84	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	200.32	206.64	10/01/2024
#0651a / H5L Routine Home Care (61 +)	158.13	162.76	10/01/2024
#0652 / H52 Continuous Home Care	59.00	61.19	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	1475	15.30	10/01/2024
#0655 / H55 Inpatient Respite Care	493.25	505.22	10/01/2024
#0656 / H56 General Inpatient Care	1053.26	1078.74	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

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
3231 SW 34th Ave
Ocala, FL 34474-8489

Provider Number : 118680000
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 their respective rates and effective dates.

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

Distribution:

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

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

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

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

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

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  
  
1723 Mahan Center Blvd  
  
Tallahassee, FL 32308-5428

Provider Number : 121155600  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.49	195.87	10/01/2024
#0651a / H5L Routine Home Care (61 +)	150.37	154.28	10/01/2024
#0652 / H52 Continuous Home Care	55.66	57.51	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	13.91	14.38	10/01/2024
#0655 / H55 Inpatient Respite Care	471.06	481.06	10/01/2024
#0656 / H56 General Inpatient Care	1003.76	1024.84	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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  
Amedisys Hospice  
3854 American Way Ste A  
Baton Rouge, LA 70816-4897

Provider Number : 121638300  
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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	208.60	221.44	10/01/2024
#0651a / H5L Routine Home Care (61 +)	164.67	174.42	10/01/2024
#0652 / H52 Continuous Home Care	61.81	66.25	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.45	16.56	10/01/2024
#0655 / H55 Inpatient Respite Care	511.97	538.44	10/01/2024
#0656 / H56 General Inpatient Care	1095.02	1152.83	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	207.31	216.35	10/01/2024
#0651a / H5L Routine Home Care (61 +)	163.65	170.41	10/01/2024
#0652 / H52 Continuous Home Care	61.38	64.51	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	15.34	16.12	10/01/2024
#0655 / H55 Inpatient Respite Care	509.06	527.01	10/01/2024
#0656 / H56 General Inpatient Care	1088.52	1127.34	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	190.71	204.10	10/01/2024
#0651a / H5L Routine Home Care (61 +)	150.55	160.75	10/01/2024
#0652 / H52 Continuous Home Care	55.73	60.32	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	13.93	15.08	10/01/2024
#0655 / H55 Inpatient Respite Care	471.55	499.51	10/01/2024
#0656 / H56 General Inpatient Care	1004.86	1066.00	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	201.93	211.05	10/01/2024
#0651a / H5L Routine Home Care (61 +)	159.40	166.23	10/01/2024
#0652 / H52 Continuous Home Care	59.54	62.70	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.89	15.67	10/01/2024
#0655 / H55 Inpatient Respite Care	496.88	515.11	10/01/2024
#0656 / H56 General Inpatient Care	1061.37	1100.80	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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



Florida Agency for Health Care Administration

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

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 their respective rates and effective dates.

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

Handwritten signature

For information Only (No Change in rate)



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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	194.94	203.20	10/01/2024
#0651a / H5L Routine Home Care (61 +)	153.89	160.05	10/01/2024
#0652 / H52 Continuous Home Care	57.17	60.02	10/01/2024
#0551 / 0561 Continuous Home Care - SIA	14.30	15.00	10/01/2024
#0655 / H55 Inpatient Respite Care	481.11	497.50	10/01/2024
#0656 / H56 General Inpatient Care	1026.17	1061.52	10/01/2024
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

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

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





Florida Agency for Health Care Administration

150022800 - 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

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, Hillsborough) and Rate Type (Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

Handwritten signature

For information Only (No Change in rate)