



Florida Agency for Health Care Administration

000141800 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

HCR Manor Care Services of Florida, Inc.  
 Heartland Home Health Care and Hospice  
 8130 Baymeadows Way W  
 Jacksonville, FL 322564409

Provider Number : 000141800  
 Date : 10/07/2020  
 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)	177.39	181.10	10/01/2020
#0651a / H5L Routine Home Care (61 +)	140.20	143.14	10/01/2020
#0652 / H52 Continuous Home Care	52.99	54.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.25	13.55	10/01/2020
#0655 / H55 Inpatient Respite Care	440.53	450.08	10/01/2020
#0656 / H56 General Inpatient Care	936.47	955.77	10/01/2020
#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>Duval</p>	<p><b>Rate Type :</b></p> <p><b>X</b> Prospective</p> <p>Total Prospective</p> <p>Prospective Adjusted for New costs</p> <p>Interim</p> <p>Total Interim</p> <p>Settlement based on costs</p>
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**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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



Florida Agency for Health Care Administration

000602600 - 2020/10

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: Angela Santana  
 100 S. Biscayne Blvd  
 Miami, FL 33131

Provider Number : 000602600  
 Date : 10/07/2020  
 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)	181.85	183.16	10/01/2020
#0651a / H5L Routine Home Care (61 +)	143.72	144.76	10/01/2020
#0652 / H52 Continuous Home Care	54.32	54.81	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.58	13.70	10/01/2020
#0655 / H55 Inpatient Respite Care	449.07	454.02	10/01/2020
#0656 / H56 General Inpatient Care	958.23	965.81	10/01/2020
#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>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>
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 Program Development:

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

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Florida Agency for Health Care Administration

001572800 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Odyssey Health Care Miami-Dade	Provider Number : 001572800
	Date : 10/07/2020
5755 Blue Lagoon Dr	Fiscal Year End : N/A
Miami, FL 33126	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)	187.91	191.15	10/01/2020
#0651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#0652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#0655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#0656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

001636100 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Regency Hospice of NW Florida, Inc.	Provider Number : 001636100
	Date : 10/07/2020
4900 Bayou Blvd., Ste 101	Fiscal Year End : N/A
Pensacola, FL 32503	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	172.89	174.86	10/01/2020
#0651a / H5L Routine Home Care (61 +)	136.64	138.21	10/01/2020
#0652 / H52 Continuous Home Care	51.64	52.33	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.91	13.08	10/01/2020
#0655 / H55 Inpatient Respite Care	431.88	438.12	10/01/2020
#0656 / H56 General Inpatient Care	914.44	925.31	10/01/2020
#0658 Room and Board			

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Florida Agency for Health Care Administration

002782200 - 2020/10

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 FL	Provider Number : 002782200
	Date : 11/13/2020
5200 Northeast 2nd Avenue	Fiscal Year End : N/A
Miami, FL 32405	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	187.91	191.15	10/01/2020
#0651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#0652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#0655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#0656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

003815300 - 2020/10

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 of Florida III, Inc.  
 Heartland Hospice Services - Plantation  
 150 S. Pine Island Road, Suite 200  
 Plantation, FL 333242695

Provider Number : 003815300  
 Date : 10/07/2020  
 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)	188.97	192.30	10/01/2020
#0651a / H5L Routine Home Care (61 +)	149.35	151.99	10/01/2020
#0652 / H52 Continuous Home Care	56.45	57.55	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.11	14.39	10/01/2020
#0655 / H55 Inpatient Respite Care	462.71	471.54	10/01/2020
#0656 / H56 General Inpatient Care	993.01	1010.45	10/01/2020
#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>
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 Program Development:

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

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Florida Agency for Health Care Administration

014043700 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Hernando-Pasco Hospice  
 HPH Hospice  
 12107 Majestic Blvd  
 Hudson, FL

Provider Number : 014043700  
 Date : 10/07/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	179.16	184.61	10/01/2020
#0651a / H5L Routine Home Care (61 +)	141.60	145.91	10/01/2020
#0652 / H52 Continuous Home Care	53.52	55.25	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.38	13.81	10/01/2020
#0655 / H55 Inpatient Respite Care	443.91	456.80	10/01/2020
#0656 / H56 General Inpatient Care	945.09	972.90	10/01/2020
#0658 Room and Board			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td><b>X</b> _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Pasco</td> </tr> </table>	<b>Basis :</b>		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	<b>X</b> _____	Payment System Rate	_____	Average Nursing Home Rate		Pasco	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><b>X</b> _____</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<b>X</b> _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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T. K. Feehrer,  
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Florida Agency for Health Care Administration

014190001 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Compassionate Care Hospice of Miami Dade and the Florida Keys  
 11400 Overseas Hwy Ste 203  
 Marathon, FL 33050

Provider Number : 014190001  
 Date : 10/07/2020  
 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)	170.53	175.64	10/01/2020
#0651a / H5L Routine Home Care (61 +)	134.78	138.83	10/01/2020
#0652 / H52 Continuous Home Care	50.94	52.56	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.73	13.14	10/01/2020
#0655 / H55 Inpatient Respite Care	427.37	439.62	10/01/2020
#0656 / H56 General Inpatient Care	902.93	929.13	10/01/2020
#0658 Room and Board			

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Florida Agency for Health Care Administration

015219701 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

COMPASSIONATE CARE HOSPICE OF CENTRAL FLORIDA, INC

Provider Number : 015219701

Date : 10/07/2020

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)		172.09	10/01/2020
#0651a / H5L Routine Home Care (61 +)		136.02	10/01/2020
#0652 / H52 Continuous Home Care		51.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA		12.88	10/01/2020
#0655 / H55 Inpatient Respite Care		432.82	10/01/2020
#0656 / H56 General Inpatient Care		911.79	10/01/2020
#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>_____ Highlands</p>	<p><b>Rate Type :</b></p> <p><b>X</b> _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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**Distribution:**

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

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

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



Florida Agency for Health Care Administration

015219702 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

COMPASSIONATE CARE HOSPICE OF CENTRAL FLORIDA, INC

Provider Number : 015219702

Date : 10/07/2020

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)		172.09	10/01/2020
#0651a / H5L Routine Home Care (61 +)		136.02	10/01/2020
#0652 / H52 Continuous Home Care		51.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA		12.88	10/01/2020
#0655 / H55 Inpatient Respite Care		432.82	10/01/2020
#0656 / H56 General Inpatient Care		911.79	10/01/2020
#0658 Room and Board			

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

Fiscal Agent

Contract Management

Permanent File

Program Development:

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

T. K. Feehrer,  
Senior Management Analyst Supervisor

Medicaid Program Finance



Florida Agency for Health Care Administration

015328000 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Seasons Hospice & Palliative Care Broward FL LLC	Provider Number : 015328000
	Date : 10/07/2020
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)	188.97	192.30	10/01/2020
#0651a / H5L Routine Home Care (61 +)	149.35	151.99	10/01/2020
#0652 / H52 Continuous Home Care	56.45	57.55	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.11	14.39	10/01/2020
#0655 / H55 Inpatient Respite Care	462.71	471.54	10/01/2020
#0656 / H56 General Inpatient Care	993.01	1010.45	10/01/2020
#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;">Broward</td> </tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Broward	<table border="1"> <tr> <th style="text-align: left;">Rate Type :</th> </tr> <tr> <td><input checked="" type="checkbox"/> Prospective</td> </tr> <tr> <td><input type="checkbox"/> Total Prospective</td> </tr> <tr> <td><input type="checkbox"/> Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/> Interim</td> </tr> <tr> <td><input type="checkbox"/> Total Interim</td> </tr> <tr> <td><input type="checkbox"/> Settlement based on costs</td> </tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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T. K. Feehrer,  
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Medicaid Program Finance

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Florida Agency for Health Care Administration

015986100 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Covenant Hospice, Inc	Provider Number : 015986100
	Date : 10/07/2020
5041 N. 12th	Fiscal Year End : N/A
Pensacola, FL 32504	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	172.89	174.86	10/01/2020
#0651a / H5L Routine Home Care (61 +)	136.64	138.21	10/01/2020
#0652 / H52 Continuous Home Care	51.64	52.33	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.91	13.08	10/01/2020
#0655 / H55 Inpatient Respite Care	431.88	438.12	10/01/2020
#0656 / H56 General Inpatient Care	914.44	925.31	10/01/2020
#0658 Room and Board			

<table border="1"> <tr> <td><b>Basis :</b></td> <td></td> </tr> <tr> <td></td> <td>Budget</td> </tr> <tr> <td></td> <td>Unaudited costs</td> </tr> <tr> <td></td> <td>Desk audited costs</td> </tr> <tr> <td></td> <td>Field audited costs</td> </tr> <tr> <td></td> <td>Medicare - Prospective</td> </tr> <tr> <td><b>X</b></td> <td>Payment System Rate</td> </tr> <tr> <td></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Escambia</td> </tr> </table>	<b>Basis :</b>			Budget		Unaudited costs		Desk audited costs		Field audited costs		Medicare - Prospective	<b>X</b>	Payment System Rate		Average Nursing Home Rate		Escambia	<table border="1"> <tr> <td><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><b>X</b></td> <td>Prospective</td> </tr> <tr> <td></td> <td>Total Prospective</td> </tr> <tr> <td></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td></td> <td>Interim</td> </tr> <tr> <td></td> <td>Total Interim</td> </tr> <tr> <td></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<b>X</b>	Prospective		Total Prospective		Prospective Adjusted for New costs		Interim		Total Interim		Settlement based on costs
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Senior Management Analyst Supervisor  
Medicaid Program Finance

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Florida Agency for Health Care Administration

016254400 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Odyssey Healthcare of Marion County	Provider Number : 016254400
Kindred at Home-Hospice	Date : 10/07/2020
1300 N Semoran Blvd Ste 210	Fiscal Year End : N/A
Orlando, FL 32807	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)	177.58	182.40	10/01/2020
#0651a / H5L Routine Home Care (61 +)	140.35	144.17	10/01/2020
#0652 / H52 Continuous Home Care	53.05	54.59	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.26	13.65	10/01/2020
#0655 / H55 Inpatient Respite Care	440.89	452.57	10/01/2020
#0656 / H56 General Inpatient Care	937.38	962.13	10/01/2020
#0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

019255800 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

HCR Manor Care Services of Florida Inc.  
 Heartland Hospice  
 5975 Sunset Drive Suite 301  
 South Miami, FL 33143

Provider Number : 019255800  
 Date : 10/07/2020  
 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)	187.91	191.15	10/01/2020
#0651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#0652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#0655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#0656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#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>
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 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 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Hospice of I.R.C.	Provider Number : 087000500
	Date : 10/07/2020
1111 36th Street	Fiscal Year End : N/A
Vero Beach, FL 32960	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
<b>#0651 / H51 Routine Home Care (1-60)</b>	167.99	172.09	10/01/2020
<b>#0651a / H5L Routine Home Care (61 +)</b>	132.77	136.02	10/01/2020
<b>#0652 / H52 Continuous Home Care</b>	50.18	51.50	10/01/2020
<b>#0551 / 0561 Continuous Home Care - SIA</b>	12.54	12.88	10/01/2020
<b>#0655 / H55 Inpatient Respite Care</b>	422.50	432.82	10/01/2020
<b>#0656 / H56 General Inpatient Care</b>	890.51	911.79	10/01/2020
<b>#0658 Room and Board</b>			

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

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Florida Agency for Health Care Administration

087246600 - 2020/10

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: Angela Santana  
 100 S. Biscayne Blvd  
 Miami, FL 33131

Provider Number : 087246600  
 Date : 10/07/2020  
 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)	187.91	186.59	10/01/2020
#0651a / H5L Routine Home Care (61 +)	148.52	147.47	10/01/2020
#0652 / H52 Continuous Home Care	56.13	55.74	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	13.93	10/01/2020
#0655 / H55 Inpatient Respite Care	460.68	458.15	10/01/2020
#0656 / H56 General Inpatient Care	987.85	981.37	10/01/2020
#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>
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T. K. Feehrer,  
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Florida Agency for Health Care Administration

087255500 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

St. Francis Hospice	Provider Number : 087255500
	Date : 10/07/2020
1250-B Grumman Place	Fiscal Year End : N/A
Titusville, FL 32780	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	181.85	183.16	10/01/2020
#0651a / H5L Routine Home Care (61 +)	143.72	144.76	10/01/2020
#0652 / H52 Continuous Home Care	54.32	54.81	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.58	13.70	10/01/2020
#0655 / H55 Inpatient Respite Care	449.07	454.02	10/01/2020
#0656 / H56 General Inpatient Care	958.23	965.81	10/01/2020
#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>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>
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**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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Florida Agency for Health Care Administration

087256300 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Hospice of the Comforter	Provider Number : 087256300
	Date : 10/07/2020
480 West Central Pkwy	Fiscal Year End : N/A
Altamonte Springs, FL 327143125	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	177.58	182.40	10/01/2020
#0651a / H5L Routine Home Care (61 +)	140.35	144.17	10/01/2020
#0652 / H52 Continuous Home Care	53.05	54.59	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.26	13.65	10/01/2020
#0655 / H55 Inpatient Respite Care	440.89	452.57	10/01/2020
#0656 / H56 General Inpatient Care	937.38	962.13	10/01/2020
#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>Seminole</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		Seminole	<table border="0"> <tr> <td><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><b>X</b> _____</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<b>X</b> _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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Florida Agency for Health Care Administration

087407800 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Community Hospice of Northeast	Provider Number : 087407800
	Date : 10/07/2020
4266 Sunbeam Road	Fiscal Year End : N/A
Jacksonville, FL 32257	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	177.39	181.10	10/01/2020
#0651a / H5L Routine Home Care (61 +)	140.20	143.14	10/01/2020
#0652 / H52 Continuous Home Care	52.99	54.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.25	13.55	10/01/2020
#0655 / H55 Inpatient Respite Care	440.53	450.08	10/01/2020
#0656 / H56 General Inpatient Care	936.47	955.77	10/01/2020
#0658 Room and Board			

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Florida Agency for Health Care Administration

087514700 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Hospice of Martin & St. Lucie	Provider Number : 087514700
	Date : 10/07/2020
1201 SE Indian Street	Fiscal Year End : N/A
Stuart, FL 34997	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	182.28	185.51	10/01/2020
#0651a / H5L Routine Home Care (61 +)	144.06	146.63	10/01/2020
#0652 / H52 Continuous Home Care	54.45	55.52	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.61	13.88	10/01/2020
#0655 / H55 Inpatient Respite Care	449.89	458.54	10/01/2020
#0656 / H56 General Inpatient Care	960.33	977.32	10/01/2020
#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>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>
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Florida Agency for Health Care Administration

087516300 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Hospice of Palm Beach County  
 5300 East Avenue  
 West Palm Beach, FL 33407

Provider Number : 087516300  
 Date : 10/07/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	183.22	186.91	10/01/2020
#0651a / H5L Routine Home Care (61 +)	144.80	147.73	10/01/2020
#0652 / H52 Continuous Home Care	54.73	55.94	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.68	13.99	10/01/2020
#0655 / H55 Inpatient Respite Care	451.68	461.22	10/01/2020
#0656 / H56 General Inpatient Care	964.90	984.15	10/01/2020
#0658 Room and Board			

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 Medicaid Program Finance

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Florida Agency for Health Care Administration

087520100 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Hospice of Marion County	Provider Number : 087520100
	Date : 10/07/2020
P.O. Box 4860	Fiscal Year End : N/A
Ocala, FL 344784860	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	172.02	179.28	10/01/2020
#0651a / H5L Routine Home Care (61 +)	135.95	141.70	10/01/2020
#0652 / H52 Continuous Home Care	51.38	53.65	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.84	13.41	10/01/2020
#0655 / H55 Inpatient Respite Care	430.22	446.58	10/01/2020
#0656 / H56 General Inpatient Care	910.19	946.87	10/01/2020
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

087522800 - 2020/10

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 : 10/07/2020  
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)	181.85	183.16	10/01/2020
#0651a / H5L Routine Home Care (61 +)	143.72	144.76	10/01/2020
#0652 / H52 Continuous Home Care	54.32	54.81	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.58	13.70	10/01/2020
#0655 / H55 Inpatient Respite Care	449.07	454.02	10/01/2020
#0656 / H56 General Inpatient Care	958.23	965.81	10/01/2020
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

087523600 - 2020/10

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	Provider Number : 087523600
	Date : 10/07/2020
3800 Woodbriar Trail	Fiscal Year End : N/A
Port Orange, FL 32129	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	167.99	173.86	10/01/2020
#0651a / H5L Routine Home Care (61 +)	132.77	137.42	10/01/2020
#0652 / H52 Continuous Home Care	50.18	52.03	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.54	13.01	10/01/2020
#0655 / H55 Inpatient Respite Care	422.50	436.21	10/01/2020
#0656 / H56 General Inpatient Care	890.51	920.43	10/01/2020
#0658 Room and Board			

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Medicaid Program Finance

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Florida Agency for Health Care Administration

087524400 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Big Bend Hospice	Provider Number : 087524400
	Date : 10/07/2020
1723 Mahan Center Blvd.	Fiscal Year End : N/A
Tallahassee, FL 323085428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	169.29	174.68	10/01/2020
#0651a / H5L Routine Home Care (61 +)	133.79	138.07	10/01/2020
#0652 / H52 Continuous Home Care	50.57	52.28	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.64	13.07	10/01/2020
#0655 / H55 Inpatient Respite Care	424.99	437.78	10/01/2020
#0656 / H56 General Inpatient Care	896.85	924.44	10/01/2020
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

087526100 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Hospice of Lake and Sumter	Provider Number : 087526100
	Date : 10/07/2020
12300 Lane Park Road	Fiscal Year End : N/A
Tavares, FL 32778	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	174.13	182.40	10/01/2020
#0651a / H5L Routine Home Care (61 +)	137.62	144.17	10/01/2020
#0652 / H52 Continuous Home Care	52.01	54.59	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.00	13.65	10/01/2020
#0655 / H55 Inpatient Respite Care	432.29	452.57	10/01/2020
#0656 / H56 General Inpatient Care	919.11	962.13	10/01/2020
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

087527900 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 087527900  
 Date : 10/07/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	185.93	189.16	10/01/2020
#0651a / H5L Routine Home Care (61 +)	146.95	149.51	10/01/2020
#0652 / H52 Continuous Home Care	55.54	56.61	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.88	14.15	10/01/2020
#0655 / H55 Inpatient Respite Care	456.89	465.52	10/01/2020
#0656 / H56 General Inpatient Care	978.17	995.13	10/01/2020
#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>Sarasota</p>	<p><b>Rate Type :</b></p> <p><b>X</b> Prospective</p> <p>Total Prospective</p> <p>Prospective Adjusted for New costs</p> <p>Interim</p> <p>Total Interim</p> <p>Settlement based on costs</p>
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 Program Development:

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

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Florida Agency for Health Care Administration

087528700 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 087528700  
 Date : 10/07/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	182.28	185.51	10/01/2020
#0651a / H5L Routine Home Care (61 +)	144.06	146.63	10/01/2020
#0652 / H52 Continuous Home Care	54.45	55.52	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.61	13.88	10/01/2020
#0655 / H55 Inpatient Respite Care	449.89	458.54	10/01/2020
#0656 / H56 General Inpatient Care	960.33	977.32	10/01/2020
#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>St Lucie</p>	<p><b>Rate Type :</b></p> <p><b>X</b> Prospective</p> <p>Total Prospective</p> <p>Prospective Adjusted for New costs</p> <p>Interim</p> <p>Total Interim</p> <p>Settlement based on costs</p>
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Florida Agency for Health Care Administration

087529500 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 087529500  
 Date : 10/07/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	183.22	186.91	10/01/2020
#0651a / H5L Routine Home Care (61 +)	144.80	147.73	10/01/2020
#0652 / H52 Continuous Home Care	54.73	55.94	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.68	13.99	10/01/2020
#0655 / H55 Inpatient Respite Care	451.68	461.22	10/01/2020
#0656 / H56 General Inpatient Care	964.90	984.15	10/01/2020
#0658 Room and Board			

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Florida Agency for Health Care Administration

087532500 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Hospice of the Florida Suncoast	Provider Number : 087532500
	Date : 10/07/2020
5771 Roosevelt Blvd	Fiscal Year End : N/A
Clearwater, FL 337603770	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	179.16	184.61	10/01/2020
#0651a / H5L Routine Home Care (61 +)	141.60	145.91	10/01/2020
#0652 / H52 Continuous Home Care	53.52	55.25	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.38	13.81	10/01/2020
#0655 / H55 Inpatient Respite Care	443.91	456.80	10/01/2020
#0656 / H56 General Inpatient Care	945.09	972.90	10/01/2020
#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>Pinellas</p>	<p><b>Rate Type :</b></p> <p><b>X</b> Prospective</p> <p>Total Prospective</p> <p>Prospective Adjusted for New costs</p> <p>Interim</p> <p>Total Interim</p> <p>Settlement based on costs</p>
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Florida Agency for Health Care Administration

087535000 - 2020/10

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 : 10/07/2020  
 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)	185.42	187.16	10/01/2020
#0651a / H5L Routine Home Care (61 +)	146.55	147.93	10/01/2020
#0652 / H52 Continuous Home Care	55.39	56.01	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.85	14.00	10/01/2020
#0655 / H55 Inpatient Respite Care	455.91	461.69	10/01/2020
#0656 / H56 General Inpatient Care	975.69	985.35	10/01/2020
#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>
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T. K. Feehrer,  
 Senior Management Analyst Supervisor  
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Florida Agency for Health Care Administration

087537600 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Avow Hospice  
 1095 Whippoorwill Lane  
 Naples, FL 34105

Provider Number : 087537600  
 Date : 10/07/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	176.16	178.70	10/01/2020
#0651a / H5L Routine Home Care (61 +)	139.23	141.24	10/01/2020
#0652 / H52 Continuous Home Care	52.62	53.48	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.15	13.37	10/01/2020
#0655 / H55 Inpatient Respite Care	438.17	445.48	10/01/2020
#0656 / H56 General Inpatient Care	930.45	944.06	10/01/2020
#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>Collier</p>	<p><b>Rate Type :</b></p> <p><b>X</b> Prospective</p> <p>Total Prospective</p> <p>Prospective Adjusted for New costs</p> <p>Interim</p> <p>Total Interim</p> <p>Settlement based on costs</p>
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T. K. Feehrer,  
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Florida Agency for Health Care Administration

087569400 - 2020/10

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 : 10/07/2020  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	187.91	191.15	10/01/2020
#0651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#0652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#0655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#0656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#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>
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T. K. Feehrer,  
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Florida Agency for Health Care Administration

087570800 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Gulfside Regional Hospice	Provider Number : 087570800
	Date : 10/07/2020
6111 Trouble Creek Rd	Fiscal Year End : N/A
New Port Richey, FL 34653	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)	179.16	184.61	10/01/2020
#0651a / H5L Routine Home Care (61 +)	141.60	145.91	10/01/2020
#0652 / H52 Continuous Home Care	53.52	55.25	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.38	13.81	10/01/2020
#0655 / H55 Inpatient Respite Care	443.91	456.80	10/01/2020
#0656 / H56 General Inpatient Care	945.09	972.90	10/01/2020
#0658 Room and Board			

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 Program Development:

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

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Florida Agency for Health Care Administration

100313200 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 100313200  
 Date : 10/07/2020  
 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)	188.97	192.30	10/01/2020
#0651a / H5L Routine Home Care (61 +)	149.35	151.99	10/01/2020
#0652 / H52 Continuous Home Care	56.45	57.55	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.11	14.39	10/01/2020
#0655 / H55 Inpatient Respite Care	462.71	471.54	10/01/2020
#0656 / H56 General Inpatient Care	993.01	1010.45	10/01/2020
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

101809700 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Compassionate Care Hospice of Central Florida, Inc.	Provider Number : 101809700
Compassionate Care Hospice of Central Florida, Inc.	Date : 10/07/2020
2525 Drane Field Rd Ste 4	Fiscal Year End : N/A
Lakeland, FL 33811-1344	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	168.14	172.09	10/01/2020
#0651a / H5L Routine Home Care (61 +)	132.88	136.02	10/01/2020
#0652 / H52 Continuous Home Care	50.22	51.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.56	12.88	10/01/2020
#0655 / H55 Inpatient Respite Care	422.78	432.82	10/01/2020
#0656 / H56 General Inpatient Care	891.23	911.79	10/01/2020
#0658 Room and Board			

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

101811100- 2020/10

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 & Sumter	Provider Number : 101811100
	Date : 10/07/2020
900 Main St. Ste 208	Fiscal Year End : N/A
The Villages, FL 32159	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)	177.58	182.40	10/01/2020
#0651a / H5L Routine Home Care (61 +)	140.35	144.17	10/01/2020
#0652 / H52 Continuous Home Care	53.05	54.59	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.26	13.65	10/01/2020
#0655 / H55 Inpatient Respite Care	440.89	452.57	10/01/2020
#0656 / H56 General Inpatient Care	937.38	962.13	10/01/2020
#0658 Room and Board			

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Florida Agency for Health Care Administration

101811400 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Compassionate Care Hospice of Miami Dade and the Florida Keys	Provider Number : 101811400
	Date : 10/07/2020
460-464 W 51 Place	Fiscal Year End : N/A
Hialeah, FL 33012	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<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)	187.91	191.15	10/01/2020
#0651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#0652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#0655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#0656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#0658 Room and Board			

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Medicaid Program Finance

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Florida Agency for Health Care Administration

103844700 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Catholic Hospice Inc	Provider Number : 103844700
	Date : 10/07/2020
2900 W Cypress Creek Rd, Ste 7	Fiscal Year End : N/A
Ft. Lauderdale, FL 33309	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	188.97	192.30	10/01/2020
#0651a / H5L Routine Home Care (61 +)	149.35	151.99	10/01/2020
#0652 / H52 Continuous Home Care	56.45	57.55	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.11	14.39	10/01/2020
#0655 / H55 Inpatient Respite Care	462.71	471.54	10/01/2020
#0656 / H56 General Inpatient Care	993.01	1010.45	10/01/2020
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

104177600 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Morselife Hospice Institute	Provider Number : 104177600
Palm Beach Hospice by Morselife	Date : 10/07/2020
Attn: Finance Department	Fiscal Year End : N/A
West Palm Beach, FL 33417	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	183.22	182.45	10/01/2020
#0651a / H5L Routine Home Care (61 +)	144.80	144.20	10/01/2020
#0652 / H52 Continuous Home Care	54.73	54.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.68	13.62	10/01/2020
#0655 / H55 Inpatient Respite Care	451.68	450.22	10/01/2020
#0656 / H56 General Inpatient Care	964.90	961.18	10/01/2020
#0658 Room and Board			

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Florida Agency for Health Care Administration

104213800 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Brevard HMA Hospice	Provider Number : 104213800
Wuesthoff Helath Systems Brevard Hospice	Date : 10/07/2020
PO BOX 51266	Fiscal Year End : N/A
Lafayette, LA 70505-1266	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	181.85	183.16	10/01/2020
#0651a / H5L Routine Home Care (61 +)	143.72	144.76	10/01/2020
#0652 / H52 Continuous Home Care	54.32	54.81	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.58	13.70	10/01/2020
#0655 / H55 Inpatient Respite Care	449.07	454.02	10/01/2020
#0656 / H56 General Inpatient Care	958.23	965.81	10/01/2020
#0658 Room and Board			

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

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

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

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Florida Agency for Health Care Administration

105197500 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Hospice of Okeechobee	Provider Number : 105197500
	Date : 10/07/2020
411 SE 4th St	Fiscal Year End : N/A
Okeechobee, FL 34974	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	170.53	175.64	10/01/2020
#0651a / H5L Routine Home Care (61 +)	134.78	138.83	10/01/2020
#0652 / H52 Continuous Home Care	50.94	52.56	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.73	13.14	10/01/2020
#0655 / H55 Inpatient Respite Care	427.37	439.62	10/01/2020
#0656 / H56 General Inpatient Care	902.93	929.13	10/01/2020
#0658 Room and Board			

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

105421900 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Bristol Hospice - Miami Dade	Provider Number : 105421900
	Date : 10/07/2020
206 N 2100 W Ste 202	Fiscal Year End : N/A
Salt Lake City,	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	187.91	191.15	10/01/2020
#0651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#0652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#0655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#0656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#0658 Room and Board			

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Florida Agency for Health Care Administration

106026400 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

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

Provider Number : 106026400  
Date : 10/07/2020  
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)	183.96	186.09	10/01/2020
#0651a / H5L Routine Home Care (61 +)	145.40	147.08	10/01/2020
#0652 / H52 Continuous Home Care	54.95	55.69	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.74	13.92	10/01/2020
#0655 / H55 Inpatient Respite Care	453.12	459.64	10/01/2020
#0656 / H56 General Inpatient Care	968.56	980.13	10/01/2020
#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	

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Florida Agency for Health Care Administration

106087100 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Seasons Hospice and Palliative Care of Pasco County	Provider Number : 106087100
	Date : 11/13/2020
6400 Shafer Ct	Fiscal Year End : N/A
Rosemont, IL 60018	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	179.16	184.61	10/01/2020
#0651a / H5L Routine Home Care (61 +)	141.60	145.91	10/01/2020
#0652 / H52 Continuous Home Care	53.52	55.25	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.38	13.81	10/01/2020
#0655 / H55 Inpatient Respite Care	443.91	456.80	10/01/2020
#0656 / H56 General Inpatient Care	945.09	972.90	10/01/2020
#0658 Room and Board			

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Florida Agency for Health Care Administration

106749100 - 2020/10

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 : 10/07/2020  
 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)	177.58	182.40	10/01/2020
#0651a / H5L Routine Home Care (61 +)	140.35	144.17	10/01/2020
#0652 / H52 Continuous Home Care	53.05	54.59	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.26	13.65	10/01/2020
#0655 / H55 Inpatient Respite Care	440.89	452.57	10/01/2020
#0656 / H56 General Inpatient Care	937.38	962.13	10/01/2020
#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;">Osceola</p>	<p><b>Rate Type :</b></p> <p><b>X</b> _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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Florida Agency for Health Care Administration

108376800 - 2020/10

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 : 01/07/2021  
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)		191.15	11/06/2020
#0651a / H5L Routine Home Care (61 +)		151.08	11/06/2020
#0652 / H52 Continuous Home Care		57.20	11/06/2020
#0551 / 0561 Continuous Home Care - SIA		14.30	11/06/2020
#0655 / H55 Inpatient Respite Care		469.33	11/06/2020
#0656 / H56 General Inpatient Care		1004.83	11/06/2020
#0658 Room and Board			

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

108953500 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Continuum Care of Broward	Provider Number : 108953500
	Date : 02/22/2021
7771 W Oakland Park Blvd	Fiscal Year End : N/A
Sunrise, FL 33351	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)		192.30	12/16/2020
#0651a / H5L Routine Home Care (61 +)		151.99	12/16/2020
#0652 / H52 Continuous Home Care		57.55	12/16/2020
#0551 / 0561 Continuous Home Care - SIA		14.39	12/16/2020
#0655 / H55 Inpatient Respite Care		471.54	12/16/2020
#0656 / H56 General Inpatient Care		1010.45	12/16/2020
#0658 Room and Board			

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Florida Agency for Health Care Administration

110029100 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Gulfside Hospice	Provider Number : 110029100
	Date : 04/22/2021
2061 Collier Pkwy	Fiscal Year End : N/A
Land O Lakes, FL 34639	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	179.16	184.61	10/01/2020
#0651a / H5L Routine Home Care (61 +)	141.60	145.91	10/01/2020
#0652 / H52 Continuous Home Care	53.52	55.25	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.38	13.81	10/01/2020
#0655 / H55 Inpatient Respite Care	443.91	456.80	10/01/2020
#0656 / H56 General Inpatient Care	945.09	972.90	10/01/2020
#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;">Pasco</p>	<p><b>Rate Type :</b></p> <p><b>X</b> _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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Florida Agency for Health Care Administration

150001500 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Hospice Care of South Fl.	Provider Number : 150001500
	Date : 10/07/2020
7270 N.W. 12th St., PH#6	Fiscal Year End : N/A
Miami, FL 33126	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)	187.91	191.15	10/01/2020
#0651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#0652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#0655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#0656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#0658 Room and Board			

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Florida Agency for Health Care Administration

150003100 - 2020/10

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 : 10/07/2020  
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)	167.99	173.86	10/01/2020
#0651a / H5L Routine Home Care (61 +)	132.77	137.42	10/01/2020
#0652 / H52 Continuous Home Care	50.18	52.03	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.54	13.01	10/01/2020
#0655 / H55 Inpatient Respite Care	422.50	436.21	10/01/2020
#0656 / H56 General Inpatient Care	890.51	920.43	10/01/2020
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

150009100 - 2020/10

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	Provider Number : 150009100
	Date : 10/07/2020
PO Box 2127	Fiscal Year End : N/A
Dothan, AL 36302	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	169.43	176.14	10/01/2020
#0651a / H5L Routine Home Care (61 +)	133.91	139.22	10/01/2020
#0652 / H52 Continuous Home Care	50.61	52.71	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.65	13.18	10/01/2020
#0655 / H55 Inpatient Respite Care	425.27	440.57	10/01/2020
#0656 / H56 General Inpatient Care	897.57	931.54	10/01/2020
#0658 Room and Board			

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

150013900 - 2020/10

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: Angela Santana  
 100 S. Biscayne Blvd  
 Miami, FL 33131

Provider Number : 150013900  
 Date : 10/07/2020  
 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)	183.22	182.45	10/01/2020
#0651a / H5L Routine Home Care (61 +)	144.80	144.20	10/01/2020
#0652 / H52 Continuous Home Care	54.73	54.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.68	13.62	10/01/2020
#0655 / H55 Inpatient Respite Care	451.68	450.22	10/01/2020
#0656 / H56 General Inpatient Care	964.90	961.18	10/01/2020
#0658 Room and Board			

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

150021000 - 2020/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Good Shepherd Hospice, Inc	Provider Number : 150021000
	Date : 10/07/2020
115 South Missouri Ave	Fiscal Year End : N/A
Lakeland, FL 33815	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	168.14	172.09	10/01/2020
#0651a / H5L Routine Home Care (61 +)	132.88	136.02	10/01/2020
#0652 / H52 Continuous Home Care	50.22	51.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.56	12.88	10/01/2020
#0655 / H55 Inpatient Respite Care	422.78	432.82	10/01/2020
#0656 / H56 General Inpatient Care	891.23	911.79	10/01/2020
#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;">Polk</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	Polk	<table border="1"> <tr> <th style="text-align: left;">Rate Type :</th> </tr> <tr> <td><input checked="" type="checkbox"/> Prospective</td> </tr> <tr> <td><input type="checkbox"/> Total Prospective</td> </tr> <tr> <td><input type="checkbox"/> Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/> Interim</td> </tr> <tr> <td><input type="checkbox"/> Total Interim</td> </tr> <tr> <td><input type="checkbox"/> Settlement based on costs</td> </tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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Florida Agency for Health Care Administration

150022800 - 2020/10

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Tallahassee, Florida 32308

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

LifePath Hospice, Inc.	Provider Number : 150022800
	Date : 10/07/2020
3010 W. Azeele Street	Fiscal Year End : N/A
Tampa, FL 33609	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#0651 / H51 Routine Home Care (1-60)	179.16	184.61	10/01/2020
#0651a / H5L Routine Home Care (61 +)	141.60	145.91	10/01/2020
#0652 / H52 Continuous Home Care	53.52	55.25	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.38	13.81	10/01/2020
#0655 / H55 Inpatient Respite Care	443.91	456.80	10/01/2020
#0656 / H56 General Inpatient Care	945.09	972.90	10/01/2020
#0658 Room and Board			

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