

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.	Provider Number : 000141800
Heartland Home Health Care and Hospice	Date: 10/07/2020
8130 Baymeadows Way W	Fiscal Year End : N/A
Jacksonville, FL 322564409	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor



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	Provider Number : 000602600
Attn: Angela Santana	Date: 10/07/2020
100 S. Biscayne Blvd	Fiscal Year End : N/A
Miami, FL 33131	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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Program Development:

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T. K. Feehrer,

Senior Management Analyst Supervisor Medicaid Program Finance





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	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

Basis :]	Rate Typ	pe:
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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T. K. Feehrer,

Senior Management Analyst Supervisor



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

	<u> Medicaid Reimbursement Per Di</u>	ieiii ivales ioi ivi	on-montulional	<u>i iovideis</u>	
Regency Hospice of NW Florida, Inc.		ovider Number : 001636100			
Date		ate: 10/07/2020			
4900 Bayou Blvd., Ste 101		Fis	scal Year End : N	I/A	
Pensacola, FL 3	nsacola, FL 32503 Audit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date
Rur	al Health Clinic				
Swi	ng-Bed Provider				
Fed	erally Qualified Health Centers				
X Hos	pice Provider				
;	#0651 / H51 Routine Home Care (1-6	60)	172.89	174.86	10/01/2020
;	#0651a / H5L Routine Home Care (6	1 +)	136.64	138.21	10/01/2020
;	#0652 / H52 Continuous Home Care		51.64	52.33	10/01/2020
;	#0551 / 0561 Continuous Home Car	e - 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				
Basis :		Rate Ty	pe:		
	Budget	X	Prospect	ive	
	Unaudited costs		Total Pro	spective	
	Desk audited costs		Prospect	ive Adjusted for	New costs
	Field audited costs				
	Medicare - Prospective		Interim		
X	Payment System Rate		Total Inte	erim	
	Average Nursing Home Rate		Settleme	nt based on cost	s
	 Escambia				

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T. K. Feehrer, Senior Management Analyst Supervisor





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	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	187.91	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			

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

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Senior Management Analyst Supervisor



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.	Provider Number: 003815300
Heartland Hospice Services - Plantation	Date: 10/07/2020
150 S. Pine Island Road, Suite 200	Fiscal Year End : N/A
Plantation, FL 333242695	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

1/4



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	Provider Number : 014043700
HPH Hospice	Date: 10/07/2020
12107 Majestic Blvd	Fiscal Year End : N/A
Hudson, FL	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor



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

Provider Number : 014190001		
Date: 10/07/2020		
Fiscal Year End : N/A		
Audit Status : N/A		

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor





015219701 - 2020/10

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

	-	Medicaid Reimbursement Per	Diem Rates f	or No	n-Ins	<u>titutional</u>	<u>Providers</u>	
	OMPASSIONATE	FLORIDA,	DA, Provider Number : 015219701					
IN	C			Da	ite : 10)/07/2020		
				Fis	scal Ye	ear End : I	N/A	
				Au	dit Sta	atus : N/A		
,								
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	Rural H	lealth Clinic						
	Swing-	Bed Provider						
	Federa	Ily Qualified Health Centers						
	X Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1	I-60)				172.09	10/01/2020
	#06	51a / H5L Routine Home Care	(61 +)				136.02	10/01/2020
	#06	52 / H52 Continuous Home Ca	re				51.50	10/01/2020
	#05	51 / 0561 Continuous Home Ca	are - SIA				12.88	10/01/2020
	#06	555 / H55 Inpatient Respite Card	9				432.82	10/01/2020
	#06	56 / H56 General Inpatient Car	е				911.79	10/01/2020
	#06	58 Room and Board						
			1					
	Basis :		Rat	е Тур	oe:]_		
		Budget 		Х		Prospec		
		Unaudited costs				_	ospective	
		Desk audited costs				Prospec -	tive Adjusted for I	New costs
		Field audited costs				-		
		Medicare - Prospective				Interim 	_	
	X	Payment System Rate				Total Int		
		Average Nursing Home Rate				Settleme -	ent based on cost	S
		Highlands						
	<u>Distribution:</u>		T. K. Feehrei	<u> </u>				A \
	Fiscal Agent	<u>.</u>	Senior Mana		ent Ana	alyst Supe	ervisor	JK#
	Contract Mana	agement	Medicaid Pro	gram	Finar	nce		-
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015219702 - 2020/10

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

	-	Medicaid Reimbursement Per	Diem Rates f	<u>or No</u>	n-Inst	<u>titutional</u>	<u>Providers</u>		
		CARE HOSPICE OF CENTRAI	L FLORIDA,	Pro	vider	Number :	015219702		
INC	,			Da	Date: 10/07/2020				
				Fiscal Year End : N/A					
			Aud	dit Sta	itus : N/A				
,									
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date	
	Rural H	lealth Clinic							
	Swing-	Bed Provider							
	Federa	lly Qualified Health Centers							
	X Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-60)				172.09	10/01/2020	
	#06	51a / H5L Routine Home Care	(61 +)				136.02	10/01/2020	
	#06	52 / H52 Continuous Home Ca	ire				51.50	10/01/2020	
	#05	51 / 0561 Continuous Home C	are - SIA				12.88	10/01/2020	
	#06	555 / H55 Inpatient Respite Car	е				432.82	10/01/2020	
	#06	556 / H56 General Inpatient Car	е				911.79	10/01/2020	
	#06	58 Room and Board							
	Dania :		Dot.	. T		 1			
l	Basis :	Budget	Kat	e Typ	ie :	Droopee	tivo		
-		Budget -				Prospec			
-		Unaudited costs				_	ospective	Now soats	
-		Desk audited costs				- -	tive Adjusted for I	New costs	
-		Field audited costs				_ 			
	V	Medicare - Prospective				Interim - Total lat	- ··		
-	X	Payment System Rate				Total Int	enn ent based on cost		
-		Average Nursing Home Rate				- Settleme	ent based on cost	S	
		Polk							
	<u>Distribution:</u>	<u>:</u>	T. K. Feehrei	r,				AV 1	
	Fiscal Agent		Senior Mana		nt Ana	alyst Supe	ervisor	2/h2+	
	Contract Mana	agement	Medicaid Pro	gram	Finan	ice			
	Permanent File	е							
	Program Deve	elopment:							
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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, FI 33004	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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Program Development:

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

JK4



015986100 - 2020/10

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

	Medicaid Reimbursement Per Die	iii itatos ioi it	<u>On-matitutional</u>	I TOVIGCIS		
Covenant Hospic	e, Inc	P	Provider Number : 015986100			
		D	ate: 10/07/2020			
5041 N. 12th		Fi	scal Year End : N	I/A		
Pensacola, FL 3	2504	A	udit Status : N/A			
Provider Type:			Current Rate	New Rate	Effective Date	
Rura	ll Health Clinic					
Swing-Bed Provider						
Fede	erally Qualified Health Centers					
X Hos	oice Provider					
#	9651 / H51 Routine Home Care (1-60))	172.89	174.86	10/01/2020	
#0651a / H5L Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA		+)	136.64	138.21	10/01/2020	
			51.64	52.33	10/01/2020	
		- SIA	12.91	13.08	10/01/2020	
#	0655 / H55 Inpatient Respite Care		431.88	438.12	10/01/2020	
#	90656 / H56 General Inpatient Care		914.44	925.31	10/01/2020	
#	60658 Room and Board					
Basis :		Rate Ty	rpe :			
	Budget	X	Prospect	ive		
	Unaudited costs		Total Pro	spective		
	Desk audited costs		Prospect	ive Adjusted for	New costs	
	Field audited costs					
	Medicare - Prospective		Interim			
X	Payment System Rate		Total Inte	erim		
	Average Nursing Home Rate		Settleme	nt based on cost	s	
	 Escambia					

Medicaid Program Finance

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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	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor



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.	Provider Number : 019255800
Heartland Hospice	Date: 10/07/2020
5975 Sunset Drive Suite 301	Fiscal Year End : N/A
South Miami, FL 33143	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	187.91	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			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor





024621400 - 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 of Tampa	Provider Number : 024621400
	Date: 10/07/2020
1408 N West Shore Blvd Suite 260	Fiscal Year End : N/A
Tampa , FL 33607	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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Senior Management Analyst Supervisor Medicaid Program Finance



087000500 - 2020/10

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

		Medicaid Reimbursement Per	Diem Rate	es for No	<u>on-Insti</u>	tutional l	Providers Providers	
Но	spice of I.R.C.			Pro	ovider N	Number :	087000500	
				Da	te: 10/	07/2020		
11	11 36th Street			Fis	cal Yea	ar End : N	/A	
Ve	ro Beach, FL 32	960		Au	Audit Status : N/A			
Pro	ovider Type:				Curre	nt Rate	New Rate	Effective Date
	Rural I	Health Clinic						
	Swing-	Bed Provider						
	Federa	Illy Qualified Health Centers						
	X Hospic	e Provider						
	#06	551 / H51 Routine Home Care (1-60)			167.99	172.09	10/01/2020
	#06	551a / H5L Routine Home Care	(61 +)			132.77	136.02	10/01/2020
	#06	552 / H52 Continuous Home Ca	are			50.18	51.50	10/01/2020
	#05	551 / 0561 Continuous Home C	are - SIA			12.54	12.88	10/01/2020
#0655 / H55 Inpatient Respite Care					422.50	432.82	10/01/2020	
	#06	556 / H56 General Inpatient Car	re			890.51	911.79	10/01/2020
	#06	558 Room and Board						,
	Basis:			Rate Typ	pe:			
•		Budget		Х		Prospecti	ve	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs	_			Prospecti	ve Adjusted for	New costs
•		Field audited costs						
٠		Medicare - Prospective				Interim		
	X	Payment System Rate			Total Interim			
•		Average Nursing Home Rate Indian River				Settleme	nt based on cost	S
	<u>Distribution</u> : Fiscal Agent	<u>.</u>	T. K. Fee Senior Ma		ent Anal	yst Supe	rvisor	184
	Contract Mana	agement	Medicaid			· ·		
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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	Provider Number: 087246600	
Attn: Angela Santana	Date: 10/07/2020	
100 S. Biscayne Blvd	Fiscal Year End : N/A	
Miami, FL 33131	Audit Status : N/A	

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	187.91	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			

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

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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

Rural Health Clinic				
Provider Type:		Current Rate	New Rate	Effective Date
Titusville, FL 32780	Audit Status : N/A			
1250-B Grumman Place	Fiscal Year End : N/A			
	Date: 10/07/2020			
St. Francis Hospice	Provider Number: 087255500			

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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087256300 - 2020/10

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

	Medicaid Reimbursement Per	Diem Ra	ites for N	Non-	<u>-Institutional l</u>	<u>Providers</u>		
ospice of the Cor	mforter		F	Provi	ovider Number : 087256300			
				Date	: 10/07/2020			
30 West Central I	Pkwy		F	isca	scal Year End : N/A			
Itamonte Springs	, FL 327143125		Δ	Audit	t Status : N/A			
rovider Type:				С	Surrent Rate	New Rate	Effective Date	
Rural	Health Clinic						1	
Swing	_J -Bed Provider							
Feder	ally Qualified Health Centers							
X Hospi	ce Provider							
#0	651 / H51 Routine Home Care (1-60)			177.58	182.40	10/01/2020	
#0	651a / H5L Routine Home Care	(61 +)			140.35	144.17	10/01/2020	
#0	652 / H52 Continuous Home Ca	ire			53.05	54.59	10/01/2020	
#0	#0551 / 0561 Continuous Home Care - SIA			13.26	13.65	10/01/2020		
	655 / H55 Inpatient Respite Car				440.89	452.57	10/01/2020	
	656 / H56 General Inpatient Car	·e			937.38	962.13	10/01/2020	
#0	658 Room and Board							
Basis :	7		Rate T	уре	:			
	Budget		Х		Prospecti	ive		
	Unaudited costs	-			Total Pro	spective		
	Desk audited costs				Prospect	ive Adjusted for	New costs	
	Field audited costs							
	Medicare - Prospective				Interim			
X	Payment System Rate				Total Inte	erim		
	Average Nursing Home Rate	<u> </u>			Settleme	nt based on cost	is	
	Seminole							
Distribution	<u></u>	 T. K. Fe	ehrer.				A \	
Fiscal Agent				nent	Analyst Supe	rvisor	4	
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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	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

Basis :]	Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
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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	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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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	Provider Number : 087516300	
	Date: 10/07/2020	
5300 East Avenue	Fiscal Year End : N/A	
West Palm Beach, FL 33407	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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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	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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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	Provider Number : 087522800
	Date: 10/07/2020
1900 Dairy Road	Fiscal Year End : N/A
West Melbourne, FL 32904	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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087523600 - 2020/10

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

		Medicaid Reimbursement Per	Diem Rates for	Nor	n-Institutional	<u>Providers</u>		
Но	spice of Volusia			Prov	ovider Number : 087523600			
38	00 Woodbriar Tr	rail		Fisc	al Year End : N	N/A		
Ро	rt Orange, FL 3	2129		Aud	it Status : N/A			
Pr	Provider Type: Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider #0651 / H51 Routine Home Car #0652 / H52 Continuous Home #0551 / 0561 Continuous Home #0655 / H55 Inpatient Respite C #0658 Room and Board Basis:				Current Rate	Effective Date		
	Rural	Health Clinic						
	Swing	-Bed Provider						
	Feder	ally Qualified Health Centers						
	X Hospi	ce Provider						
	#0	651 / H51 Routine Home Care ((1-60)		167.99	173.86	10/01/2020	
	#0	651a / H5L Routine Home Care	(61 +)		132.77	137.42	10/01/2020	
	#0	652 / H52 Continuous Home Ca	are		50.18	52.03	10/01/2020	
	#0	551 / 0561 Continuous Home C	are - SIA		12.54	13.01	10/01/2020	
	#0	655 / H55 Inpatient Respite Car	re		422.50	436.21	10/01/2020	
	#0	656 / H56 General Inpatient Ca	re		890.51	920.43	10/01/2020	
	#0	658 Room and Board						
	Basis :	7	Rate	Туре				
'		 Budget)	X	Prospect	tive		
		Unaudited costs			Total Pro	ospective		
		Desk audited costs			Prospect	tive Adjusted for	New costs	
		Field audited costs						
		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate			Settleme	ent based on cost	ts	
		Volusia						
	Distribution	<u>ı:</u>	T. K. Feehrer, Senior Manage	emen	ıt Analyst Supe	ervisor	184	
	Fiscal Agent	agamant	Medicaid Progr		-		J117	
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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	Provider Type:		New Rate	Effective Date	
	Rural Health Clinic			1	
	Swing-Bed Provider				
	Federally Qualified Health Centers				
X	Hospice Provider				
	#0651 / H51 Routine Home Care (1-60)	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				

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

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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	Provider Type:		New Rate	Effective Date	
	Rural Health Clinic			1	
	Swing-Bed Provider				
	Federally Qualified Health Centers				
X	Hospice Provider				
	#0651 / H51 Routine Home Care (1-60)	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				

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

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T. K. Feehrer,

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Senior Management Analyst Supervisor





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	Provider Number : 087527900		
	Date: 10/07/2020		
5955 Rand Blvd	Fiscal Year End : N/A		
Sarasota, FL 34238	Audit Status : N/A		

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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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	Provider Number: 087528700		
	Date: 10/07/2020		
1201 SE Indian St	Fiscal Year End : N/A		
Stuart, FL 34997	Audit Status : N/A		

Provider	Provider Type:		New Rate	Effective Date	
	Rural Health Clinic			1	
	Swing-Bed Provider				
	Federally Qualified Health Centers				
X	Hospice Provider				
	#0651 / H51 Routine Home Care (1-60)	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				

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

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Senior Management Analyst Supervisor



087529500 - 2020/10

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

	Medicaid Reimbursement Per	Diem R	ates for	Non	-Institution	al Provi	<u>ders</u>	
Hospice by the Sea	a			Prov	ovider Number : 087529500			
				Date	e : 10/07/202	0		
1531 W. Palmetto	Park Road			Fisc	al Year End	: N/A		
Boca Raton, FL 33	34863395			Audi	it Status : N/	A		
Provider Type:				(Current Rate	New	Rate	Effective Date
Rural	Health Clinic							
Swing	-Bed Provider							
Federa	ally Qualified Health Centers							
X Hospi	ce Provider							
#00	651 / H51 Routine Home Care (1-60)			183.	22	186.91	10/01/2020
#0	651a / H5L Routine Home Care	(61 +)			144.	80	147.73	10/01/2020
#0	652 / H52 Continuous Home Ca	re			54.	73	55.94	10/01/2020
#0	551 / 0561 Continuous Home C	are - SI	4		13.	68	13.99	10/01/2020
#0	655 / H55 Inpatient Respite Car	е			451.	68	461.22	10/01/2020
#0	656 / H56 General Inpatient Car	е			964.	90	984.15	10/01/2020
#00	658 Room and Board							
Basis :		Ī	Rate 1	Гуре	:			
	Budget	'	Х	(Prospe	ective		
	Unaudited costs	-			Total F	rospect	ive	
	Desk audited costs	-			Prospe	ective Ad	djusted for I	New costs
	Field audited costs	-						
	Medicare - Prospective	-			Interim	1		
X	Payment System Rate	-			Total I	nterim		
	Average Nursing Home Rate	-			Settler	nent bas	sed on cost	s
	Palm Beach	-						
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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

Provider Type:	Current Rate New Rate Effective Date		
Clearwater, FL 337603770	Audit Status : N/A		
5771 Rosevelt Blvd	Fiscal Year End : N/A		
	Date: 10/07/2020		
Hospice of the Florida Suncoast	Provider Number: 087532500		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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087535000 - 2020/10

147.93

56.01

14.00

461.69

985.35

10/01/2020

10/01/2020

10/01/2020

10/01/2020

10/01/2020

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		ovider Number : 087535000				
		Da	te: 10/07/2020			
9470 Heal	th Park Circle	Fis	Fiscal Year End : N/A			
Ft. Myers,	FL 339083617	Au	dit Status : N/A			
Provider 1	Гуре:		Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
	Federally Qualified Health Centers					
X	Hospice Provider					
	#0651 / H51 Routine Home Care (1-60)		185.42	187.16	10/01/2020	

146.55

55.39

13.85

455.91

975.69

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

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#0651a / H5L Routine Home Care (61 +)

#0551 / 0561 Continuous Home Care - SIA

#0652 / H52 Continuous Home Care

#0655 / H55 Inpatient Respite Care

#0656 / H56 General Inpatient Care

#0658 Room and Board



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	Provider Number : 087537600
	Date: 10/07/2020
1095 Whippoorwill Lane	Fiscal Year End : N/A
Naples, FL 34105	Audit Status : N/A

Provide	r Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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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

	<u>Medicaid Neillibursement Fer L</u>	Meill Nates for in	<u>OII-IIISUIUUUOIIAI</u>	FIOVILLEIS		
Catholic Hospice			Provider Number : 087569400			
		D	ate: 10/07/2020			
14875 NW	77th Ave	Fi	iscal Year End : N	N/A		
Miami Lak	es, FL 33014	A	udit Status : N/A			
Provider 1	Гуре:		Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
	Federally Qualified Health Centers					
X	Hospice Provider					
	#0651 / H51 Routine Home Care (1-	60)	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	e	56.13	57.20	10/01/2020	
	#0551 / 0561 Continuous Home Ca	re - 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				'	
Ва	isis:	Rate Ty	rpe :			
	Budget	X	 Prospect	tive		
Unaudited costs		Total Prospective				
	Desk audited costs		Prospect	tive Adjusted for	New costs	
	Field audited costs					
	Medicare - Prospective		Interim			
	X Payment System Rate		 Total Inte	erim		

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Average Nursing Home Rate

Dade

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Medicaid Program Finance



Settlement based on costs



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	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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		'	

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

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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	Provider Number : 100313200
Hospice of Gold Coast Home Health	Date: 10/07/2020
309 SE 18th St	Fiscal Year End : N/A
Ft. Lauderdale, FL 33316	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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100944700 - 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 of Pinellas County	Provider Number : 100944700	
	Date: 10/07/2020	
17757 US Highway 19 N STE 175	Fiscal Year End : N/A	
Clearwater, FL 33764	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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Senior Management Analyst Supervisor Medicaid Program Finance



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	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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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	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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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	Provider Number : 101811400	
Keys	Date: 10/07/2020	
	Fiscal Year End : N/A Audit Status : N/A	
460-464 W 51 Place		
Hialeah, FL 33012		

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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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	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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104177600 - 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	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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104213800 - 2020/10

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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	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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T. K. Feehrer,

Senior Management Analyst Supervisor

Medicaid Program Finance



105197500 - 2020/10

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

	Medicaid Reimbursement Per	Diem Rates for	r No	on-Ins	stitutional	<u>Providers</u>	
lospice of Okeech	nobee		Pr	rovider Number : 105197500			
			Da	Date : 10/07/2020			
11 SE 4th St			Fis	scal Y	ear End : N	I/A	
Okeechobee, FL 3	34974		Αι	ıdit St	atus : N/A		
Provider Type:				Cur	rent Rate	New Rate	Effective Date
Rural	Health Clinic						
Swing	-Bed Provider						
Federa	ally Qualified Health Centers						
X Hospi	ce Provider						
#0	651 / H51 Routine Home Care (1-60)			170.53	175.64	10/01/2020
#0	651a / H5L Routine Home Care	(61 +)			134.78	138.83	10/01/2020
#0	652 / H52 Continuous Home Ca	ire			50.94	52.56	10/01/2020
#0	551 / 0561 Continuous Home Ca			12.73 427.37			
#0	655 / H55 Inpatient Respite Care						
#0	656 / H56 General Inpatient Car	е			902.93	929.13	10/01/2020
#0	658 Room and Board						
Basis :		Rate	Ту	pe:			
	Budget		Χ		Prospect	ive	
	Unaudited costs				Total Pro	spective	
	Desk audited costs				Prospect	ive Adjusted for	New costs
	Field audited costs				_		
	Medicare - Prospective				Interim		
X	Payment System Rate				Total Inte	erim	
	Average Nursing Home Rate				Settleme	nt based on cost	ts
	Okeechobee				_		
Distribution	<u>. </u>	T. K. Feehrer,					NY A
Fiscal Agent		Senior Manage				rvisor	2/1/2
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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	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	187.91	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			

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

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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

Audit Status : N/A		
Fiscal Year End : N/A		
Date: 10/07/2020		
Provider Number : 106026400		

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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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

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

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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		-	

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

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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	Provider Number : 106749100		
Kindred Hospice	Date: 10/07/2020		
1975 S John Young Pkwy	Fiscal Year End : N/A		
Kissimmee, FL 34741	Audit Status : N/A		

Provider	rovider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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108376800 - 2020/10

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

	Medicaid Reimbursement Per	r Diem Rates for	r Non	-Institu	<u>ıtional</u>	<u>Providers</u>	
Opuscare of Florida			Prov	Provider Number : 108376800			
		Date: 01/07/2021					
6900 SW 80th St			Fisc	al Year	End:	N/A	
Miami, FL 33143			Aud	it Status	s : N/A		
Provider Type:			(Current	Rate	New Rate	Effective Date
Rural	Health Clinic					'	
Swing	-Bed Provider						
Federa	ally Qualified Health Centers						
X Hospi	ce Provider						
#0	651 / H51 Routine Home Care ((1-60)				191.15	11/06/2020
#0	651a / H5L Routine Home Care	e (61 +)				151.08	11/06/2020
#0	652 / H52 Continuous Home Ca	are				57.20	11/06/2020
#0	551 / 0561 Continuous Home C	are - SIA				14.30	11/06/2020
#0	655 / H55 Inpatient Respite Car	re				469.33	11/06/2020
#0	656 / H56 General Inpatient Ca	re				1004.83	11/06/2020
#0	658 Room and Board						
Basis :	7	Rate	Туре	: :			
	Budget		Χ		rospec	tive	
	Unaudited costs			T	otal Pr	ospective	
	Desk audited costs			P	rospec	tive Adjusted for I	New costs
	Field audited costs						
	Medicare - Prospective			In	terim		
X	Payment System Rate			T	otal Int	erim	
	Average Nursing Home Rate			s	ettleme	ent based on cost	s
	Dade						
Distribution	<u>.</u>	T. K. Feehrer,					A \
Fiscal Agent		Senior Manage	emen	t Analys	st Supe	ervisor	2K2
Contract Man	agement	Medicaid Prog	ram F	inance			
Permanent Fi	le						
Program Deve	elopment:						

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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

Rural Health Clinic					
Provider Type:	Current Rate New Rate Effective Date				
Sunrise, FL 33351	Audit Status : N/A				
7771 W Oakland Park Blvd	Fiscal Year End : N/A				
	Date: 02/22/2021				
Continuum Care of Broward	Provider Number: 108953500				

Provider	т Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic		·	
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)		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			

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

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110029100 - 2020/10

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

Medicaid Reimbursement Per	Diem Rates for N	on-Institutional	<u>Providers</u>		
Gulfside Hospice	P	rovider Number :	110029100		
	D	ate: 04/22/2021			
2061 Collier Pkwy	Fi	scal Year End : N	N/A		
Land O Lakes, FL 34639	A	udit Status : N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#0651 / H51 Routine Home Care (1-60)	179.16	184.61	10/01/2020	
#0651a / H5L Routine Home Care	(61 +)	141.60	145.91	10/01/2020	
#0652 / H52 Continuous Home Ca	ire	53.52	2 55.25	10/01/2020	
#0551 / 0561 Continuous Home C	are - SIA	13.38	13.81	10/01/2020	
#0655 / H55 Inpatient Respite Car	е	443.91	456.80	10/01/2020	
#0656 / H56 General Inpatient Car	е	945.09	972.90	10/01/2020	
#0658 Room and Board					
Basis:	Rate Ty	pe:			
Budget	X	Prospec	tive		
Unaudited costs		Total Pro	ospective		
Desk audited costs		Prospec	tive Adjusted for	New costs	
Field audited costs					
Medicare - Prospective		Interim			
X Payment System Rate		Total Inte	erim		
Average Nursing Home Rate		Settleme	ent based on cost	ts	
Pasco					
<u>Distribution:</u>	T. K. Feehrer,			A \	
Fiscal Agent	Senior Managem	ent Analyst Supe	ervisor	1K2	
Contract Management	Medicaid Program	n Finance			
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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 FI.	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
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	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			

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

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150003100 - 2020/10

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		Medicaid Reimbursement Per	r Diem Rates for	Non	-Institutional I	<u>Providers</u>	
Flo	orida Hospital Ho	spice Care		Provider Number : 150003100			
			I	Date	: 10/07/2020		
77	0 W. Granada Bl	vd	I	Fisca	al Year End : N	I/A	
Ormond Beach, FL 32174				Audi	t Status : N/A		
Pr	ovider Type:			C	Current Rate	New Rate	Effective Date
	Rural I	Health Clinic					
	Swing-	Bed Provider					
	Federa	lly Qualified Health Centers					
	X Hospic	e Provider					
	#06	551 / H51 Routine Home Care ((1-60)		167.99	173.86	10/01/2020
	#06	51a / H5L Routine Home Care	e (61 +)		132.77	137.42	10/01/2020
	#06	552 / H52 Continuous Home Ca	are		50.18	52.03	10/01/2020
	#05	551 / 0561 Continuous Home C	Care - SIA		12.54	13.01	10/01/2020
	#06	555 / H55 Inpatient Respite Ca	re		422.50	436.21	10/01/2020
	#06	556 / H56 General Inpatient Ca	re		890.51	920.43	10/01/2020
	#06	558 Room and Board					
	Basis :	7	Rate T	Гуре	:		
		Budget	X	(Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	X	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cost	is
		Volusia					
	Distribution	<u>.</u>	T. K. Feehrer,				NY 1.
	Fiscal Agent		Senior Manager			rvisor	7/M
	Contract Mana	agement	Medicaid Progra	am F	inance		
	Permanent File	e					
	Program Deve	elopment:					

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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	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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T. K. Feehrer,

Medicaid Program Finance

Senior Management Analyst Supervisor

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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	Provider Number : 150013900
Attn: Angela Santana	Date: 10/07/2020
100 S. Biscayne Blvd	Fiscal Year End : N/A
Miami, FL 33131	Audit Status : N/A

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)	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			

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

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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	Provider Type:		New Rate	Effective Date	
	Rural Health Clinic			1	
	Swing-Bed Provider				
	Federally Qualified Health Centers				
X	Hospice Provider				
	#0651 / H51 Routine Home Care (1-60)	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				

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

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150022800 - 2020/10

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

		Medicaid Reimbursement Pe	r Diem Rates for	r Noı	<u>n-Institı</u>	utional I	<u>Providers</u>	
LifePath Hospice, Inc.			Pro	Provider Number : 150022800				
				Dat	e: 10/0	7/2020		
301	3010 W. Azeele Street			Fisc	cal Year	End : N	/A	
Tan	npa, FL 336	609		Auc	dit Statu	s : N/A		
Pro	vider Type:	:			Curren	t Rate	New Rate	Effective Date
	Ru	ral Health Clinic						
	Sw	ing-Bed Provider						
	Fed	derally Qualified Health Centers						
	X Ho	spice 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 C	are			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			re			443.91	456.80	10/01/2020
		#0656 / H56 General Inpatient Ca	ire			945.09	972.90	10/01/2020
		#0658 Room and Board						
Γ	Basis :		Rate	Тур	e :			
_		Budget		X	F	Prospecti	ve	
_		Unaudited costs			T	otal Pro	spective	
		Desk audited costs			F	Prospecti	ve Adjusted for	New costs
		Field audited costs						
		Medicare - Prospective			<u> </u>	nterim		
	Χ	Payment System Rate			Total Interim			
		Average Nursing Home Rate			S	Settleme	nt based on cost	s
		Hillsborough						
	Distribut	<u>ion:</u>	T. K. Feehrer,					1V.1
Fiscal Agent		Senior Manage	emer	nt Analy	st Super	rvisor	1/2 L	
Contract Management		Medicaid Prog	ram	Finance)			
	Permanen	t File						
	Program D	Development:						

_____ For information Only (No Change in rate)