



Florida Agency for Health Care Administration

000141800 - 2021/10

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 : 09/30/2021
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)	181.10	182.02	10/01/2021
#0651a / H5L Routine Home Care (61 +)	143.14	143.85	10/01/2021
#0652 / H52 Continuous Home Care	54.20	53.58	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.55	13.40	10/01/2021
#0655 / H55 Inpatient Respite Care	450.08	449.70	10/01/2021
#0656 / H56 General Inpatient Care	955.77	959.06	10/01/2021
#0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000602600 - 2021/10

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 : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	183.16	189.16	10/01/2021
#0651a / H5L Routine Home Care (61 +)	144.76	149.49	10/01/2021
#0652 / H52 Continuous Home Care	54.81	56.02	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.70	14.00	10/01/2021
#0655 / H55 Inpatient Respite Care	454.02	465.86	10/01/2021
#0656 / H56 General Inpatient Care	965.81	995.09	10/01/2021
#0658 Room and Board			

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

Distribution:

Fiscal Agent
Contract Management
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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 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 001572800
 Date : 09/30/2021
 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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	191.15	195.80	10/01/2021
#0651a / H5L Routine Home Care (61 +)	151.08	154.74	10/01/2021
#0652 / H52 Continuous Home Care	57.20	58.28	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.30	14.57	10/01/2021
#0655 / H55 Inpatient Respite Care	469.33	480.88	10/01/2021
#0656 / H56 General Inpatient Care	1004.83	1028.60	10/01/2021
#0658 Room and Board			

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

Distribution:

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

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Florida Agency for Health Care Administration

001636100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Regency Hospice of NW Florida, Inc.	Provider Number : 001636100
	Date : 09/30/2021
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)	174.86	178.00	10/01/2021
#0651a / H5L Routine Home Care (61 +)	138.21	140.67	10/01/2021
#0652 / H52 Continuous Home Care	52.33	52.21	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.08	13.05	10/01/2021
#0655 / H55 Inpatient Respite Care	438.12	440.61	10/01/2021
#0656 / H56 General Inpatient Care	925.31	938.78	10/01/2021
#0658 Room and Board			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Escambia</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Escambia	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

014043700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando-Pasco Hospice	Provider Number : 014043700
HPH Hospice	Date : 09/30/2021
12107 Majestic Blvd	Fiscal Year End : N/A
Hudson, FL	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	184.61	187.88	10/01/2021
#0651a / H5L Routine Home Care (61 +)	145.91	148.48	10/01/2021
#0652 / H52 Continuous Home Care	55.25	55.58	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.81	13.89	10/01/2021
#0655 / H55 Inpatient Respite Care	456.80	462.97	10/01/2021
#0656 / H56 General Inpatient Care	972.90	988.64	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

015219701 - 2021/10

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 : 09/30/2021

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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	172.09	179.79	10/01/2021
#0651a / H5L Routine Home Care (61 +)	136.02	142.08	10/01/2021
#0652 / H52 Continuous Home Care	51.50	52.82	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	12.88	13.20	10/01/2021
#0655 / H55 Inpatient Respite Care	432.82	444.65	10/01/2021
#0656 / H56 General Inpatient Care	911.79	947.80	10/01/2021
#0658 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Highlands</td> </tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<input type="checkbox"/>	Highlands	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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Distribution:

Fiscal Agent

Contract Management

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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

015219702 - 2021/10

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 : 09/30/2021

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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	172.09	176.96	10/01/2021
#0651a / H5L Routine Home Care (61 +)	136.02	139.85	10/01/2021
#0652 / H52 Continuous Home Care	51.50	51.86	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	12.88	12.96	10/01/2021
#0655 / H55 Inpatient Respite Care	432.82	438.27	10/01/2021
#0656 / H56 General Inpatient Care	911.79	933.56	10/01/2021
#0658 Room and Board			

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

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T. K. Feehrer,
Senior Management Analyst Supervisor

Medicaid Program Finance



Florida Agency for Health Care Administration

015328000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care Broward FL LLC	Provider Number : 015328000
	Date : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	192.30	195.29	10/01/2021
#0651a / H5L Routine Home Care (61 +)	151.99	154.33	10/01/2021
#0652 / H52 Continuous Home Care	57.55	58.11	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.39	14.53	10/01/2021
#0655 / H55 Inpatient Respite Care	471.54	479.73	10/01/2021
#0656 / H56 General Inpatient Care	1010.45	1026.02	10/01/2021
#0658 Room and Board			

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

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

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Florida Agency for Health Care Administration

015986100 - 2021/10

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 : 09/30/2021
5041 N. 12th	Fiscal Year End : N/A
Pensacola, FL 32504	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)	174.86	178.00	10/01/2021
#0651a / H5L Routine Home Care (61 +)	138.21	140.67	10/01/2021
#0652 / H52 Continuous Home Care	52.33	52.21	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.08	13.05	10/01/2021
#0655 / H55 Inpatient Respite Care	438.12	440.61	10/01/2021
#0656 / H56 General Inpatient Care	925.31	938.78	10/01/2021
#0658 Room and Board			

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

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

016254400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 016254400
 Date : 09/30/2021
 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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	182.40	190.26	10/01/2021
#0651a / H5L Routine Home Care (61 +)	144.17	150.36	10/01/2021
#0652 / H52 Continuous Home Care	54.59	56.39	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.65	14.10	10/01/2021
#0655 / H55 Inpatient Respite Care	452.57	468.35	10/01/2021
#0656 / H56 General Inpatient Care	962.13	1000.65	10/01/2021
#0658 Room and Board			

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

019255800 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 019255800
 Date : 09/30/2021
 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)	191.15	195.80	10/01/2021
#0651a / H5L Routine Home Care (61 +)	151.08	154.74	10/01/2021
#0652 / H52 Continuous Home Care	57.20	58.28	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.30	14.57	10/01/2021
#0655 / H55 Inpatient Respite Care	469.33	480.88	10/01/2021
#0656 / H56 General Inpatient Care	1004.83	1028.60	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

024621400 - 2021/10

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 : 09/30/2021
1408 N West Shore Blvd Suite 260	Fiscal Year End : N/A
Tampa , FL 33607	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	184.61	187.88	10/01/2021
#0651a / H5L Routine Home Care (61 +)	145.91	148.48	10/01/2021
#0652 / H52 Continuous Home Care	55.25	55.58	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.81	13.89	10/01/2021
#0655 / H55 Inpatient Respite Care	456.80	462.97	10/01/2021
#0656 / H56 General Inpatient Care	972.90	988.64	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

087000500 - 2021/10

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 : 09/30/2021
1111 36th Street	Fiscal Year End : N/A
Vero Beach, FL 32960	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	172.09	176.78	10/01/2021
#0651a / H5L Routine Home Care (61 +)	136.02	139.70	10/01/2021
#0652 / H52 Continuous Home Care	51.50	51.79	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	12.88	12.95	10/01/2021
#0655 / H55 Inpatient Respite Care	432.82	437.84	10/01/2021
#0656 / H56 General Inpatient Care	911.79	932.61	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

087246600 - 2021/10

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 : 09/30/2021
 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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	186.59	195.80	10/01/2021
#0651a / H5L Routine Home Care (61 +)	147.47	154.74	10/01/2021
#0652 / H52 Continuous Home Care	55.74	58.28	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.93	14.57	10/01/2021
#0655 / H55 Inpatient Respite Care	458.15	480.88	10/01/2021
#0656 / H56 General Inpatient Care	981.37	1028.60	10/01/2021
#0658 Room and Board			

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

087255500 - 2021/10

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 : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	183.16	189.16	10/01/2021
#0651a / H5L Routine Home Care (61 +)	144.76	149.49	10/01/2021
#0652 / H52 Continuous Home Care	54.81	56.02	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.70	14.00	10/01/2021
#0655 / H55 Inpatient Respite Care	454.02	465.86	10/01/2021
#0656 / H56 General Inpatient Care	965.81	995.09	10/01/2021
#0658 Room and Board			

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Florida Agency for Health Care Administration

087256300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter	Provider Number : 087256300
	Date : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	182.40	190.26	10/01/2021
#0651a / H5L Routine Home Care (61 +)	144.17	150.36	10/01/2021
#0652 / H52 Continuous Home Care	54.59	56.39	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.65	14.10	10/01/2021
#0655 / H55 Inpatient Respite Care	452.57	468.35	10/01/2021
#0656 / H56 General Inpatient Care	962.13	1000.65	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

087407800 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast	Provider Number : 087407800
	Date : 09/30/2021
4266 Sunbeam Road	Fiscal Year End : N/A
Jacksonville, FL 32257	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	181.10	182.02	10/01/2021
#0651a / H5L Routine Home Care (61 +)	143.14	143.85	10/01/2021
#0652 / H52 Continuous Home Care	54.20	53.58	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.55	13.40	10/01/2021
#0655 / H55 Inpatient Respite Care	450.08	449.70	10/01/2021
#0656 / H56 General Inpatient Care	955.77	959.06	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

087514700 - 2021/10

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 : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	185.51	189.64	10/01/2021
#0651a / H5L Routine Home Care (61 +)	146.63	149.87	10/01/2021
#0652 / H52 Continuous Home Care	55.52	56.18	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.88	14.04	10/01/2021
#0655 / H55 Inpatient Respite Care	458.54	466.95	10/01/2021
#0656 / H56 General Inpatient Care	977.32	997.53	10/01/2021
#0658 Room and Board			

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

087516300 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Palm Beach County	Provider Number : 087516300
	Date : 09/30/2021
5300 East Avenue	Fiscal Year End : N/A
West Palm Beach, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	186.91	190.16	10/01/2021
#0651a / H5L Routine Home Care (61 +)	147.73	150.28	10/01/2021
#0652 / H52 Continuous Home Care	55.94	56.36	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.99	14.09	10/01/2021
#0655 / H55 Inpatient Respite Care	461.22	468.14	10/01/2021
#0656 / H56 General Inpatient Care	984.15	1000.17	10/01/2021
#0658 Room and Board			

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

Fiscal Agent
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 Program Development:

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

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Florida Agency for Health Care Administration

087520100 - 2021/10

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 : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	179.28	186.64	10/01/2021
#0651a / H5L Routine Home Care (61 +)	141.70	147.50	10/01/2021
#0652 / H52 Continuous Home Care	53.65	55.16	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.41	13.79	10/01/2021
#0655 / H55 Inpatient Respite Care	446.58	460.17	10/01/2021
#0656 / H56 General Inpatient Care	946.87	982.40	10/01/2021
#0658 Room and Board			

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

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T. K. Feehrer,
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Medicaid Program Finance

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Florida Agency for Health Care Administration

087522800 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Health First	Provider Number : 087522800
	Date : 09/30/2021
1900 Dairy Road	Fiscal Year End : N/A
West Melbourne, FL 32904	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	183.16	189.16	10/01/2021
#0651a / H5L Routine Home Care (61 +)	144.76	149.49	10/01/2021
#0652 / H52 Continuous Home Care	54.81	56.02	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.70	14.00	10/01/2021
#0655 / H55 Inpatient Respite Care	454.02	465.86	10/01/2021
#0656 / H56 General Inpatient Care	965.81	995.09	10/01/2021
#0658 Room and Board			

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

Distribution:

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

087523600 - 2021/10

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 : 09/30/2021
3800 Woodbriar Trail	Fiscal Year End : N/A
Port Orange, FL 32129	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	173.86	181.32	10/01/2021
#0651a / H5L Routine Home Care (61 +)	137.42	143.29	10/01/2021
#0652 / H52 Continuous Home Care	52.03	53.34	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.01	13.34	10/01/2021
#0655 / H55 Inpatient Respite Care	436.21	448.12	10/01/2021
#0656 / H56 General Inpatient Care	920.43	955.54	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

087524400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Big Bend Hospice	Provider Number : 087524400
	Date : 09/30/2021
1723 Mahan Center Blvd.	Fiscal Year End : N/A
Tallahassee, FL 323085428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	174.68	179.76	10/01/2021
#0651a / H5L Routine Home Care (61 +)	138.07	142.06	10/01/2021
#0652 / H52 Continuous Home Care	52.28	52.81	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.07	13.20	10/01/2021
#0655 / H55 Inpatient Respite Care	437.78	444.59	10/01/2021
#0656 / H56 General Inpatient Care	924.44	947.67	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

087526100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Lake and Sumter	Provider Number : 087526100
	Date : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	182.40	190.26	10/01/2021
#0651a / H5L Routine Home Care (61 +)	144.17	150.36	10/01/2021
#0652 / H52 Continuous Home Care	54.59	56.39	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.65	14.10	10/01/2021
#0655 / H55 Inpatient Respite Care	452.57	468.35	10/01/2021
#0656 / H56 General Inpatient Care	962.13	1000.65	10/01/2021
#0658 Room and Board			

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

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 Medicaid Program Finance

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Florida Agency for Health Care Administration

087527900 - 2021/10

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 : 09/30/2021
5955 Rand Blvd	Fiscal Year End : N/A
Sarasota, FL 34238	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	189.16	194.51	10/01/2021
#0651a / H5L Routine Home Care (61 +)	149.51	153.72	10/01/2021
#0652 / H52 Continuous Home Care	56.61	57.84	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.15	14.46	10/01/2021
#0655 / H55 Inpatient Respite Care	465.52	477.96	10/01/2021
#0656 / H56 General Inpatient Care	995.13	1022.08	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

087528700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 087528700
 Date : 09/30/2021
 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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	185.51	189.64	10/01/2021
#0651a / H5L Routine Home Care (61 +)	146.63	149.87	10/01/2021
#0652 / H52 Continuous Home Care	55.52	56.18	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.88	14.04	10/01/2021
#0655 / H55 Inpatient Respite Care	458.54	466.95	10/01/2021
#0656 / H56 General Inpatient Care	977.32	997.53	10/01/2021
#0658 Room and Board			

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

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 Program Development:

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

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Florida Agency for Health Care Administration

087529500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 087529500
 Date : 09/30/2021
 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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	186.91	190.16	10/01/2021
#0651a / H5L Routine Home Care (61 +)	147.73	150.28	10/01/2021
#0652 / H52 Continuous Home Care	55.94	56.36	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.99	14.09	10/01/2021
#0655 / H55 Inpatient Respite Care	461.22	468.14	10/01/2021
#0656 / H56 General Inpatient Care	984.15	1000.17	10/01/2021
#0658 Room and Board			

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

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 Medicaid Program Finance

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Florida Agency for Health Care Administration

087532500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Suncoast	Provider Number : 087532500
	Date : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	184.61	187.88	10/01/2021
#0651a / H5L Routine Home Care (61 +)	145.91	148.48	10/01/2021
#0652 / H52 Continuous Home Care	55.25	55.58	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.81	13.89	10/01/2021
#0655 / H55 Inpatient Respite Care	456.80	462.97	10/01/2021
#0656 / H56 General Inpatient Care	972.90	988.64	10/01/2021
#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;">Pinellas</td> </tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Pinellas	<table border="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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Distribution:

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

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Florida Agency for Health Care Administration

087535000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hope Hospice & Palliative Care
 9470 Health Park Circle
 Ft. Myers, FL 339083617

Provider Number : 087535000
 Date : 09/30/2021
 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)	187.16	193.26	10/01/2021
#0651a / H5L Routine Home Care (61 +)	147.93	152.73	10/01/2021
#0652 / H52 Continuous Home Care	56.01	57.41	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.00	14.35	10/01/2021
#0655 / H55 Inpatient Respite Care	461.69	475.13	10/01/2021
#0656 / H56 General Inpatient Care	985.35	1015.77	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

087537600 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avow Hospice
1095 Whippoorwill Lane
Naples, FL 34105

Provider Number : 087537600
Date : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	178.70	188.28	10/01/2021
#0651a / H5L Routine Home Care (61 +)	141.24	148.80	10/01/2021
#0652 / H52 Continuous Home Care	53.48	55.72	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.37	13.93	10/01/2021
#0655 / H55 Inpatient Respite Care	445.48	463.88	10/01/2021
#0656 / H56 General Inpatient Care	944.06	990.68	10/01/2021
#0658 Room and Board			

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

087569400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice	Provider Number : 087569400
	Date : 09/30/2021
14875 NW 77th Ave	Fiscal Year End : N/A
Miami Lakes, FL 33014	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	191.15	195.80	10/01/2021
#0651a / H5L Routine Home Care (61 +)	151.08	154.74	10/01/2021
#0652 / H52 Continuous Home Care	57.20	58.28	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.30	14.57	10/01/2021
#0655 / H55 Inpatient Respite Care	469.33	480.88	10/01/2021
#0656 / H56 General Inpatient Care	1004.83	1028.60	10/01/2021
#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

100313200 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 100313200
 Date : 09/30/2021
 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)	192.30	195.29	10/01/2021
#0651a / H5L Routine Home Care (61 +)	151.99	154.33	10/01/2021
#0652 / H52 Continuous Home Care	57.55	58.11	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.39	14.53	10/01/2021
#0655 / H55 Inpatient Respite Care	471.54	479.73	10/01/2021
#0656 / H56 General Inpatient Care	1010.45	1026.02	10/01/2021
#0658 Room and Board			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">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="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

100944700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care of Pinellas County	Provider Number : 100944700
	Date : 09/30/2021
17757 US Highway 19 N STE 175	Fiscal Year End : N/A
Clearwater, FL 33764	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	184.61	187.88	10/01/2021
#0651a / H5L Routine Home Care (61 +)	145.91	148.48	10/01/2021
#0652 / H52 Continuous Home Care	55.25	55.58	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.81	13.89	10/01/2021
#0655 / H55 Inpatient Respite Care	456.80	462.97	10/01/2021
#0656 / H56 General Inpatient Care	972.90	988.64	10/01/2021
#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

101809700 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Central Florida, Inc.	Provider Number : 101809700
Compassionate Care Hospice of Central Florida, Inc.	Date : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	172.09	176.96	10/01/2021
#0651a / H5L Routine Home Care (61 +)	136.02	139.85	10/01/2021
#0652 / H52 Continuous Home Care	51.50	51.86	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	12.88	12.96	10/01/2021
#0655 / H55 Inpatient Respite Care	432.82	438.27	10/01/2021
#0656 / H56 General Inpatient Care	911.79	933.56	10/01/2021
#0658 Room and Board			

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

101811100 - 2021/10

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 : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	182.40	190.26	10/01/2021
#0651a / H5L Routine Home Care (61 +)	144.17	150.36	10/01/2021
#0652 / H52 Continuous Home Care	54.59	56.39	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.65	14.10	10/01/2021
#0655 / H55 Inpatient Respite Care	452.57	468.35	10/01/2021
#0656 / H56 General Inpatient Care	962.13	1000.65	10/01/2021
#0658 Room and Board			

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Medicaid Program Finance

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Florida Agency for Health Care Administration

101811400 - 2021/10

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 : 09/30/2021
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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	191.15	195.80	10/01/2021
#0651a / H5L Routine Home Care (61 +)	151.08	154.74	10/01/2021
#0652 / H52 Continuous Home Care	57.20	58.28	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.30	14.57	10/01/2021
#0655 / H55 Inpatient Respite Care	469.33	480.88	10/01/2021
#0656 / H56 General Inpatient Care	1004.83	1028.60	10/01/2021
#0658 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Dade</td> </tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Dade	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </tbody> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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Distribution:

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

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Florida Agency for Health Care Administration

103844700 - 2021/10

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 : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	192.30	195.29	10/01/2021
#0651a / H5L Routine Home Care (61 +)	151.99	154.33	10/01/2021
#0652 / H52 Continuous Home Care	57.55	58.11	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.39	14.53	10/01/2021
#0655 / H55 Inpatient Respite Care	471.54	479.73	10/01/2021
#0656 / H56 General Inpatient Care	1010.45	1026.02	10/01/2021
#0658 Room and Board			

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

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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 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 104177600
 Date : 09/30/2021
 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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	182.45	190.16	10/01/2021
#0651a / H5L Routine Home Care (61 +)	144.20	150.28	10/01/2021
#0652 / H52 Continuous Home Care	54.50	56.36	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.62	14.09	10/01/2021
#0655 / H55 Inpatient Respite Care	450.22	468.14	10/01/2021
#0656 / H56 General Inpatient Care	961.18	1000.17	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

104213800 - 2021/10

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 : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	183.16	189.16	10/01/2021
#0651a / H5L Routine Home Care (61 +)	144.76	149.49	10/01/2021
#0652 / H52 Continuous Home Care	54.81	56.02	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.70	14.00	10/01/2021
#0655 / H55 Inpatient Respite Care	454.02	465.86	10/01/2021
#0656 / H56 General Inpatient Care	965.81	995.09	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

105197500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Okeechobee	Provider Number : 105197500
	Date : 09/30/2021
411 SE 4th St	Fiscal Year End : N/A
Okeechobee, FL 34974	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	175.64	178.50	10/01/2021
#0651a / H5L Routine Home Care (61 +)	138.83	141.06	10/01/2021
#0652 / H52 Continuous Home Care	52.56	52.38	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.14	13.09	10/01/2021
#0655 / H55 Inpatient Respite Care	439.62	441.73	10/01/2021
#0656 / H56 General Inpatient Care	929.13	941.29	10/01/2021
#0658 Room and Board			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Okeechobee</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		Okeechobee	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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T. K. Feehrer,
 Senior Management Analyst Supervisor
 Medicaid Program Finance

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Florida Agency for Health Care Administration

105421900 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 105421900
 Date : 09/30/2021
 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)	191.15	195.80	10/01/2021
#0651a / H5L Routine Home Care (61 +)	151.08	154.74	10/01/2021
#0652 / H52 Continuous Home Care	57.20	58.28	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.30	14.57	10/01/2021
#0655 / H55 Inpatient Respite Care	469.33	480.88	10/01/2021
#0656 / H56 General Inpatient Care	1004.83	1028.60	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

106026400 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 106026400
 Date : 09/30/2021
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	186.09	189.06	10/01/2021
#0651a / H5L Routine Home Care (61 +)	147.08	149.41	10/01/2021
#0652 / H52 Continuous Home Care	55.69	55.98	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.92	14.00	10/01/2021
#0655 / H55 Inpatient Respite Care	459.64	465.64	10/01/2021
#0656 / H56 General Inpatient Care	980.13	994.61	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

106087100 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice and Palliative Care of Pasco County	Provider Number : 106087100
	Date : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	184.61	187.88	10/01/2021
#0651a / H5L Routine Home Care (61 +)	145.91	148.48	10/01/2021
#0652 / H52 Continuous Home Care	55.25	55.58	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.81	13.89	10/01/2021
#0655 / H55 Inpatient Respite Care	456.80	462.97	10/01/2021
#0656 / H56 General Inpatient Care	972.90	988.64	10/01/2021
#0658 Room and Board			

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

106749100 - 2021/10

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 : 09/30/2021
1975 S John Young Pkwy	Fiscal Year End : N/A
Kissimmee, FL 34741	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	182.40	190.26	10/01/2021
#0651a / H5L Routine Home Care (61 +)	144.17	150.36	10/01/2021
#0652 / H52 Continuous Home Care	54.59	56.39	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.65	14.10	10/01/2021
#0655 / H55 Inpatient Respite Care	452.57	468.35	10/01/2021
#0656 / H56 General Inpatient Care	962.13	1000.65	10/01/2021
#0658 Room and Board			

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

108376800 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 108376800
 Date : 09/30/2021
 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)	191.15	195.80	10/01/2021
#0651a / H5L Routine Home Care (61 +)	151.08	154.74	10/01/2021
#0652 / H52 Continuous Home Care	57.20	58.28	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.30	14.57	10/01/2021
#0655 / H55 Inpatient Respite Care	469.33	480.88	10/01/2021
#0656 / H56 General Inpatient Care	1004.83	1028.60	10/01/2021
#0658 Room and Board			

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

108953500 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Continuum Care of Broward
 7771 W Oakland Park Blvd
 Sunrise, FL 33351

Provider Number : 108953500
 Date : 09/30/2021
 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)	192.30	195.29	10/01/2021
#0651a / H5L Routine Home Care (61 +)	151.99	154.33	10/01/2021
#0652 / H52 Continuous Home Care	57.55	58.11	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.39	14.53	10/01/2021
#0655 / H55 Inpatient Respite Care	471.54	479.73	10/01/2021
#0656 / H56 General Inpatient Care	1010.45	1026.02	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

110029100 - 2021/10

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 : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	184.61	187.88	10/01/2021
#0651a / H5L Routine Home Care (61 +)	145.91	148.48	10/01/2021
#0652 / H52 Continuous Home Care	55.25	55.58	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.81	13.89	10/01/2021
#0655 / H55 Inpatient Respite Care	456.80	462.97	10/01/2021
#0656 / H56 General Inpatient Care	972.90	988.64	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

110680000 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice and Palliative Care of Southern Florida	Provider Number : 110680000
	Date : 09/30/2021
5200 NE 2nd Ave	Fiscal Year End : N/A
Miami, FL 33137	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	191.15	195.80	10/01/2021
#0651a / H5L Routine Home Care (61 +)	151.08	154.74	10/01/2021
#0652 / H52 Continuous Home Care	57.20	58.28	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	14.30	14.57	10/01/2021
#0655 / H55 Inpatient Respite Care	469.33	480.88	10/01/2021
#0656 / H56 General Inpatient Care	1004.83	1028.60	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

150003100 - 2021/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 150003100
 Date : 09/30/2021
 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)	173.86	181.32	10/01/2021
#0651a / H5L Routine Home Care (61 +)	137.42	143.29	10/01/2021
#0652 / H52 Continuous Home Care	52.03	53.34	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.01	13.34	10/01/2021
#0655 / H55 Inpatient Respite Care	436.21	448.12	10/01/2021
#0656 / H56 General Inpatient Care	920.43	955.54	10/01/2021
#0658 Room and Board			

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

150009100 - 2021/10

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 : 09/30/2021
PO Box 2127	Fiscal Year End : N/A
Dothan, AL 36302	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)	176.14	189.30	10/01/2021
#0651a / H5L Routine Home Care (61 +)	139.22	149.60	10/01/2021
#0652 / H52 Continuous Home Care	52.71	56.07	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.18	14.02	10/01/2021
#0655 / H55 Inpatient Respite Care	440.57	466.19	10/01/2021
#0656 / H56 General Inpatient Care	931.54	995.83	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

150013900 - 2021/10

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 : 09/30/2021
 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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	182.45	190.16	10/01/2021
#0651a / H5L Routine Home Care (61 +)	144.20	150.28	10/01/2021
#0652 / H52 Continuous Home Care	54.50	56.36	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.62	14.09	10/01/2021
#0655 / H55 Inpatient Respite Care	450.22	468.14	10/01/2021
#0656 / H56 General Inpatient Care	961.18	1000.17	10/01/2021
#0658 Room and Board			

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

150021000 - 2021/10

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 : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	172.09	176.96	10/01/2021
#0651a / H5L Routine Home Care (61 +)	136.02	139.85	10/01/2021
#0652 / H52 Continuous Home Care	51.50	51.86	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	12.88	12.96	10/01/2021
#0655 / H55 Inpatient Respite Care	432.82	438.27	10/01/2021
#0656 / H56 General Inpatient Care	911.79	933.56	10/01/2021
#0658 Room and Board			

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

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Florida Agency for Health Care Administration

150022800 - 2021/10

Bureau of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.	Provider Number : 150022800
	Date : 09/30/2021
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			
X Hospice Provider			
#0651 / H51 Routine Home Care (1-60)	184.61	187.88	10/01/2021
#0651a / H5L Routine Home Care (61 +)	145.91	148.48	10/01/2021
#0652 / H52 Continuous Home Care	55.25	55.58	10/01/2021
#0551 / 0561 Continuous Home Care - SIA	13.81	13.89	10/01/2021
#0655 / H55 Inpatient Respite Care	456.80	462.97	10/01/2021
#0656 / H56 General Inpatient Care	972.90	988.64	10/01/2021
#0658 Room and Board			

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