



Florida Agency for Health Care Administration

000141800 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and 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 : 12/15/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #651 Routine Home Care, #652 Continuous Home Care, etc.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'X' is marked next to 'Payment System Rate' in the Basis section.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

000532400 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Samaritan Care Hospice of Osceola, LLC
 Samaritan Care Hospice
 1300 North Semoran Blvd., Ste 210
 Orlando, FL 32807

Provider Number : 000532400
 Date : 12/15/2015
 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			
#651 Routine Home Care (1-60)	152.24	175.70	01/01/2016
#651a Routine Home Care (61 +)	0.00	138.08	01/01/2016
#652 Continuous Home Care	36.99	36.99	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.25	01/01/2016
#655 Inpatient Respite Care	167.82	167.82	01/01/2016
#656 General Inpatient Care	679.32	679.32	01/01/2016
#658 Room and Board			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><hr/></td> <td>Budget</td> </tr> <tr> <td><hr/></td> <td>Unaudited costs</td> </tr> <tr> <td><hr/></td> <td>Desk audited costs</td> </tr> <tr> <td><hr/></td> <td>Field audited costs</td> </tr> <tr> <td><hr/></td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td><hr/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td><hr/></td> <td style="text-align: center;">Orange</td> </tr> </table>	Basis :		<hr/>	Budget	<hr/>	Unaudited costs	<hr/>	Desk audited costs	<hr/>	Field audited costs	<hr/>	Medicare - Prospective	X	Payment System Rate	<hr/>	Average Nursing Home Rate	<hr/>	Orange	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><hr/></td> <td style="text-align: center;">X Prospective</td> </tr> <tr> <td><hr/></td> <td>Total Prospective</td> </tr> <tr> <td><hr/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><hr/></td> <td></td> </tr> <tr> <td><hr/></td> <td>Interim</td> </tr> <tr> <td><hr/></td> <td>Total Interim</td> </tr> <tr> <td><hr/></td> <td>Settlement based on costs</td> </tr> <tr> <td><hr/></td> <td></td> </tr> </table>	Rate Type :		<hr/>	X Prospective	<hr/>	Total Prospective	<hr/>	Prospective Adjusted for New costs	<hr/>		<hr/>	Interim	<hr/>	Total Interim	<hr/>	Settlement based on costs	<hr/>	
Basis :																																					
<hr/>	Budget																																				
<hr/>	Unaudited costs																																				
<hr/>	Desk audited costs																																				
<hr/>	Field audited costs																																				
<hr/>	Medicare - Prospective																																				
X	Payment System Rate																																				
<hr/>	Average Nursing Home Rate																																				
<hr/>	Orange																																				
Rate Type :																																					
<hr/>	X Prospective																																				
<hr/>	Total Prospective																																				
<hr/>	Prospective Adjusted for New costs																																				
<hr/>																																					
<hr/>	Interim																																				
<hr/>	Total Interim																																				
<hr/>	Settlement based on costs																																				
<hr/>																																					

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000602600 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and 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 : 12/15/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #651 Routine Home Care, #652 Continuous Home Care, etc.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). 'X' is marked next to 'Payment System Rate' and 'Prospective'.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

001572800 - 2016/01

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 : 12/15/2015
 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			
#651 Routine Home Care (1-60)	158.46	182.88	01/01/2016
#651a Routine Home Care (61 +)	0.00	143.72	01/01/2016
#652 Continuous Home Care	38.50	38.50	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.62	01/01/2016
#655 Inpatient Respite Care	173.14	173.14	01/01/2016
#656 General Inpatient Care	705.04	705.04	01/01/2016
#658 Room and Board			

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

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

001636100 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and 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

4900 Bayou Blvd., Ste 101

Date : 12/15/2015

Pensacola, FL 32503

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

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

002782200 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice and Palliative Care of Southern FL

 5200 Northeast 2nd Avenue
 Miami, FL 32405

Provider Number : 002782200
 Date : 12/15/2015
 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			
#651 Routine Home Care (1-60)	158.46	182.88	01/01/2016
#651a Routine Home Care (61 +)	0.00	143.72	01/01/2016
#652 Continuous Home Care	38.50	38.50	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.62	01/01/2016
#655 Inpatient Respite Care	173.14	173.14	01/01/2016
#656 General Inpatient Care	705.04	705.04	01/01/2016
#658 Room and Board			

<table border="0" style="width: 100%;"> <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 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>Dade</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate	_____	Dade	<table border="0" style="width: 100%;"> <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
Basis :																																	
_____	Budget																																
_____	Unaudited costs																																
_____	Desk audited costs																																
_____	Field audited costs																																
_____	Medicare - Prospective																																
X	Payment System Rate																																
_____	Average Nursing Home Rate																																
_____	Dade																																
Rate Type :																																	
_____	X Prospective																																
_____	Total Prospective																																
_____	Prospective Adjusted for New costs																																
_____	Interim																																
_____	Total Interim																																
_____	Settlement based on costs																																

Distribution:

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

W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

003815300 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 003815300
Date : 12/15/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #651 Routine Home Care, #651a Routine Home Care, #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, and #658 Room and Board.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

004244800 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of FL II, Inc.
 Heartland Hospice Services (Homestead)
 381 N. Krome Ave, Suite 207
 Homestead, FL 330306047

Provider Number : 004244800
 Date : 12/15/2015
 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			
#651 Routine Home Care (1-60)	158.46	182.88	01/01/2016
#651a Routine Home Care (61 +)	0.00	143.72	01/01/2016
#652 Continuous Home Care	38.50	38.50	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.62	01/01/2016
#655 Inpatient Respite Care	173.14	173.14	01/01/2016
#656 General Inpatient Care	705.04	705.04	01/01/2016
#658 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><input type="checkbox"/></td> <td>Dade</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<input type="checkbox"/>	Dade	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
<input type="checkbox"/>	Budget																																
<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
<input type="checkbox"/>	Dade																																
Rate Type :																																	
<input checked="" type="checkbox"/>	Prospective																																
<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

004579400 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade, Inc.
 Compassionate Care Hospice
 600 Highland Drive STE 624
 Westampton, NJ 080605124

Provider Number : 004579400
 Date : 12/15/2015
 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			
#651 Routine Home Care (1-60)	142.56	164.53	01/01/2016
#651a Routine Home Care (61 +)	0.00	129.30	01/01/2016
#652 Continuous Home Care	34.64	34.64	01/01/2016
#652a Continuous Home Care - SIA	0.00	8.66	01/01/2016
#655 Inpatient Respite Care	159.53	159.53	01/01/2016
#656 General Inpatient Care	639.26	639.26	01/01/2016
#658 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	

Distribution:

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

W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

013656100 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard HMA Hospice
 Wuesthoff Health System Hospice
 8060 Spyglass Rd.
 Viera, FL 32940


Provider Number : 013656100
 Date : 12/15/2015
 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			
#651 Routine Home Care (1-60)	150.64	173.85	01/01/2016
#651a Routine Home Care (61 +)	0.00	136.63	01/01/2016
#652 Continuous Home Care	36.60	36.60	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.15	01/01/2016
#655 Inpatient Respite Care	166.44	166.44	01/01/2016
#656 General Inpatient Care	672.68	672.68	01/01/2016
#658 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:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

014043700 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and 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 : 12/15/2015

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

Code	Description	Current Rate	New Rate	Effective Date
#651	Routine Home Care (1-60)	151.81	175.20	01/01/2016
#651a	Routine Home Care (61 +)	0.00	137.69	01/01/2016
#652	Continuous Home Care	36.88	36.88	01/01/2016
#652a	Continuous Home Care - SIA	0.00	9.22	01/01/2016
#655	Inpatient Respite Care	167.44	167.44	01/01/2016
#656	General Inpatient Care	677.52	677.52	01/01/2016
#658	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"/> Pasco	

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

014190000 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade and the Florida Keys

Provider Number : 014190000

Date : 12/15/2015

Fiscal Year End : N/A

Audit Status : N/A

200 Lanidex Plz Ste 2101
 Parsippany, NJ 07054-2746

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)	158.46	182.88	01/01/2016
#651a Routine Home Care (61 +)	0.00	143.72	01/01/2016
#652 Continuous Home Care	38.50	38.50	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.62	01/01/2016
#655 Inpatient Respite Care	173.14	173.14	01/01/2016
#656 General Inpatient Care	705.04	705.04	01/01/2016
#658 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 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>
--	---

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

015219700 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Central Florida

 2525 Drane Field Rd Ste 4
 Lakeland, FI 33811

Provider Number : 015219700
 Date : 12/15/2015
 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			
#651 Routine Home Care (1-60)	142.56	164.53	01/01/2016
#651a Routine Home Care (61 +)	0.00	129.30	01/01/2016
#652 Continuous Home Care	34.64	34.64	01/01/2016
#652a Continuous Home Care - SIA	0.00	8.66	01/01/2016
#655 Inpatient Respite Care	159.53	159.53	01/01/2016
#656 General Inpatient Care	639.26	639.26	01/01/2016
#658 Room and Board			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td>Budget</td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td>Unaudited costs</td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td>Desk audited costs</td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td>Field audited costs</td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td style="text-align: center;">Polk</td> </tr> </table>	Basis :		<hr style="border: 0; border-top: 1px solid black;"/>	Budget	<hr style="border: 0; border-top: 1px solid black;"/>	Unaudited costs	<hr style="border: 0; border-top: 1px solid black;"/>	Desk audited costs	<hr style="border: 0; border-top: 1px solid black;"/>	Field audited costs	<hr style="border: 0; border-top: 1px solid black;"/>	Medicare - Prospective	X	Payment System Rate	<hr style="border: 0; border-top: 1px solid black;"/>	Average Nursing Home Rate	<hr style="border: 0; border-top: 1px solid black;"/>	Polk	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td>X Prospective</td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td>Total Prospective</td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td>Interim</td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td>Total Interim</td> </tr> <tr> <td><hr style="border: 0; border-top: 1px solid black;"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<hr style="border: 0; border-top: 1px solid black;"/>	X Prospective	<hr style="border: 0; border-top: 1px solid black;"/>	Total Prospective	<hr style="border: 0; border-top: 1px solid black;"/>	Prospective Adjusted for New costs	<hr style="border: 0; border-top: 1px solid black;"/>	Interim	<hr style="border: 0; border-top: 1px solid black;"/>	Total Interim	<hr style="border: 0; border-top: 1px solid black;"/>	Settlement based on costs
Basis :																																	
<hr style="border: 0; border-top: 1px solid black;"/>	Budget																																
<hr style="border: 0; border-top: 1px solid black;"/>	Unaudited costs																																
<hr style="border: 0; border-top: 1px solid black;"/>	Desk audited costs																																
<hr style="border: 0; border-top: 1px solid black;"/>	Field audited costs																																
<hr style="border: 0; border-top: 1px solid black;"/>	Medicare - Prospective																																
X	Payment System Rate																																
<hr style="border: 0; border-top: 1px solid black;"/>	Average Nursing Home Rate																																
<hr style="border: 0; border-top: 1px solid black;"/>	Polk																																
Rate Type :																																	
<hr style="border: 0; border-top: 1px solid black;"/>	X Prospective																																
<hr style="border: 0; border-top: 1px solid black;"/>	Total Prospective																																
<hr style="border: 0; border-top: 1px solid black;"/>	Prospective Adjusted for New costs																																
<hr style="border: 0; border-top: 1px solid black;"/>	Interim																																
<hr style="border: 0; border-top: 1px solid black;"/>	Total Interim																																
<hr style="border: 0; border-top: 1px solid black;"/>	Settlement based on costs																																

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

015328000 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care Broward FL LLC

Provider Number : 015328000

1815 Griffin Rd Ste 410

Date : 12/15/2015

Dania Beach, Fl 33004

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

#651 Routine Home Care (1-60)	161.57	186.46	01/01/2016
#651a Routine Home Care (61 +)	0.00	146.54	01/01/2016
#652 Continuous Home Care	39.25	39.25	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.81	01/01/2016
#655 Inpatient Respite Care	175.80	175.80	01/01/2016
#656 General Inpatient Care	717.90	717.90	01/01/2016
#658 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 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
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																																
Rate Type :																																	
<input checked="" type="checkbox"/>	Prospective																																
<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087000500 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C.
1111 36th Street
Vero Beach, FL 32960

Provider Number : 087000500
Date : 12/15/2015
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

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

087246600 - 2016/01

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 : 12/15/2015
 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			
#651 Routine Home Care (1-60)	158.46	182.88	01/01/2016
#651a Routine Home Care (61 +)	0.00	143.72	01/01/2016
#652 Continuous Home Care	38.50	38.50	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.62	01/01/2016
#655 Inpatient Respite Care	173.14	173.14	01/01/2016
#656 General Inpatient Care	705.04	705.04	01/01/2016
#658 Room and Board			

<table border="0" style="width: 100%;"> <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;">Dade</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Dade	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
<input type="checkbox"/>	Budget																																
<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
	Dade																																
Rate Type :																																	
<input checked="" type="checkbox"/>	Prospective																																
<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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

For information Only (No Change in rate)

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

087255500 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Francis Hospice

Provider Number : 087255500

1250-B Grumman Place
Titusville, FL 32780

Date : 12/15/2015

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

#651 Routine Home Care (1-60)	150.64	173.85	01/01/2016
#651a Routine Home Care (61 +)	0.00	136.63	01/01/2016
#652 Continuous Home Care	36.60	36.60	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.15	01/01/2016
#655 Inpatient Respite Care	166.44	166.44	01/01/2016
#656 General Inpatient Care	672.68	672.68	01/01/2016
#658 Room and Board			

<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border: 1px solid black; padding: 2px;">Basis :</th> <th></th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"></td><td>Budget</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Unaudited costs</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Desk audited costs</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Field audited costs</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Medicare - Prospective</td></tr> <tr><td style="border-bottom: 1px solid black; text-align: center;">X</td><td>Payment System Rate</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Average Nursing Home Rate</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: center;">Brevard</td></tr> </tbody> </table>	Basis :			Budget		Unaudited costs		Desk audited costs		Field audited costs		Medicare - Prospective	X	Payment System Rate		Average Nursing Home Rate		Brevard	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border: 1px solid black; padding: 2px;">Rate Type :</th> <th></th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black; text-align: center;">X</td><td>Prospective</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Total Prospective</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Prospective Adjusted for New costs</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Interim</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Total Interim</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		X	Prospective		Total Prospective		Prospective Adjusted for New costs		Interim		Total Interim		Settlement based on costs
Basis :																																	
	Budget																																
	Unaudited costs																																
	Desk audited costs																																
	Field audited costs																																
	Medicare - Prospective																																
X	Payment System Rate																																
	Average Nursing Home Rate																																
	Brevard																																
Rate Type :																																	
X	Prospective																																
	Total Prospective																																
	Prospective Adjusted for New costs																																
	Interim																																
	Total Interim																																
	Settlement based on costs																																

Distribution:

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

087256300 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter

 480 West Central Pkwy
 Altamonte Springs, FL 327143125

Provider Number : 087256300
 Date : 12/15/2015
 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			
#651 Routine Home Care (1-60)	152.24	175.70	01/01/2016
#651a Routine Home Care (61 +)	0.00	138.08	01/01/2016
#652 Continuous Home Care	36.99	36.99	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.25	01/01/2016
#655 Inpatient Respite Care	167.82	167.82	01/01/2016
#656 General Inpatient Care	679.32	679.32	01/01/2016
#658 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"/> Seminole	

Distribution:

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

W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

087407800 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast

Provider Number : 087407800

4266 Sunbeam Road

Date : 12/15/2015

Jacksonville, FL 32257

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

#651 Routine Home Care (1-60)	152.27	175.73	01/01/2016
#651a Routine Home Care (61 +)	0.00	138.10	01/01/2016
#652 Continuous Home Care	36.99	36.99	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.25	01/01/2016
#655 Inpatient Respite Care	167.84	167.84	01/01/2016
#656 General Inpatient Care	679.41	679.41	01/01/2016
#658 Room and Board			

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td>Budget</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Unaudited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Desk audited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Field audited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Medicare - Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">Duval</td> </tr> </table>	Basis :			Budget		Unaudited costs		Desk audited costs		Field audited costs		Medicare - Prospective	X	Payment System Rate		Average Nursing Home Rate		Duval	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px; text-align: center;">X</td> <td>Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Total Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Interim</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Total Interim</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X	Prospective		Total Prospective		Prospective Adjusted for New costs		Interim		Total Interim		Settlement based on costs
Basis :																																	
	Budget																																
	Unaudited costs																																
	Desk audited costs																																
	Field audited costs																																
	Medicare - Prospective																																
X	Payment System Rate																																
	Average Nursing Home Rate																																
	Duval																																
Rate Type :																																	
X	Prospective																																
	Total Prospective																																
	Prospective Adjusted for New costs																																
	Interim																																
	Total Interim																																
	Settlement based on costs																																

Distribution:

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

W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087514700 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and 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

1201 SE Indian Street

Date : 12/15/2015

Stuart, FL 34997

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

#651 Routine Home Care (1-60)	152.73	176.27	01/01/2016
#651a Routine Home Care (61 +)	0.00	138.52	01/01/2016
#652 Continuous Home Care	37.11	37.11	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.28	01/01/2016
#655 Inpatient Respite Care	168.24	168.24	01/01/2016
#656 General Inpatient Care	681.34	681.34	01/01/2016
#658 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>X</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>Martin</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	X	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate	<input type="checkbox"/>	Martin	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr> <td>X</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 :		X	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
<input type="checkbox"/>	Budget																																
<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
X	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
<input type="checkbox"/>	Martin																																
Rate Type :																																	
X	Prospective																																
<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

087516300 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Palm Beach County

 5300 East Avenue
 West Palm Beach, FL 33407

Provider Number : 087516300
 Date : 12/15/2015
 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			
#651 Routine Home Care (1-60)	154.05	177.79	01/01/2016
#651a Routine Home Care (61 +)	0.00	139.72	01/01/2016
#652 Continuous Home Care	37.43	37.43	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.36	01/01/2016
#655 Inpatient Respite Care	169.36	169.36	01/01/2016
#656 General Inpatient Care	686.78	686.78	01/01/2016
#658 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"/> Palm Beach	

Distribution:

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

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087517100 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Covenant Hospice, Inc
5041 N. 12th
Pensacola, FL 32504

Provider Number : 087517100
Date : 12/15/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #651 Routine Home Care, #652 Continuous Home Care, etc.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087519800 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Central Florida Hospice
Attn: Revenue Accounting Manager
4200 NW 90th Blvd
Gainesville, FL 326063809

Provider Number : 087519800
Date : 12/15/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #651 Routine Home Care, #651a Routine Home Care, #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

087520100 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Marion County

Provider Number : 087520100

P.O. Box 4860

Date : 12/15/2015

Ocala, FL 344784860

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			
#651 Routine Home Care (1-60)	143.19	165.25	01/01/2016
#651a Routine Home Care (61 +)	0.00	129.87	01/01/2016
#652 Continuous Home Care	34.79	34.79	01/01/2016
#652a Continuous Home Care - SIA	0.00	8.70	01/01/2016
#655 Inpatient Respite Care	160.06	160.06	01/01/2016
#656 General Inpatient Care	641.84	641.84	01/01/2016
#658 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	

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087522800 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and 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

1900 Dairy Road

Date : 12/15/2015

West Melbourne, FL 32904

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

#651 Routine Home Care (1-60)	150.64	173.85	01/01/2016
#651a Routine Home Care (61 +)	0.00	136.63	01/01/2016
#652 Continuous Home Care	36.60	36.60	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.15	01/01/2016
#655 Inpatient Respite Care	166.44	166.44	01/01/2016
#656 General Inpatient Care	672.68	672.68	01/01/2016
#658 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>X <input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Brevard</p>	<p>Rate Type :</p> <p>X <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
--	---

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

087523600 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Volusia

 3800 Woodbriar Trail
 Port Orange, FL 32129

Provider Number : 087523600
 Date : 12/15/2015
 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			
#651 Routine Home Care (1-60)	144.01	166.21	01/01/2016
#651a Routine Home Care (61 +)	0.00	130.61	01/01/2016
#652 Continuous Home Care	34.99	34.99	01/01/2016
#652a Continuous Home Care - SIA	0.00	8.75	01/01/2016
#655 Inpatient Respite Care	160.77	160.77	01/01/2016
#656 General Inpatient Care	645.25	645.25	01/01/2016
#658 Room and Board			

<table border="0" style="width: 100%;"> <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;">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" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
<input type="checkbox"/>	Budget																																
<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
	Volusia																																
Rate Type :																																	
<input checked="" type="checkbox"/>	Prospective																																
<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087524400 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and 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 : 12/15/2015

1723 Mahan Center Blvd.

Fiscal Year End : N/A

Tallahassee, FL 323085428

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

087525200 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Keys, Inc.

Provider Number : 087525200

1319 William Street

Date : 12/15/2015

Key West, FL 330404736

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

#651 Routine Home Care (1-60)	143.96	166.14	01/01/2016
#651a Routine Home Care (61 +)	0.00	130.56	01/01/2016
#652 Continuous Home Care	34.97	34.97	01/01/2016
#652a Continuous Home Care - SIA	0.00	8.74	01/01/2016
#655 Inpatient Respite Care	160.72	160.72	01/01/2016
#656 General Inpatient Care	645.02	645.02	01/01/2016
#658 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 align="center">Monroe</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		Monroe	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
<input type="checkbox"/>	Budget																																
<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
	Monroe																																
Rate Type :																																	
<input checked="" type="checkbox"/>	Prospective																																
<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087526100 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and 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 : 12/15/2015

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

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator (Signature)
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

087527900 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tidewell Hospice & Palliative Care

Provider Number : 087527900

Date : 12/15/2015

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

#651 Routine Home Care (1-60)	156.29	180.37	01/01/2016
#651a Routine Home Care (61 +)	0.00	141.75	01/01/2016
#652 Continuous Home Care	37.97	37.97	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.49	01/01/2016
#655 Inpatient Respite Care	171.28	171.28	01/01/2016
#656 General Inpatient Care	696.05	696.05	01/01/2016
#658 Room and Board			

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Sarasota</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Sarasota	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
<input type="checkbox"/>	Budget																																
<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
	Sarasota																																
Rate Type :																																	
<input checked="" type="checkbox"/>	Prospective																																
<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087528700 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Treasure Coast

Provider Number : 087528700

1201 SE Indian St
Stuart, FL 34997

Date : 12/15/2015

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

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

087529500 - 2016/01

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 : 12/15/2015
 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			
#651 Routine Home Care (1-60)	154.05	177.79	01/01/2016
#651a Routine Home Care (61 +)	0.00	139.72	01/01/2016
#652 Continuous Home Care	37.43	37.43	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.36	01/01/2016
#655 Inpatient Respite Care	169.36	169.36	01/01/2016
#656 General Inpatient Care	686.78	686.78	01/01/2016
#658 Room and Board			

<table border="0" style="width: 100%;"> <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 style="text-align: center;"><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="padding-left: 40px;">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="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
Basis :																																	
<input type="checkbox"/>	Budget																																
<input type="checkbox"/>	Unaudited costs																																
<input type="checkbox"/>	Desk audited costs																																
<input type="checkbox"/>	Field audited costs																																
<input type="checkbox"/>	Medicare - Prospective																																
<input checked="" type="checkbox"/>	Payment System Rate																																
<input type="checkbox"/>	Average Nursing Home Rate																																
	Palm Beach																																
Rate Type :																																	
<input checked="" type="checkbox"/>	Prospective																																
<input type="checkbox"/>	Total Prospective																																
<input type="checkbox"/>	Prospective Adjusted for New costs																																
<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

Distribution:

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

W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087532500 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and 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

5771 Roosevelt Blvd
Clearwater, FL 337603770

Date : 12/15/2015

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

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087535000 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hope Hospice & Palliative Care

Provider Number : 087535000

Date : 12/15/2015

9470 Health Park Circle

Fiscal Year End : N/A

Ft. Myers, FL 339083617

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087536800 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Citrus County

Provider Number : 087536800

Date : 12/15/2015

PO Box 641270

Fiscal Year End : N/A

Beverly Hills, FL 34464

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

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087537600 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avow Hospice

Provider Number : 087537600

1095 Whippoorwill Lane
Naples, FL 34105

Date : 12/15/2015

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

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087538400 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Okeechobee
411 SE 4th Street
Okeechobee, FL 34974

Provider Number : 087538400
Date : 12/15/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #651 Routine Home Care, #652 Continuous Home Care, etc.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator (with signature)
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087569400 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance .
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice

Provider Number : 087569400

14875 NW 77th Ave

Date : 12/15/2015

Miami Lakes, FL 33014

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

#651 Routine Home Care (1-60)	158.46	182.88	01/01/2016
#651a Routine Home Care (61 +)	0.00	143.72	01/01/2016
#652 Continuous Home Care	38.50	38.50	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.62	01/01/2016
#655 Inpatient Respite Care	173.14	173.14	01/01/2016
#656 General Inpatient Care	705.04	705.04	01/01/2016
#658 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>
---	---

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087570800 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulfside Regional Hospice

Provider Number : 087570800

Date : 12/15/2015

6111 Trouble Creek Rd

Fiscal Year End : N/A

New Port Richey, FL 34653

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

Table with 4 columns: Code, Description, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

150000700 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Gold Coast

 2101 W. Commercial Blvd
 Ft Lauderdale, FL 33309

Provider Number : 150000700
 Date : 12/15/2015
 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			
#651 Routine Home Care (1-60)	161.57	186.46	01/01/2016
#651a Routine Home Care (61 +)	0.00	146.54	01/01/2016
#652 Continuous Home Care	39.25	39.25	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.81	01/01/2016
#655 Inpatient Respite Care	175.80	175.80	01/01/2016
#656 General Inpatient Care	717.90	717.90	01/01/2016
#658 Room and Board			

<table border="0" style="width: 100%;"> <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 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;">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="0" style="width: 100%;"> <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
Basis :																																	
_____	Budget																																
_____	Unaudited costs																																
_____	Desk audited costs																																
_____	Field audited costs																																
_____	Medicare - Prospective																																
X	Payment System Rate																																
_____	Average Nursing Home Rate																																
	Broward																																
Rate Type :																																	
_____	X Prospective																																
_____	Total Prospective																																
_____	Prospective Adjusted for New costs																																
_____	Interim																																
_____	Total Interim																																
_____	Settlement based on costs																																

Distribution:

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

150001500 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice Care of South Fl.

Provider Number : 150001500

7270 N.W. 12th St., PH#6

Date : 12/15/2015

Miami, FL 33126

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

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

150003100 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Hospital Hospice Care

Provider Number : 150003100

770 W. Granada Blvd

Date : 12/15/2015

Ormond Beach, FL 32174

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

#651 Routine Home Care (1-60)	144.01	166.21	01/01/2016
#651a Routine Home Care (61 +)	0.00	130.61	01/01/2016
#652 Continuous Home Care	34.99	34.99	01/01/2016
#652a Continuous Home Care - SIA	0.00	8.75	01/01/2016
#655 Inpatient Respite Care	160.77	160.77	01/01/2016
#656 General Inpatient Care	645.25	645.25	01/01/2016
#658 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>
---	---

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

150009100 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and 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 : 12/15/2015

PO Box 2127

Fiscal Year End : N/A

Dothan, AL 36302

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)	139.82	161.37	01/01/2016
#651a Routine Home Care (61 +)	0.00	126.82	01/01/2016
#652 Continuous Home Care	33.97	33.97	01/01/2016
#652a Continuous Home Care - SIA	0.00	8.49	01/01/2016
#655 Inpatient Respite Care	157.18	157.18	01/01/2016
#656 General Inpatient Care	627.92	627.92	01/01/2016
#658 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"/> Bay	

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

150013900 - 2016/01

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 : 12/15/2015
 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			
#651 Routine Home Care (1-60)	154.05	177.79	01/01/2016
#651a Routine Home Care (61 +)	0.00	139.72	01/01/2016
#652 Continuous Home Care	37.43	37.43	01/01/2016
#652a Continuous Home Care - SIA	0.00	9.36	01/01/2016
#655 Inpatient Respite Care	169.36	169.36	01/01/2016
#656 General Inpatient Care	686.78	686.78	01/01/2016
#658 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"/> Palm Beach	

Distribution:

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

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

150021000 - 2016/01

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Shepherd Hospice, Inc

Provider Number : 150021000

115 South Missouri Ave
Lakeland, FL 33815

Date : 12/15/2015

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

#651 Routine Home Care (1-60)	142.56	164.53	01/01/2016
#651a Routine Home Care (61 +)	0.00	129.30	01/01/2016
#652 Continuous Home Care	34.64	34.64	01/01/2016
#652a Continuous Home Care - SIA	0.00	8.66	01/01/2016
#655 Inpatient Respite Care	159.53	159.53	01/01/2016
#656 General Inpatient Care	639.26	639.26	01/01/2016
#658 Room and Board			

<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border: 1px solid black; padding: 2px;">Basis :</th> <th></th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"></td><td>Budget</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Unaudited costs</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Desk audited costs</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Field audited costs</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Medicare - Prospective</td></tr> <tr><td style="border-bottom: 1px solid black; text-align: center;">X</td><td>Payment System Rate</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Average Nursing Home Rate</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: center;">Polk</td></tr> </tbody> </table>	Basis :			Budget		Unaudited costs		Desk audited costs		Field audited costs		Medicare - Prospective	X	Payment System Rate		Average Nursing Home Rate		Polk	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border: 1px solid black; padding: 2px;">Rate Type :</th> <th></th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black; text-align: center;">X</td><td>Prospective</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Total Prospective</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Prospective Adjusted for New costs</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Interim</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Total Interim</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		X	Prospective		Total Prospective		Prospective Adjusted for New costs		Interim		Total Interim		Settlement based on costs
Basis :																																	
	Budget																																
	Unaudited costs																																
	Desk audited costs																																
	Field audited costs																																
	Medicare - Prospective																																
X	Payment System Rate																																
	Average Nursing Home Rate																																
	Polk																																
Rate Type :																																	
X	Prospective																																
	Total Prospective																																
	Prospective Adjusted for New costs																																
	Interim																																
	Total Interim																																
	Settlement based on costs																																

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

150022800 - 2016/01

State of Florida Office of Medicaid Cost Reimbursement planning and 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

3010 W. Azeele Street

Date : 12/15/2015

Tampa, FL 33609

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

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis