



Florida Agency for Health Care Administration

000141800 - 2015/10

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 : 10/06/2015
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 (#651, #652, #655, #656, #658) with their respective rates and effective dates.

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

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ 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 - 2015/10

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 : 10/06/2015
 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
- Hospice Provider**

#651 Routine Home Care	150.20	152.24 ✓	10/01/2015
#652 Continuous Home Care	36.49	36.99 ✓	10/01/2015
#655 Inpatient Respite Care	165.47	167.82 ✓	10/01/2015
#656 General Inpatient Care	670.07	679.32 ✓	10/01/2015
#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 checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Orange County</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 checked="" type="checkbox"/>	Average Nursing Home Rate		Orange County	<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 checked="" type="checkbox"/>	Average Nursing Home Rate																																
	Orange County																																
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																																

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ 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

000602600 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Central Florida
 Attn: Angela Santana
 100 S. Biscayne Blvd
 Miami, FL 33131

Provider Number : 000602600
 Date : 10/06/2015
 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
- Hospice Provider

#651 Routine Home Care	147.18	150.64 ✓	10/01/2015
#652 Continuous Home Care	35.76	36.60 ✓	10/01/2015
#655 Inpatient Respite Care	162.89	166.44 ✓	10/01/2015
#656 General Inpatient Care	657.59	672.68 ✓	10/01/2015
#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 checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Brevard County</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 checked="" type="checkbox"/>	Average Nursing Home Rate		Brevard County	<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 checked="" type="checkbox"/>	Average Nursing Home Rate																																
	Brevard County																																
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																																

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

001572800 - 2015/10

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

Odyssey Health Care Miami-Dade

Provider Number : 001572800

Date : 10/06/2015

5755 Blue Lagoon Dr

Fiscal Year End : N/A

Miami, FL 33126

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, #652 Continuous Home Care, #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 (X), Average Nursing Home Rate (X), Dade County. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ 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

001636100 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Regency Hospice of NW Florida, Inc.

Provider Number : 001636100

4900 Bayou Blvd., Ste 101

Date : 10/06/2015

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

#651 Routine Home Care	137.62	139.82 ✓	10/01/2015
#652 Continuous Home Care	33.43	33.97 ✓	10/01/2015
#655 Inpatient Respite Care	154.70	157.18 ✓	10/01/2015
#656 General Inpatient Care	618.03	627.92 ✓	10/01/2015
#658 Room and Board			

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

002782200 - 2015/10

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

Seasons Hospice and Palliative Care of Southern FL
5200 Northeast 2nd Avenue
Miami, FL 32405

Provider Number : 002782200
Date : 10/06/2015
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 (#651-#658) with their respective rates and effective dates.

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), and Average Nursing Home Rate (marked with X). Rate Type includes Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

003815300 - 2015/10

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 : 10/06/2015
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 (#651, #652, #655, #656, #658) with their respective rates and effective dates.

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

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

004244800 - 2015/10

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 FL II, Inc.

Provider Number : 004244800

Heartland Hospice Services (Homestead)

Date : 10/06/2015

381 N. Krome Ave, Suite 207

Fiscal Year End : N/A

Homestead, FL 330306047

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	159.13	158.46 ✓	10/01/2015
#652 Continuous Home Care	38.66	38.50 ✓	10/01/2015
#655 Inpatient Respite Care	173.12	173.14 ✓	10/01/2015
#656 General Inpatient Care	707.05	705.04 ✓	10/01/2015
#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 checked="" type="checkbox"/> Average Nursing Home Rate	
Dade County	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

004579400 - 2015/10

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

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

Provider Number : 004579400
Date : 10/06/2015
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: Care Type, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care, #652 Continuous Home Care, #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 (X), Average Nursing Home Rate (X), Polk County. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

013656100 - 2015/10

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

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

Provider Number : 013656100
Date : 10/06/2015
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 (#651, #652, #655, #656, #658) with their respective rates and effective dates.

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

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

014043700 - 2015/10

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 : 10/06/2015

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

#651 Routine Home Care

151.81 ✓ 10/01/2015

#652 Continuous Home Care

36.88 ✓ 10/01/2015

#655 Inpatient Respite Care

167.44 ✓ 10/01/2015

#656 General Inpatient Care

677.52 ✓ 10/01/2015

#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 checked="" type="checkbox"/> Average Nursing Home Rate	
Pasco County	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

014190000 - 2015/10

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

Compassionate Care Hospice of Miami Dade and the Florida Keys

Provider Number : 014190000

Date : 10/06/2015

200 Lanidex Plz Ste 2101

Fiscal Year End : N/A

Parsippany, NJ 07054-2746

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	158.46 ✓	10/01/2015
#652 Continuous Home Care	38.50 ✓	10/01/2015
#655 Inpatient Respite Care	173.14 ✓	10/01/2015
#656 General Inpatient Care	705.04 ✓	10/01/2015
#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 checked="" type="checkbox"/> Average Nursing Home Rate	
Dade County	

W.Rydeil Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ 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 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Central Florida
 2525 Drane Field Rd Ste 4
 Lakeland , Fl 33811

Provider Number : 015219700
 Date : 10/07/2015
 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		142.56 ✓	10/01/2015
#652 Continuous Home Care		34.64 ✓	10/01/2015
#655 Inpatient Respite Care		159.53 ✓	10/01/2015
#656 General Inpatient Care		639.26 ✓	10/01/2015
#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 checked="" type="checkbox"/> Average Nursing Home Rate	
Polk County	

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ 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 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care Broward FL LLC

 1815 Griffin Rd Ste 410
 Dania Beach, Fl 33004

Provider Number : 015328000
 Date : 10/06/2015
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health clinic			
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care		161.57 ✓	10/01/2015
#652 Continuous Home Care		39.25 ✓	10/01/2015
#655 Inpatient Respite Care		175.80 ✓	10/01/2015
#656 General Inpatient Care		717.90 ✓	10/01/2015
#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 checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Broward County</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 checked="" type="checkbox"/>	Average Nursing Home Rate		Broward County	<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 checked="" type="checkbox"/>	Average Nursing Home Rate																																
	Broward County																																
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																																

W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087000500 - 2015/10

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 : 10/06/2015
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, #652 Continuous Home Care, #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 (checked), Indian River County. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087246600 - 2015/10

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 Corporation - Dade County
Attn: Angela Santana
100 S. Biscayne Blvd
Miami, FL 33131

Provider Number : 087246600
Date : 10/06/2015
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.

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

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087255500 - 2015/10

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

St. Francis Hospice

Provider Number : 087255500

Date : 10/06/2015

1250-B Grumman Place

Fiscal Year End : N/A

Titusville, FL 32780

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care, #652 Continuous Home Care, #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 (X), Average Nursing Home Rate (X). Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ 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 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter

Provider Number : 087256300

Date : 10/06/2015

480 West Central Pkwy

Fiscal Year End : N/A

Altamonte Springs, FL 327143125

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care	150.20	152.24 ✓	10/01/2015
#652 Continuous Home Care	36.49	36.99	10/01/2015
#655 Inpatient Respite Care	165.47	167.82 ✓	10/01/2015
#656 General Inpatient Care	670.07	679.32 ✓	10/01/2015
#658 Room and Board			

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ 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 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast

 4266 Sunbeam Road
 Jacksonville, FL 32257

Provider Number : 087407800
 Date : 10/06/2015
 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	149.01	152.27 ✓	10/01/2015
#652 Continuous Home Care	36.20	36.99 ✓	10/01/2015
#655 Inpatient Respite Care	164.46	167.84 ✓	10/01/2015
#656 General Inpatient Care	665.17	679.41 ✓	10/01/2015
#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 checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Duval County</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 checked="" type="checkbox"/>	Average Nursing Home Rate		Duval County	<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 checked="" type="checkbox"/>	Average Nursing Home Rate																																
	Duval County																																
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																																

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ 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

087514700 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Martin & St. Lucie

 1201 SE Indian Street
 Stuart, FL 34997

Provider Number : 087514700
 Date : 10/06/2015
 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	153.40	152.73 ✓	10/01/2015
#652 Continuous Home Care	37.27	37.11 ✓	10/01/2015
#655 Inpatient Respite Care	168.21	168.24 ✓	10/01/2015
#656 General Inpatient Care	683.32	681.34 ✓	10/01/2015
#658 Room and Board			

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087516300 - 2015/10

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 Palm Beach County

Provider Number : 087516300

Date : 10/06/2015

5300 East Avenue

Fiscal Year End : N/A

West Palm Beach, FL 33407

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care, #652 Continuous Home Care, #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, Average Nursing Home Rate, Palm Beach County. Rate Type includes Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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

087517100 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Covenant Hospice, Inc

 5041 N. 12th
 Pensacola, FL 32504

Provider Number : 087517100
 Date : 10/06/2015
 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	137.62	139.82 ✓	10/01/2015
#652 Continuous Home Care	33.43	33.97 ✓	10/01/2015
#655 Inpatient Respite Care	154.70	157.18 ✓	10/01/2015
#656 General Inpatient Care	618.03	627.92 ✓	10/01/2015
#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 checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Escambia County</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 checked="" type="checkbox"/>	Average Nursing Home Rate		Escambia County	<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 checked="" type="checkbox"/>	Average Nursing Home Rate																																
	Escambia County																																
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																																

W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ 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

087519800 - 2015/10

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 : 10/06/2015
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health clinic			
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care	157.36	149.75 ✓	10/01/2015
#652 Continuous Home Care	38.23	36.38 ✓	10/01/2015
#655 Inpatient Respite Care	171.60	165.68 ✓	10/01/2015
#656 General Inpatient Care	699.70	668.99 ✓	10/01/2015
#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 checked="" type="checkbox"/> Average Nursing Home Rate	
Alachua County	

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ 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 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Marion County

Provider Number : 087520100

Date : 10/06/2015

P.O. Box 4860

Fiscal Year End : N/A

Ocala, FL 344784860

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care	143.14	143.19 ✓	10/01/2015
#652 Continuous Home Care	34.77	34.79 ✓	10/01/2015
#655 Inpatient Respite Care	159.42	160.06 ✓	10/01/2015
#656 General Inpatient Care	640.85	641.84 ✓	10/01/2015
#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 checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Marion County</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 checked="" type="checkbox"/>	Average Nursing Home Rate		Marion County	<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 checked="" type="checkbox"/>	Average Nursing Home Rate																																
	Marion County																																
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																																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087522800 - 2015/10

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

Date : 10/06/2015

1900 Dairy Road

Fiscal Year End : N/A

West Melbourne, FL 32904

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care, #652 Continuous Home Care, #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 (checked). Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ 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

087523600 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Volusia

 3800 Woodbriar Trail
 Port Orange, FL 32129

Provider Number : 087523600
 Date : 10/06/2015
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health clinic			
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care	144.64	144.01 ✓	10/01/2015
#652 Continuous Home Care	35.14	34.99 ✓	10/01/2015
#655 Inpatient Respite Care	160.71	160.77 ✓	10/01/2015
#656 General Inpatient Care	647.07	645.25 ✓	10/01/2015
#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 checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Volusia County</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 checked="" type="checkbox"/>	Average Nursing Home Rate		Volusia County	<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 checked="" type="checkbox"/>	Average Nursing Home Rate																																
	Volusia County																																
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																																

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087524400 - 2015/10

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 : 10/06/2015

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, #652 Continuous Home Care, #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 (X), Average Nursing Home Rate (X), Leon County. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ 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 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Keys, Inc.

Provider Number : 087525200

1319 William Street

Date : 10/06/2015

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	138.27	143.96✓	10/01/2015
#652 Continuous Home Care	33.59	34.97✓	10/01/2015
#655 Inpatient Respite Care	155.25	160.72 ✓	10/01/2015
#656 General Inpatient Care	620.71	645.02 ✓	10/01/2015
#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 checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Monroe County</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 checked="" type="checkbox"/>	Average Nursing Home Rate		Monroe County	<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 checked="" type="checkbox"/>	Average Nursing Home Rate																																
	Monroe County																																
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																																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ 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

087526100 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Lake and Sumter

 12300 Lane Park Road
 Tavares, FL 32778

Provider Number : 087526100
 Date : 10/06/2015
 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	150.20	152.24 ✓	10/01/2015
#652 Continuous Home Care	36.49	36.99 ✓	10/01/2015
#655 Inpatient Respite Care	165.47	167.82 ✓	10/01/2015
#656 General Inpatient Care	670.07	679.32 ✓	10/01/2015
#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 checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Lake County</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 checked="" type="checkbox"/>	Average Nursing Home Rate		Lake County	<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 checked="" type="checkbox"/>	Average Nursing Home Rate																																
	Lake County																																
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																																

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ 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 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tidewell Hospice & Palliative Care

Provider Number : 087527900

Date : 10/06/2015

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	154.24	156.29 ✓	10/01/2015
#652 Continuous Home Care	37.47	37.97 ✓	10/01/2015
#655 Inpatient Respite Care	168.93	171.28 ✓	10/01/2015
#656 General Inpatient Care	686.81	696.05 ✓	10/01/2015
#658 Room and Board			

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ 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

087528700 - 2015/10

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 : 10/06/2015

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
- Hospice Provider

#651 Routine Home Care	153.40	152.73 ✓	10/01/2015
#652 Continuous Home Care	37.27	37.11 ✓	10/01/2015
#655 Inpatient Respite Care	168.21	168.24 ✓	10/01/2015
#656 General Inpatient Care	683.32	681.34 ✓	10/01/2015
#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 checked="" type="checkbox"/> Average Nursing Home Rate	
St Lucie County	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087529500 - 2015/10

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 by the Sea

Provider Number : 087529500

Date : 10/06/2015

1531 W. Palmetto Park Road

Fiscal Year End : N/A

Boca Raton, FL 334863395

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, #652 Continuous Home Care, #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 (X), Average Nursing Home Rate (X), Palm Beach County. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087532500 - 2015/10

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

Date : 10/06/2015

5771 Roosevelt Blvd

Fiscal Year End : N/A

Clearwater, FL 337603770

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

Provider Type	Current Rate	New Rate	Effective Date
#651 Routine Home Care	150.34	151.81 ✓	10/01/2015
#652 Continuous Home Care	36.52	36.88 ✓	10/01/2015
#655 Inpatient Respite Care	165.59	167.44 ✓	10/01/2015
#656 General Inpatient Care	670.66	677.52 ✓	10/01/2015
#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 checked="" type="checkbox"/> Average Nursing Home Rate	
Pinellas County	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087535000 - 2015/10

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 : 10/06/2015

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

#651 Routine Home Care	146.00	153.78 ✓	10/01/2015
#652 Continuous Home Care	35.47	37.36 ✓	10/01/2015
#655 Inpatient Respite Care	161.87	169.13 ✓	10/01/2015
#656 General Inpatient Care	652.70	685.68 ✓	10/01/2015
#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 checked="" type="checkbox"/> Average Nursing Home Rate	
Lee County	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ 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

087536800 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Citrus County

 PO Box 641270
 Beverly Hills, FL 34464

Provider Number : 087536800
 Date : 10/06/2015
 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	135.56	139.82 ✓	10/01/2015
#652 Continuous Home Care	32.93	33.97 ✓	10/01/2015
#655 Inpatient Respite Care	152.21	157.18 ✓	10/01/2015
#656 General Inpatient Care	608.55	627.92 ✓	10/01/2015
#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 style="text-align: center;">X</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Citrus County</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	X	Average Nursing Home Rate		Citrus County	<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;">X</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
Basis :																																	
_____	Budget																																
_____	Unaudited costs																																
_____	Desk audited costs																																
_____	Field audited costs																																
_____	Medicare - Prospective																																
X	Payment System Rate																																
X	Average Nursing Home Rate																																
	Citrus County																																
Rate Type :																																	
X	Prospective																																
_____	Total Prospective																																
_____	Prospective Adjusted for New costs																																
_____	Interim																																
_____	Total Interim																																
_____	Settlement based on costs																																

W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087537600 - 2015/10

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

Date : 10/06/2015

1095 Whippoorwill Lane

Fiscal Year End : N/A

Naples, FL 34105

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, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). Includes checkboxes for Payment System Rate and Average Nursing Home Rate.

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087538400 - 2015/10

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 : 10/06/2015
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 types (#651-#658) with their respective rates and effective dates.

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 (marked with X), and Okeechobee County. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087569400 - 2015/10

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

Date : 10/06/2015

14875 NW 77th Ave

Fiscal Year End : N/A

Miami Lakes, FL 33014

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care, #652 Continuous Home Care, #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, Average Nursing Home Rate, Dade County. Rate Type includes Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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

087570800 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulfside Regional Hospice

Provider Number : 087570800

Date : 10/06/2015

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			
#651 Routine Home Care	150.34	151.81 ✓	10/01/2015
#652 Continuous Home Care	36.52	36.88 ✓	10/01/2015
#655 Inpatient Respite Care	165.59	167.44 ✓	10/01/2015
#656 General Inpatient Care	670.66	677.52 ✓	10/01/2015
#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 checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Pasco County</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 checked="" type="checkbox"/>	Average Nursing Home Rate		Pasco County	<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 checked="" type="checkbox"/>	Average Nursing Home Rate																																
	Pasco County																																
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																																

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

150000700 - 2015/10

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

Provider Number : 150000700

Date : 10/06/2015

2101 W. Commercial Blvd

Fiscal Year End : N/A

Ft Lauderdale, FL 33309

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

Table with 4 columns: Code, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). Includes checkboxes and a signature line.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

150001500 - 2015/10

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 : 10/06/2015

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

Provider Type	Current Rate	New Rate	Effective Date
#651 Routine Home Care	159.13	158.46 ✓	10/01/2015
#652 Continuous Home Care	38.66	38.50 ✓	10/01/2015
#655 Inpatient Respite Care	173.12	173.14 ✓	10/01/2015
#656 General Inpatient Care	707.05	705.04 ✓	10/01/2015
#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 checked="" type="checkbox"/> Average Nursing Home Rate	
<input type="checkbox"/> Dade County	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ 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

150003100 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Hospital Hospice Care

Provider Number : 150003100

Date : 10/06/2015

770 W. Granada Blvd

Fiscal Year End : N/A

Ormond Beach, FL 32174

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	144.64	144.01 ✓	10/01/2015
#652 Continuous Home Care	35.14	34.99 ✓	10/01/2015
#655 Inpatient Respite Care	160.71	160.77 ✓	10/01/2015
#656 General Inpatient Care	647.07	645.25 ✓	10/01/2015
#658 Room and Board			

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ 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

150009100 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Emerald Coast

Provider Number : 150009100

Date : 10/06/2015

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	137.62	139.82 ✓	10/01/2015
#652 Continuous Home Care	33.43	33.97 ✓	10/01/2015
#655 Inpatient Respite Care	154.70	157.18 ✓	10/01/2015
#656 General Inpatient Care	618.03	627.92 ✓	10/01/2015
#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 checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Bay County</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 checked="" type="checkbox"/>	Average Nursing Home Rate		Bay County	<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 checked="" type="checkbox"/>	Average Nursing Home Rate																																
	Bay County																																
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																																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

150013900 - 2015/10

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 Florida - Congress Ave
Attn: Angela Santana
100 S. Biscayne Blvd
Miami, FL 33131

Provider Number : 150013900
Date : 10/06/2015
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, #651 Routine Home Care, #652 Continuous Home Care, #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, Average Nursing Home Rate, Palm Beach County. Rate Type includes Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

150021000 - 2015/10

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

Good Shepherd Hospice, Inc

Provider Number : 150021000

Date : 10/06/2015

115 South Missouri Ave

Fiscal Year End : N/A

Lakeland, FL 33815

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

Provider Type	Current Rate	New Rate	Effective Date
#651 Routine Home Care	141.57	142.56 ✓	10/01/2015
#652 Continuous Home Care	34.39	34.64 ✓	10/01/2015
#655 Inpatient Respite Care	158.08	159.53 ✓	10/01/2015
#656 General Inpatient Care	634.37	639.26 ✓	10/01/2015
#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 checked="" type="checkbox"/> Average Nursing Home Rate	
Polk County	

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

150022800 - 2015/10

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

Date : 10/06/2015

3010 W. Azelee Street

Fiscal Year End : N/A

Tampa, FL 33609

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

Swing-Bed provider

Federally Qualified Health Centers

X Hospice Provider

Table with 4 columns: Code, Description, Current Rate, New Rate, Effective Date. Rows include #651 Routine Home Care, #652 Continuous Home Care, #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, Payment System Rate, Average Nursing Home Rate. Rate Type includes Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)