



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

000141800 - 2016/10

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

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

Provider Number : 000141800  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care (1-60)	175.73	178.77	10/01/2016
#651a Routine Home Care (61 +)	138.10	140.55	10/01/2016
#652 Continuous Home Care	36.99	37.67	10/01/2016
#652a Continuous Home Care - SIA	9.25	9.42	10/01/2016
#655 Inpatient Respite Care	167.84	171.03	10/01/2016
#656 General Inpatient Care	679.41	691.75	10/01/2016
#658 Room and Board			

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**Distribution:**

- Fiscal Agent
- Contract Management
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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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



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

000532400 - 2016/10

**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 : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

<b>Provider Type:</b>	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>	175.70	177.51	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	138.08	139.56	10/01/2016
<b>#652 Continuous Home Care</b>	36.99	37.41	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	9.25	9.35	10/01/2016
<b>#655 Inpatient Respite Care</b>	167.82	170.09	10/01/2016
<b>#656 General Inpatient Care</b>	679.32	687.24	10/01/2016
<b>#658 Room and Board</b>			

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

000602600 - 2016/10

**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 : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>	173.85	176.18 ✓	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	136.63	138.52 ✓	10/01/2016
<b>#652 Continuous Home Care</b>	36.60	37.13 ✓	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	9.15	9.28 ✓	10/01/2016
<b>#655 Inpatient Respite Care</b>	166.44	169.11	10/01/2016
<b>#656 General Inpatient Care</b>	672.68	682.49	10/01/2016
<b>#658 Room and Board</b>			

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

Odyssey Health Care Miami-Dade

Provider Number : 001572800

Date : 09/28/2016

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**

<b>#651 Routine Home Care (1-60)</b>	182.88	186.25 ✓	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	143.72	146.43 ✓	10/01/2016
<b>#652 Continuous Home Care</b>	38.50	39.25 ✓	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	9.62	9.81 ✓	10/01/2016
<b>#655 Inpatient Respite Care</b>	173.14	176.59 ✓	10/01/2016
<b>#656 General Inpatient Care</b>	705.04	718.62 ✓	10/01/2016
<b>#658 Room and Board</b>			

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 Tallahassee, Florida 32308

001636100 - 2016/10

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

Regency Hospice of NW Florida, Inc.  
  
 4900 Bayou Blvd., Ste 101  
 Pensacola, FL 32503

Provider Number : 001636100  
 Date : 09/28/2016  
 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 (1-60)	161.37	164.58	10/01/2016
#651a Routine Home Care (61 +)	126.82	129.40	10/01/2016
#652 Continuous Home Care	33.97	34.68	10/01/2016
#652a Continuous Home Care - SIA	8.49	8.67	10/01/2016
#655 Inpatient Respite Care	157.18	160.49	10/01/2016
#656 General Inpatient Care	627.92	640.85	10/01/2016
#658 Room and Board			

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 Tallahassee, Florida 32308

002782200 - 2016/10

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

Seasons Hospice and Palliative Care of Southern FL

Provider Number : 002782200

Date : 09/28/2016

5200 Northeast 2nd Avenue

Fiscal Year End : N/A

Miami, FL 32405

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

**Rural Health Clinic**

**Swing-Bed Provider**

**Federally Qualified Health Centers**

**X    Hospice Provider**

<b>#651 Routine Home Care (1-60)</b>	182.88	186.25 <sup>v</sup>	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	143.72	146.43 <sup>v</sup>	10/01/2016
<b>#652 Continuous Home Care</b>	38.50	39.25 <sup>v</sup>	10/01/2016
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<b>#655 Inpatient Respite Care</b>	173.14	176.59 <sup>v</sup>	10/01/2016
<b>#656 General Inpatient Care</b>	705.04	718.62 <sup>v</sup>	10/01/2016
<b>#658 Room and Board</b>			

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**Distribution:**

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

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003815300 - 2016/10

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 : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

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

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

Distribution:

- Fiscal Agent
Contract Management
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Program Development:

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

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



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

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

Provider Number : 004244800  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers

**X Hospice Provider**

#651 Routine Home Care (1-60)	182.88	182.60 ✓	10/01/2016
#651a Routine Home Care (61 +)	143.72	143.57 ✓	10/01/2016
#652 Continuous Home Care	38.50	38.48 ✓	10/01/2016
#652a Continuous Home Care - SIA	9.62	9.62 ✓	10/01/2016
#655 Inpatient Respite Care	173.14	173.13 ✓	10/01/2016
#656 General Inpatient Care	705.04	704.54 ✓	10/01/2016
#658 Room and Board			

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

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- Program Development:

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
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004579400 - 2016/10

**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 : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers

**X Hospice Provider**

#651 Routine Home Care (1-60)	164.53	165.60	10/01/2016
#651a Routine Home Care (61 +)	129.30	130.20	10/01/2016
#652 Continuous Home Care	34.64	34.90	10/01/2016
#652a Continuous Home Care - SIA	8.66	8.72	10/01/2016
#655 Inpatient Respite Care	159.53	161.25	10/01/2016
#656 General Inpatient Care	639.26	644.52	10/01/2016
#658 Room and Board			

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

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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013656100 - 2016/10

**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 : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#651 Routine Home Care (1-60)	173.85	176.18 ✓	10/01/2016
#651a Routine Home Care (61 +)	136.63	138.52 ✓	10/01/2016
#652 Continuous Home Care	36.60	37.13 ✓	10/01/2016
#652a Continuous Home Care - SIA	9.15	9.28 ✓	10/01/2016
#655 Inpatient Respite Care	166.44	169.11 ✓	10/01/2016
#656 General Inpatient Care	672.68	682.49	10/01/2016
#658 Room and Board			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Brevard</td> </tr> </table>	<b>Basis :</b>		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Brevard	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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W.Rydell Samuel, Administrator   
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 Tallahassee, Florida 32308

014043700 - 2016/10

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

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

Provider Number : 014043700  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers

**X Hospice Provider**

#651 Routine Home Care (1-60)	175.20	177.43 ✓	10/01/2016
#651a Routine Home Care (61 +)	137.69	139.50 ✓	10/01/2016
#652 Continuous Home Care	36.88	37.39 ✓	10/01/2016
#652a Continuous Home Care - SIA	9.22	9.35	10/01/2016
#655 Inpatient Respite Care	167.44	170.03	10/01/2016
#656 General Inpatient Care	677.52	686.96	10/01/2016
#658 Room and Board			

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

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 Tallahassee, Florida 32308

014190000 - 2016/10

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

Compassionate Care Hospice of Miami Dade and the Florida Keys

Provider Number : 014190000

Date : 09/28/2016

200 Lanidex Plz Ste 2101  
 Parsippany, NJ 07054-2746

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 (1-60)	182.88	186.25	10/01/2016
#651a Routine Home Care (61 +)	143.72	146.43	10/01/2016
#652 Continuous Home Care	38.50	39.25	10/01/2016
#652a Continuous Home Care - SIA	9.62	9.81	10/01/2016
#655 Inpatient Respite Care	173.14	176.59	10/01/2016
#656 General Inpatient Care	705.04	718.62	10/01/2016
#658 Room and Board			

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



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 Tallahassee, Florida 32308

015219700 - 2016/10

**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 : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

<b>Provider Type:</b>	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>	164.53	165.60 ✓	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	129.30	130.20 ✓	10/01/2016
<b>#652 Continuous Home Care</b>	34.64	34.90 ✓	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	8.66	8.72 ✓	10/01/2016
<b>#655 Inpatient Respite Care</b>	159.53	161.25 ✓	10/01/2016
<b>#656 General Inpatient Care</b>	639.26	644.52 ✓	10/01/2016
<b>#658 Room and Board</b>			

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

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

015328000 - 2016/10

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

Seasons Hospice & Palliative Care Broward FL LLC

Provider Number : 015328000

1815 Griffin Rd Ste 410

Date : 09/28/2016

Dania Beach, Fl 33004

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

**Rural Health Clinic**

**Swing-Bed Provider**

**Federally Qualified Health Centers**

**X    Hospice Provider**

<b>#651 Routine Home Care (1-60)</b>	186.46	187.86 ✓	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	146.54	147.70 ✓	10/01/2016
<b>#652 Continuous Home Care</b>	39.25	39.59 ✓	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	9.81	9.90 ✓	10/01/2016
<b>#655 Inpatient Respite Care</b>	175.80	177.79 ✓	10/01/2016
<b>#656 General Inpatient Care</b>	717.90	724.40 ✓	10/01/2016
<b>#658 Room and Board</b>			

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

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W.Rydell Samuel, Administrator   
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

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**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

017287500 - 2016/10

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

Compassionate Care Hospice of Lake & Sumter

Provider Number : 017287500

Date : 09/28/2016

214 E Washington St Apt C

Fiscal Year End : N/A

Minneola , FL 34715

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**

<b>#651 Routine Home Care (1-60)</b>	175.70	177.51	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	138.08	139.56	10/01/2016
<b>#652 Continuous Home Care</b>	36.99	37.41	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	9.25	9.35	10/01/2016
<b>#655 Inpatient Respite Care</b>	167.82	170.09	10/01/2016
<b>#656 General Inpatient Care</b>	679.32	687.24	10/01/2016
<b>#658 Room and Board</b>			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p align="center">Lake</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

087000500 - 2016/10

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

Hospice of I.R.C.

Provider Number : 087000500

Date : 09/28/2016

1111 36th Street

Fiscal Year End : N/A

Vero Beach, FL 32960

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

**Rural Health Clinic**

**Swing-Bed Provider**

**Federally Qualified Health Centers**

**X    Hospice Provider**

<b>#651 Routine Home Care (1-60)</b>	171.93	175.57	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	135.11	138.03	10/01/2016
<b>#652 Continuous Home Care</b>	36.19	37.00	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	9.05	9.25	10/01/2016
<b>#655 Inpatient Respite Care</b>	165.01	168.65	10/01/2016
<b>#656 General Inpatient Care</b>	665.77	680.27	10/01/2016
<b>#658 Room and Board</b>			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> <b>Payment System Rate</b></p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Indian River</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> <b>Prospective</b></p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis





**Florida Agency for Health Care Administration**  
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087246600 - 2016/10

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

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

Provider Number : 087246600  
 Date : 09/28/2016  
 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**

<b>#651 Routine Home Care (1-60)</b>	182.88	186.25 ✓	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	143.72	146.43 ✓	10/01/2016
<b>#652 Continuous Home Care</b>	38.50	39.25 ✓	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	9.62	9.81 ✓	10/01/2016
<b>#655 Inpatient Respite Care</b>	173.14	176.59 ✓	10/01/2016
<b>#656 General Inpatient Care</b>	705.04	718.62 ✓	10/01/2016
<b>#658 Room and Board</b>			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Dade</td> </tr> </table>	<b>Basis :</b>		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Dade	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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Florida Agency for Health Care Administration  
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087255500 - 2016/10

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

St. Francis Hospice  
  
 1250-B Grumman Place  
 Titusville, FL 32780

Provider Number : 087255500  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#651 Routine Home Care (1-60)	173.85	176.18	10/01/2016
#651a Routine Home Care (61 +)	136.63	138.52	10/01/2016
#652 Continuous Home Care	36.60	37.13	10/01/2016
#652a Continuous Home Care - SIA	9.15	9.28	10/01/2016
#655 Inpatient Respite Care	166.44	169.11	10/01/2016
#656 General Inpatient Care	672.68	682.49	10/01/2016
#658 Room and Board			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Brevard</td> </tr> </table>	<b>Basis :</b>		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate		Brevard	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></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>	<b>Rate Type :</b>		_____	X Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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**Florida Agency for Health Care Administration**  
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 Tallahassee, Florida 32308

087256300 - 2016/10

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

Hospice of the Comforter

Provider Number : 087256300

Date : 09/28/2016

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**

<b>#651 Routine Home Care (1-60)</b>	175.70	177.51	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	138.08	139.56	10/01/2016
<b>#652 Continuous Home Care</b>	36.99	37.41	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	9.25	9.35	10/01/2016
<b>#655 Inpatient Respite Care</b>	167.82	170.09	10/01/2016
<b>#656 General Inpatient Care</b>	679.32	687.24	10/01/2016
<b>#658 Room and Board</b>			

<p><b>Basis :</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Seminole</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration  
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 Tallahassee, Florida 32308

087407800 - 2016/10

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

Community Hospice of Northeast

Provider Number : 087407800

4266 Sunbeam Road  
 Jacksonville, FL 32257

Date : 09/28/2016  
 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**

<b>#651 Routine Home Care (1-60)</b>	175.73	178.77 ✓	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	138.10	140.55	10/01/2016
<b>#652 Continuous Home Care</b>	36.99	37.67	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	9.25	9.42	10/01/2016
<b>#655 Inpatient Respite Care</b>	167.84	171.03	10/01/2016
<b>#656 General Inpatient Care</b>	679.41	691.75	10/01/2016
<b>#658 Room and Board</b>			

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087514700 - 2016/10

**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 : 09/28/2016  
 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**

<b>#651 Routine Home Care (1-60)</b>	176.27	182.28	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	138.52	143.31	10/01/2016
<b>#652 Continuous Home Care</b>	37.11	38.41	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	9.28	9.60	10/01/2016
<b>#655 Inpatient Respite Care</b>	168.24	173.64	10/01/2016
<b>#656 General Inpatient Care</b>	681.34	704.36	10/01/2016
<b>#658 Room and Board</b>			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Martin</td> </tr> </table>	<b>Basis :</b>		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Martin	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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Florida Agency for Health Care Administration  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

087516300 - 2016/10

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

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

Provider Number : 087516300  
 Date : 09/28/2016  
 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**

<b>#651 Routine Home Care (1-60)</b>	177.79	182.62 ✓	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	139.72	143.58 ✓	10/01/2016
<b>#652 Continuous Home Care</b>	37.43	38.48 ✓	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	9.36	9.62 ✓	10/01/2016
<b>#655 Inpatient Respite Care</b>	169.36	173.89 ✓	10/01/2016
<b>#656 General Inpatient Care</b>	686.78	705.58 ✓	10/01/2016
<b>#658 Room and Board</b>			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate Palm Beach</td> </tr> </table>	<b>Basis :</b>		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate Palm Beach	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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



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

087517100 - 2016/10

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

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

Provider Number : 087517100  
 Date : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#651 Routine Home Care (1-60)	161.37	164.58	10/01/2016
#651a Routine Home Care (61 +)	126.82	129.40	10/01/2016
#652 Continuous Home Care	33.97	34.68	10/01/2016
#652a Continuous Home Care - SIA	8.49	8.67	10/01/2016
#655 Inpatient Respite Care	157.18	160.49	10/01/2016
#656 General Inpatient Care	627.92	640.85	10/01/2016
#658 Room and Board			

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**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 - 2016/10

**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 : 09/28/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

<b>Provider Type:</b>	<b>Current Rate</b>	<b>New Rate</b>	<b>Effective Date</b>
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
<b>#651 Routine Home Care (1-60)</b>	172.82	186.50	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	135.82	146.63	10/01/2016
<b>#652 Continuous Home Care</b>	36.38	39.30	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	9.09	9.83	10/01/2016
<b>#655 Inpatient Respite Care</b>	165.68	176.77	10/01/2016
<b>#656 General Inpatient Care</b>	668.99	719.51	10/01/2016
<b>#658 Room and Board</b>			

<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Alachua</td> </tr> </table>	<b>Basis :</b>		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Alachua	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Hospice of Marion County

Provider Number : 087520100

Date : 09/28/2016

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**

<b>#651 Routine Home Care (1-60)</b>	165.25	167.08	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	129.87	131.36	10/01/2016
<b>#652 Continuous Home Care</b>	34.79	35.21	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	8.70	8.80	10/01/2016
<b>#655 Inpatient Respite Care</b>	160.06	162.35	10/01/2016
<b>#656 General Inpatient Care</b>	641.84	649.84	10/01/2016
<b>#658 Room and Board</b>			

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Basis :</b></div> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Marion</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Rate Type :</b></div> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

087522800 - 2016/10

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

Hospice of Health First

Provider Number : 087522800

Date : 09/28/2016

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

#651 Routine Home Care (1-60)	173.85	176.18 ✓	10/01/2016
#651a Routine Home Care (61 +)	136.63	138.52 ✓	10/01/2016
#652 Continuous Home Care	36.60	37.13 ✓	10/01/2016
#652a Continuous Home Care - SIA	9.15	9.28 ✓	10/01/2016
#655 Inpatient Respite Care	166.44	169.11 ✓	10/01/2016
#656 General Inpatient Care	672.68	682.49 ✓	10/01/2016
#658 Room and Board			

<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Basis :</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Brevard</td> </tr> </table>	<b>Basis :</b>		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Brevard	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></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></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>		<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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**Florida Agency for Health Care Administration**  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

087523600 - 2016/10

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

Hospice of Volusia

Provider Number : 087523600

Date : 09/28/2016

3800 Woodbriar Trail

Fiscal Year End : N/A

Port Orange, FL 32129

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

**Rural Health Clinic**

**Swing-Bed Provider**

**Federally Qualified Health Centers**

**X    Hospice Provider**

<b>#651 Routine Home Care (1-60)</b>	166.21	171.38	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	130.61	134.75	10/01/2016
<b>#652 Continuous Home Care</b>	34.99	36.12	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	8.75	9.03	10/01/2016
<b>#655 Inpatient Respite Care</b>	160.77	165.54	10/01/2016
<b>#656 General Inpatient Care</b>	645.25	665.27	10/01/2016
<b>#658 Room and Board</b>			

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



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

087524400 - 2016/10

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

Big Bend Hospice

Provider Number : 087524400

Date : 09/28/2016

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**

#651 Routine Home Care (1-60)	161.37	169.78 ✓	10/01/2016
#651a Routine Home Care (61 +)	126.82	133.49 ✓	10/01/2016
#652 Continuous Home Care	33.97	35.78 ✓	10/01/2016
#652a Continuous Home Care - SIA	8.49	8.95 ✓	10/01/2016
#655 Inpatient Respite Care	157.18	164.35 ✓	10/01/2016
#656 General Inpatient Care	627.92	659.53 ✓	10/01/2016
#658 Room and Board			

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Basis :</b></div> <p style="margin-left: 20px;">Budget</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <p style="margin-left: 20px;">Unaudited costs</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <p style="margin-left: 20px;">Desk audited costs</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <p style="margin-left: 20px;">Field audited costs</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <p style="margin-left: 20px;">Medicare - Prospective</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <p style="margin-left: 20px;"><b>X</b>    Payment System Rate</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <p style="margin-left: 20px;">Average Nursing Home Rate</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <p style="margin-left: 40px;">Leon</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Rate Type :</b></div> <p style="margin-left: 20px;"><b>X</b>    Prospective</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <p style="margin-left: 20px;">Total Prospective</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <p style="margin-left: 20px;">Prospective Adjusted for New costs</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <p style="margin-left: 20px;">Interim</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <p style="margin-left: 20px;">Total Interim</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <p style="margin-left: 20px;">Settlement based on costs</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/>
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**Distribution:**

- Fiscal Agent
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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis



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

087525200 - 2016/10

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

Hospice of the Florida Keys, Inc.

Provider Number : 087525200

1319 William Street

Date : 09/28/2016

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
- Hospice Provider**
  - #651 Routine Home Care (1-60)**
  - #651a Routine Home Care (61 +)**
  - #652 Continuous Home Care**
  - #652a Continuous Home Care - SIA**
  - #655 Inpatient Respite Care**
  - #656 General Inpatient Care**
  - #658 Room and Board**

	166.14	168.43	10/01/2016
	130.56	132.43	10/01/2016
	34.97	35.50	10/01/2016
	8.74	8.87	10/01/2016
	160.72	163.35	10/01/2016
	645.02	654.68	10/01/2016

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 100px;"><b>Basis :</b></td> <td style="padding-left: 10px;">Budget</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="padding-left: 10px;">Unaudited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="padding-left: 10px;">Desk audited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="padding-left: 10px;">Field audited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="padding-left: 10px;">Medicare - Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding-left: 10px;">Payment System Rate</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="padding-left: 10px;">Average Nursing Home Rate</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="padding-left: 40px;">Monroe</td> </tr> </table>	<b>Basis :</b>	Budget		Unaudited costs		Desk audited costs		Field audited costs		Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate		Average Nursing Home Rate		Monroe	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 100px;"><b>Rate Type :</b></td> <td style="padding-left: 10px;">X    Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="padding-left: 10px;">Total Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="padding-left: 10px;">Prospective Adjusted for New costs</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="padding-left: 10px;">Interim</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="padding-left: 10px;">Total Interim</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td style="padding-left: 10px;">Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>	X    Prospective		Total Prospective		Prospective Adjusted for New costs		Interim		Total Interim		Settlement based on costs
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	Desk audited costs																												
	Field audited costs																												
	Medicare - Prospective																												
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	Monroe																												
<b>Rate Type :</b>	X    Prospective																												
	Total Prospective																												
	Prospective Adjusted for New costs																												
	Interim																												
	Total Interim																												
	Settlement based on costs																												

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 Medicaid Cost Reimbursement Analysis

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

087526100 - 2016/10

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

Hospice of Lake and Sumter

Provider Number : 087526100

Date : 09/28/2016

12300 Lane Park Road

Fiscal Year End : N/A

Tavares, FL 32778

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

**Rural Health Clinic**

**Swing-Bed Provider**

**Federally Qualified Health Centers**

**X    Hospice Provider**

**#651 Routine Home Care (1-60)**

175.70                  177.51 ✓    10/01/2016

**#651a Routine Home Care (61 +)**

138.08                  139.56 ✓    10/01/2016

**#652 Continuous Home Care**

36.99                    37.41 ✓    10/01/2016

**#652a Continuous Home Care - SIA**

9.25                      9.35 ✓    10/01/2016

**#655 Inpatient Respite Care**

167.82                  170.09 ✓    10/01/2016

**#656 General Inpatient Care**

679.32                  687.24 ✓    10/01/2016

**#658 Room and Board**

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



Florida Agency for Health Care Administration

087527900 - 2016/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 087527900
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers

X

Hospice Provider

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

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

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W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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**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 : 09/28/2016

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)	176.27	182.28	10/01/2016
#651a Routine Home Care (61 +)	138.52	143.31	10/01/2016
#652 Continuous Home Care	37.11	38.41	10/01/2016
#652a Continuous Home Care - SIA	9.28	9.60	10/01/2016
#655 Inpatient Respite Care	168.24	173.64	10/01/2016
#656 General Inpatient Care	681.34	704.36	10/01/2016
#658 Room and Board			

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

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 Medicaid Cost Reimbursement Analysis





Florida Agency for Health Care Administration

087529500 - 2016/10

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 : 09/28/2016

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 (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

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W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087532500 - 2016/10

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
5771 Roosevelt Blvd
Clearwater, FL 337603770

Provider Number : 087532500
Date : 09/28/2016
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, #651a, #652, #652a, #655, #656, #658) with their respective rates and effective dates.

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

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Florida Agency for Health Care Administration

087535000 - 2016/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hope Hospice & Palliative Care

Provider Number : 087535000

Date : 09/28/2016

9470 Health Park Circle

Fiscal Year End : N/A

Ft. Myers, FL 339083617

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

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

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

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 Tallahassee, Florida 32308

087536800 - 2016/10

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

Hospice of Citrus County

Provider Number : 087536800

Date : 09/28/2016

PO Box 641270

Fiscal Year End : N/A

Beverly Hills, FL 34464

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

**Rural Health Clinic**

**Swing-Bed Provider**

**Federally Qualified Health Centers**

**X    Hospice Provider**

<b>#651 Routine Home Care (1-60)</b>	161.37	164.58 ✓	10/01/2016
<b>#651a Routine Home Care (61 +)</b>	126.82	129.40 ✓	10/01/2016
<b>#652 Continuous Home Care</b>	33.97	34.68 ✓	10/01/2016
<b>#652a Continuous Home Care - SIA</b>	8.49	8.67 ✓	10/01/2016
<b>#655 Inpatient Respite Care</b>	157.18	160.49 ✓	10/01/2016
<b>#656 General Inpatient Care</b>	627.92	640.85 ✓	10/01/2016
<b>#658 Room and Board</b>			

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



Florida Agency for Health Care Administration

087537600 - 2016/10

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 : 09/28/2016

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 (1-60), #651a Routine Home Care (61 +), #652 Continuous Home Care, #652a Continuous Home Care - SIA, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

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

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Florida Agency for Health Care Administration

087538400 - 2016/10

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 : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers
X Hospice Provider

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

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

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Florida Agency for Health Care Administration

087569400 - 2016/10

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice

Provider Number : 087569400

14875 NW 77th Ave

Date : 09/28/2016

Miami Lakes, FL 33014

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers
X Hospice Provider
#651 Routine Home Care (1-60)
#651a Routine Home Care (61 +)
#652 Continuous Home Care
#652a Continuous Home Care - SIA
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

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

Distribution:

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Program Development:

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For information Only (No Change in rate)



Florida Agency for Health Care Administration

087570800 - 2016/10

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

Gulfside Regional Hospice

Provider Number : 087570800

Date : 09/28/2016

6111 Trouble Creek Rd

Fiscal Year End : N/A

New Port Richey, FL 34653

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

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

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

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Florida Agency for Health Care Administration

150000700 - 2016/10

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
2101 W. Commercial Blvd
Ft Lauderdale, FL 33309

Provider Number : 150000700
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers
X Hospice Provider

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

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

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For information Only (No Change in rate)



Florida Agency for Health Care Administration

150001500 - 2016/10

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.
7270 N.W. 12th St., PH#6
Miami, FL 33126

Provider Number : 150001500
Date : 09/28/2016
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers
X Hospice Provider

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

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

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Florida Agency for Health Care Administration

150003100 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Hospital Hospice Care

Provider Number : 150003100

770 W. Granada Blvd

Date : 09/28/2016

Ormond Beach, FL 32174

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

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

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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



Florida Agency for Health Care Administration

150009100 - 2016/10

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 Emerald Coast

Provider Number : 150009100

Date : 09/28/2016

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

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

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

150013900 - 2016/10

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

Provider Number : 150013900

Attn: Angela Santana

Date : 09/28/2016

100 S. Biscayne Blvd

Fiscal Year End : N/A

Miami, FL 33131

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

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

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

150021000 - 2016/10

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

115 South Missouri Ave

Date : 09/28/2016

Lakeland, FL 33815

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

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

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

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

150022800 - 2016/10

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

3010 W. Azeele Street

Date : 09/28/2016

Tampa, FL 33609

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

**X** Hospice Provider

#651 Routine Home Care (1-60)	175.20	177.43	10/01/2016
#651a Routine Home Care (61 +)	137.69	139.50	10/01/2016
#652 Continuous Home Care	36.88	37.39	10/01/2016
#652a Continuous Home Care - SIA	9.22	9.35	10/01/2016
#655 Inpatient Respite Care	167.44	170.03	10/01/2016
#656 General Inpatient Care	677.52	686.96	10/01/2016
#658 Room and Board			

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

**Distribution:**

Fiscal Agent

Contract Management

Permanent File

Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis