



Florida Agency for Health Care Administration

000141800 - 2017/10

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 : 09/28/2017
 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 / H51 Routine Home Care (1-60)	178.77	180.80	10/01/2017
#651a / H5L Routine Home Care (61 +)	140.55	142.01	10/01/2017
#652 / H52 Continuous Home Care	37.67	38.12	10/01/2017
#652a Continuous Home Care - SIA	9.42	9.53	10/01/2017
#655 / H55 Inpatient Respite Care	171.03	172.79	10/01/2017
#656 / H56 General Inpatient Care	691.75	699.67	10/01/2017
#659 Room and Board			

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Distribution:

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

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Samaritan Care Hospice of Osceola, LLC	Provider Number : 000532400
Samaritan Care Hospice	Date : 09/28/2017
1300 North Semoran Blvd., Ste 210	Fiscal Year End : N/A
Orlando, FL 32807	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 / H51 Routine Home Care (1-60)	177.51	180.10	10/01/2017
#651a / H5L Routine Home Care (61 +)	139.56	141.45	10/01/2017
#652 / H52 Continuous Home Care	37.41	37.97	10/01/2017
#652a Continuous Home Care - SIA	9.35	9.49	10/01/2017
#655 / H55 Inpatient Respite Care	170.09	172.27	10/01/2017
#656 / H56 General Inpatient Care	687.24	697.14	10/01/2017
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Central Florida	Provider Number : 000602600
Attn: Angela Santana	Date : 09/28/2017
100 S. Biscayne Blvd	Fiscal Year End : N/A
Miami, FL 33131	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 / H51 Routine Home Care (1-60)	176.18	175.06	10/01/2017
#651a / H5L Routine Home Care (61 +)	138.52	137.50	10/01/2017
#652 / H52 Continuous Home Care	37.13	36.91	10/01/2017
#652a Continuous Home Care - SIA	9.28	9.23	10/01/2017
#655 / H55 Inpatient Respite Care	169.11	168.53	10/01/2017
#656 / H56 General Inpatient Care	682.49	679.06	10/01/2017
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

001572800 - 2017/10

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 : 09/28/2017
5755 Blue Lagoon Dr	Fiscal Year End : N/A
Miami, FL 33126	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 / H51 Routine Home Care (1-60)	186.25	186.65	10/01/2017
#651a / H5L Routine Home Care (61 +)	146.43	146.60	10/01/2017
#652 / H52 Continuous Home Care	39.25	39.35	10/01/2017
#652a Continuous Home Care - SIA	9.81	9.84	10/01/2017
#655 / H55 Inpatient Respite Care	176.59	177.13	10/01/2017
#656 / H56 General Inpatient Care	718.62	720.66	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

001636100 - 2017/10

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

Regency Hospice of NW Florida, Inc.	Provider Number : 001636100
	Date : 09/28/2017
4900 Bayou Blvd., Ste 101	Fiscal Year End : N/A
Pensacola, FL 32503	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	164.58	166.50	10/01/2017
#651a / H5L Routine Home Care (61 +)	129.40	130.78	10/01/2017
#652 / H52 Continuous Home Care	34.68	35.11	10/01/2017
#652a Continuous Home Care - SIA	8.67	8.78	10/01/2017
#655 / H55 Inpatient Respite Care	160.49	162.18	10/01/2017
#656 / H56 General Inpatient Care	640.85	648.36	10/01/2017
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

002782200 - 2017/10

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	Provider Number : 002782200
	Date : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	186.25	186.65	10/01/2017
#651a / H5L Routine Home Care (61 +)	146.43	146.60	10/01/2017
#652 / H52 Continuous Home Care	39.25	39.35	10/01/2017
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#656 / H56 General Inpatient Care	718.62	720.66	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

003815300 - 2017/10

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.	Provider Number : 003815300
Heartland Hospice Services - Plantation	Date : 09/28/2017
150 S. Pine Island Road, Suite 200	Fiscal Year End : N/A
Plantation, FL 333242695	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 / H51 Routine Home Care (1-60)	187.86	189.99	10/01/2017
#651a / H5L Routine Home Care (61 +)	147.70	149.22	10/01/2017
#652 / H52 Continuous Home Care	39.59	40.06	10/01/2017
#652a Continuous Home Care - SIA	9.90	10.01	10/01/2017
#655 / H55 Inpatient Respite Care	177.79	179.62	10/01/2017
#656 / H56 General Inpatient Care	724.40	732.65	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

004244800 - 2017/10

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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 : 09/28/2017
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 / H51 Routine Home Care (1-60)	182.60	186.65	10/01/2017
#651a / H5L Routine Home Care (61 +)	143.57	146.60	10/01/2017
#652 / H52 Continuous Home Care	38.48	39.35	10/01/2017
#652a Continuous Home Care - SIA	9.62	9.84	10/01/2017
#655 / H55 Inpatient Respite Care	173.13	177.13	10/01/2017
#656 / H56 General Inpatient Care	704.54	720.66	10/01/2017
#659 Room and Board			

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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

004579400 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade, Inc.	Provider Number : 004579400
Compassionate Care Hospice	Date : 09/28/2017
600 Highland Drive STE 624	Fiscal Year End : N/A
Westampton, NJ 080605124	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 / H51 Routine Home Care (1-60)	165.60	166.50	10/01/2017
#651a / H5L Routine Home Care (61 +)	130.20	130.78	10/01/2017
#652 / H52 Continuous Home Care	34.90	35.11	10/01/2017
#652a Continuous Home Care - SIA	8.72	8.78	10/01/2017
#655 / H55 Inpatient Respite Care	161.25	162.18	10/01/2017
#656 / H56 General Inpatient Care	644.52	648.36	10/01/2017
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard HMA Hospice	Provider Number : 013656100
Wuesthoff Health System Hospice	Date : 09/28/2017
8060 Spyglass Rd.	Fiscal Year End : N/A
Viera, FL 32940	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 / H51 Routine Home Care (1-60)	176.18	175.06	10/01/2017
#651a / H5L Routine Home Care (61 +)	138.52	137.50	10/01/2017
#652 / H52 Continuous Home Care	37.13	36.91	10/01/2017
#652a Continuous Home Care - SIA	9.28	9.23	10/01/2017
#655 / H55 Inpatient Respite Care	169.11	168.53	10/01/2017
#656 / H56 General Inpatient Care	682.49	679.06	10/01/2017
#659 Room and Board			

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014043700 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando-Pasco Hospice	Provider Number : 014043700
HPH Hospice	Date : 09/28/2017
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 / H51 Routine Home Care (1-60)	177.43	180.35	10/01/2017
#651a / H5L Routine Home Care (61 +)	139.50	141.65	10/01/2017
#652 / H52 Continuous Home Care	37.39	38.03	10/01/2017
#652a Continuous Home Care - SIA	9.35	9.51	10/01/2017
#655 / H55 Inpatient Respite Care	170.03	172.46	10/01/2017
#656 / H56 General Inpatient Care	686.96	698.05	10/01/2017
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade and the Florida Keys	Provider Number : 014190000
	Date : 09/28/2017
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 / H51 Routine Home Care (1-60)	186.25	186.65	10/01/2017
#651a / H5L Routine Home Care (61 +)	146.43	146.60	10/01/2017
#652 / H52 Continuous Home Care	39.25	39.35	10/01/2017
#652a Continuous Home Care - SIA	9.81	9.84	10/01/2017
#655 / H55 Inpatient Respite Care	176.59	177.13	10/01/2017
#656 / H56 General Inpatient Care	718.62	720.66	10/01/2017
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

015219700 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Central Florida	Provider Number : 015219700
	Date : 09/28/2017
2525 Drane Field Rd Ste 4	Fiscal Year End : N/A
Lakeland, FL 33811	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 / H51 Routine Home Care (1-60)	165.60	166.50	10/01/2017
#651a / H5L Routine Home Care (61 +)	130.20	130.78	10/01/2017
#652 / H52 Continuous Home Care	34.90	35.11	10/01/2017
#652a Continuous Home Care - SIA	8.72	8.78	10/01/2017
#655 / H55 Inpatient Respite Care	161.25	162.18	10/01/2017
#656 / H56 General Inpatient Care	644.52	648.36	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

015328000 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care Broward FL LLC	Provider Number : 015328000
	Date : 09/28/2017
1815 Griffin Rd Ste 410	Fiscal Year End : N/A
Dania Beach, FL 33004	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	187.86	189.99	10/01/2017
#651a / H5L Routine Home Care (61 +)	147.70	149.22	10/01/2017
#652 / H52 Continuous Home Care	39.59	40.06	10/01/2017
#652a Continuous Home Care - SIA	9.90	10.01	10/01/2017
#655 / H55 Inpatient Respite Care	177.79	179.62	10/01/2017
#656 / H56 General Inpatient Care	724.40	732.65	10/01/2017
#659 Room and Board			

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- Program Development:

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Covenant Hospice, Inc	Provider Number : 015986100
	Date : 09/28/2017
5041 N. 12th	Fiscal Year End : N/A
Pensacola, FL 32504	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 / H51 Routine Home Care (1-60)	164.58	166.50	10/01/2017
#651a / H5L Routine Home Care (61 +)	129.40	130.78	10/01/2017
#652 / H52 Continuous Home Care	34.68	35.11	10/01/2017
#652a Continuous Home Care - SIA	8.67	8.78	10/01/2017
#655 / H55 Inpatient Respite Care	160.49	162.18	10/01/2017
#656 / H56 General Inpatient Care	640.85	648.36	10/01/2017
#659 Room and Board			

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



Florida Agency for Health Care Administration

016254400 - 2017/10

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

Provider Number : 016254400
 Date : 09/28/2017
 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 / H51 Routine Home Care (1-60)	175.70	180.10	10/01/2017
#651a / H5L Routine Home Care (61 +)	138.08	141.45	10/01/2017
#652 / H52 Continuous Home Care	36.99	37.97	10/01/2017
#652a Continuous Home Care - SIA	9.25	9.49	10/01/2017
#655 / H55 Inpatient Respite Care	167.82	172.27	10/01/2017
#656 / H56 General Inpatient Care	679.32	697.14	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

017287500 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Lake & Sumter	Provider Number : 017287500
	Date : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	177.51	180.10	10/01/2017
#651a / H5L Routine Home Care (61 +)	139.56	141.45	10/01/2017
#652 / H52 Continuous Home Care	37.41	37.97	10/01/2017
#652a Continuous Home Care - SIA	9.35	9.49	10/01/2017
#655 / H55 Inpatient Respite Care	170.09	172.27	10/01/2017
#656 / H56 General Inpatient Care	687.24	697.14	10/01/2017
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

019255800 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 019255800
 Date : 09/28/2017
 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 / H51 Routine Home Care (1-60)		186.65	10/01/2017
#651a / H5L Routine Home Care (61 +)		146.60	10/01/2017
#652 / H52 Continuous Home Care		39.35	10/01/2017
#652a Continuous Home Care - SIA		9.84	10/01/2017
#655 / H55 Inpatient Respite Care		177.13	10/01/2017
#656 / H56 General Inpatient Care		720.66	10/01/2017
#659 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C.	Provider Number : 087000500
	Date : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	175.57	175.06	10/01/2017
#651a / H5L Routine Home Care (61 +)	138.03	137.50	10/01/2017
#652 / H52 Continuous Home Care	37.00	36.91	10/01/2017
#652a Continuous Home Care - SIA	9.25	9.23	10/01/2017
#655 / H55 Inpatient Respite Care	168.65	168.53	10/01/2017
#656 / H56 General Inpatient Care	680.27	679.06	10/01/2017
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087246600 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 087246600
 Date : 09/28/2017
 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 / H51 Routine Home Care (1-60)	186.25	186.65	10/01/2017
#651a / H5L Routine Home Care (61 +)	146.43	146.60	10/01/2017
#652 / H52 Continuous Home Care	39.25	39.35	10/01/2017
#652a Continuous Home Care - SIA	9.81	9.84	10/01/2017
#655 / H55 Inpatient Respite Care	176.59	177.13	10/01/2017
#656 / H56 General Inpatient Care	718.62	720.66	10/01/2017
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087255500 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Francis Hospice	Provider Number : 087255500
	Date : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	176.18	175.06	10/01/2017
#651a / H5L Routine Home Care (61 +)	138.52	137.50	10/01/2017
#652 / H52 Continuous Home Care	37.13	36.91	10/01/2017
#652a Continuous Home Care - SIA	9.28	9.23	10/01/2017
#655 / H55 Inpatient Respite Care	169.11	168.53	10/01/2017
#656 / H56 General Inpatient Care	682.49	679.06	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

087256300 - 2017/10

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 Comforter	Provider Number : 087256300
	Date : 09/28/2017
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 / H51 Routine Home Care (1-60)	177.51	180.10	10/01/2017
#651a / H5L Routine Home Care (61 +)	139.56	141.45	10/01/2017
#652 / H52 Continuous Home Care	37.41	37.97	10/01/2017
#652a Continuous Home Care - SIA	9.35	9.49	10/01/2017
#655 / H55 Inpatient Respite Care	170.09	172.27	10/01/2017
#656 / H56 General Inpatient Care	687.24	697.14	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

087407800 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast	Provider Number : 087407800
	Date : 09/28/2017
4266 Sunbeam Road	Fiscal Year End : N/A
Jacksonville, FL 32257	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	178.77	180.80	10/01/2017
#651a / H5L Routine Home Care (61 +)	140.55	142.01	10/01/2017
#652 / H52 Continuous Home Care	37.67	38.12	10/01/2017
#652a Continuous Home Care - SIA	9.42	9.53	10/01/2017
#655 / H55 Inpatient Respite Care	171.03	172.79	10/01/2017
#656 / H56 General Inpatient Care	691.75	699.67	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

087514700 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Martin & St. Lucie	Provider Number : 087514700
	Date : 09/28/2017
1201 SE Indian Street	Fiscal Year End : N/A
Stuart, FL 34997	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	182.28	185.18	10/01/2017
#651a / H5L Routine Home Care (61 +)	143.31	145.44	10/01/2017
#652 / H52 Continuous Home Care	38.41	39.04	10/01/2017
#652a Continuous Home Care - SIA	9.60	9.76	10/01/2017
#655 / H55 Inpatient Respite Care	173.64	176.04	10/01/2017
#656 / H56 General Inpatient Care	704.36	715.37	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

087516300 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Palm Beach County	Provider Number : 087516300
	Date : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	182.62	182.46	10/01/2017
#651a / H5L Routine Home Care (61 +)	143.58	143.31	10/01/2017
#652 / H52 Continuous Home Care	38.48	38.47	10/01/2017
#652a Continuous Home Care - SIA	9.62	9.62	10/01/2017
#655 / H55 Inpatient Respite Care	173.89	174.02	10/01/2017
#656 / H56 General Inpatient Care	705.58	705.62	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

087519800 - 2017/10

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

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

Provider Number : 087519800
 Date : 09/28/2017
 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 / H51 Routine Home Care (1-60)	186.50	194.67	10/01/2017
#651a / H5L Routine Home Care (61 +)	146.63	152.90	10/01/2017
#652 / H52 Continuous Home Care	39.30	41.05	10/01/2017
#652a Continuous Home Care - SIA	9.83	10.26	10/01/2017
#655 / H55 Inpatient Respite Care	176.77	183.09	10/01/2017
#656 / H56 General Inpatient Care	719.51	749.45	10/01/2017
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Marion County	Provider Number : 087520100
	Date : 09/28/2017
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 / H51 Routine Home Care (1-60)	167.08	170.46	10/01/2017
#651a / H5L Routine Home Care (61 +)	131.36	133.88	10/01/2017
#652 / H52 Continuous Home Care	35.21	35.94	10/01/2017
#652a Continuous Home Care - SIA	8.80	8.98	10/01/2017
#655 / H55 Inpatient Respite Care	162.35	165.11	10/01/2017
#656 / H56 General Inpatient Care	649.84	662.54	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

087522800 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Health First	Provider Number : 087522800
	Date : 09/28/2017
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 / H51 Routine Home Care (1-60)	176.18	175.06	10/01/2017
#651a / H5L Routine Home Care (61 +)	138.52	137.50	10/01/2017
#652 / H52 Continuous Home Care	37.13	36.91	10/01/2017
#652a Continuous Home Care - SIA	9.28	9.23	10/01/2017
#655 / H55 Inpatient Respite Care	169.11	168.53	10/01/2017
#656 / H56 General Inpatient Care	682.49	679.06	10/01/2017
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087523600 - 2017/10

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 Volusia	Provider Number : 087523600
	Date : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	171.38	166.69	10/01/2017
#651a / H5L Routine Home Care (61 +)	134.75	130.92	10/01/2017
#652 / H52 Continuous Home Care	36.12	35.15	10/01/2017
#652a Continuous Home Care - SIA	9.03	8.79	10/01/2017
#655 / H55 Inpatient Respite Care	165.54	162.32	10/01/2017
#656 / H56 General Inpatient Care	665.27	649.03	10/01/2017
#659 Room and Board			

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Distribution:

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

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087524400 - 2017/10

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 : 09/28/2017
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 / H51 Routine Home Care (1-60)	169.78	171.85	10/01/2017
#651a / H5L Routine Home Care (61 +)	133.49	134.97	10/01/2017
#652 / H52 Continuous Home Care	35.78	36.23	10/01/2017
#652a Continuous Home Care - SIA	8.95	9.06	10/01/2017
#655 / H55 Inpatient Respite Care	164.35	166.15	10/01/2017
#656 / H56 General Inpatient Care	659.53	667.54	10/01/2017
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087525200 - 2017/10

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 Keys, Inc.	Provider Number : 087525200
	Date : 09/28/2017
1319 William Street	Fiscal Year End : N/A
Key West, FL 330404736	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 / H51 Routine Home Care (1-60)	168.43	168.44	10/01/2017
#651a / H5L Routine Home Care (61 +)	132.43	132.30	10/01/2017
#652 / H52 Continuous Home Care	35.50	35.52	10/01/2017
#652a Continuous Home Care - SIA	8.87	8.88	10/01/2017
#655 / H55 Inpatient Respite Care	163.35	163.62	10/01/2017
#656 / H56 General Inpatient Care	654.68	655.31	10/01/2017
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087526100 - 2017/10

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 Lake and Sumter	Provider Number : 087526100
	Date : 09/28/2017
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 / H51 Routine Home Care (1-60)	177.51	180.10	10/01/2017
#651a / H5L Routine Home Care (61 +)	139.56	141.45	10/01/2017
#652 / H52 Continuous Home Care	37.41	37.97	10/01/2017
#652a Continuous Home Care - SIA	9.35	9.49	10/01/2017
#655 / H55 Inpatient Respite Care	170.09	172.27	10/01/2017
#656 / H56 General Inpatient Care	687.24	697.14	10/01/2017
#659 Room and Board			

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087527900 - 2017/10

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

Tidewell Hospice & Palliative Care	Provider Number : 087527900
	Date : 09/28/2017
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 / H51 Routine Home Care (1-60)	186.74	189.16	10/01/2017
#651a / H5L Routine Home Care (61 +)	146.81	148.57	10/01/2017
#652 / H52 Continuous Home Care	39.35	39.88	10/01/2017
#652a Continuous Home Care - SIA	9.84	9.97	10/01/2017
#655 / H55 Inpatient Respite Care	176.95	179.00	10/01/2017
#656 / H56 General Inpatient Care	720.36	729.65	10/01/2017
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087528700 - 2017/10

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 Treasure Coast	Provider Number : 087528700
	Date : 09/28/2017
1201 SE Indian St	Fiscal Year End : N/A
Stuart, FL 34997	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	182.28	185.18	10/01/2017
#651a / H5L Routine Home Care (61 +)	143.31	145.44	10/01/2017
#652 / H52 Continuous Home Care	38.41	39.04	10/01/2017
#652a Continuous Home Care - SIA	9.60	9.76	10/01/2017
#655 / H55 Inpatient Respite Care	173.64	176.04	10/01/2017
#656 / H56 General Inpatient Care	704.36	715.37	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

087529500 - 2017/10

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 : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	182.62	182.46	10/01/2017
#651a / H5L Routine Home Care (61 +)	143.58	143.31	10/01/2017
#652 / H52 Continuous Home Care	38.48	38.47	10/01/2017
#652a Continuous Home Care - SIA	9.62	9.62	10/01/2017
#655 / H55 Inpatient Respite Care	173.89	174.02	10/01/2017
#656 / H56 General Inpatient Care	705.58	705.62	10/01/2017
#659 Room and Board			

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Distribution:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087532500 - 2017/10

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 : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	177.43	180.35	10/01/2017
#651a / H5L Routine Home Care (61 +)	139.50	141.65	10/01/2017
#652 / H52 Continuous Home Care	37.39	38.03	10/01/2017
#652a Continuous Home Care - SIA	9.35	9.51	10/01/2017
#655 / H55 Inpatient Respite Care	170.03	172.46	10/01/2017
#656 / H56 General Inpatient Care	686.96	698.05	10/01/2017
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hope Hospice & Palliative Care	Provider Number : 087535000
	Date : 09/28/2017
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 / H51 Routine Home Care (1-60)	183.67	185.11	10/01/2017
#651a / H5L Routine Home Care (61 +)	144.40	145.39	10/01/2017
#652 / H52 Continuous Home Care	38.71	39.03	10/01/2017
#652a Continuous Home Care - SIA	9.68	9.76	10/01/2017
#655 / H55 Inpatient Respite Care	174.67	175.99	10/01/2017
#656 / H56 General Inpatient Care	709.35	715.14	10/01/2017
#659 Room and Board			

<table border="1"> <tr> <td>Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td>X _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Lee</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate		Lee	<table border="1"> <tr> <td>Rate Type :</td> <td></td> </tr> <tr> <td>X _____</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087536800 - 2017/10

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 Citrus County	Provider Number : 087536800
	Date : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	164.58	166.44	10/01/2017
#651a / H5L Routine Home Care (61 +)	129.40	130.72	10/01/2017
#652 / H52 Continuous Home Care	34.68	35.09	10/01/2017
#652a Continuous Home Care - SIA	8.67	8.77	10/01/2017
#655 / H55 Inpatient Respite Care	160.49	162.13	10/01/2017
#656 / H56 General Inpatient Care	640.85	648.12	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

087537600 - 2017/10

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 : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	172.49	172.62	10/01/2017
#651a / H5L Routine Home Care (61 +)	135.61	135.58	10/01/2017
#652 / H52 Continuous Home Care	36.35	36.40	10/01/2017
#652a Continuous Home Care - SIA	9.09	9.10	10/01/2017
#655 / H55 Inpatient Respite Care	166.36	166.72	10/01/2017
#656 / H56 General Inpatient Care	669.22	670.30	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

087538400 - 2017/10

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	Provider Number : 087538400
	Date : 09/28/2017
411 SE 4th Street	Fiscal Year End : N/A
Okeechobee, FL 34974	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 / H51 Routine Home Care (1-60)	168.43	168.44	10/01/2017
#651a / H5L Routine Home Care (61 +)	132.43	132.30	10/01/2017
#652 / H52 Continuous Home Care	35.50	35.52	10/01/2017
#652a Continuous Home Care - SIA	8.87	8.88	10/01/2017
#655 / H55 Inpatient Respite Care	163.35	163.62	10/01/2017
#656 / H56 General Inpatient Care	654.68	655.31	10/01/2017
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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087569400 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice	Provider Number : 087569400
	Date : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	186.25	186.65	10/01/2017
#651a / H5L Routine Home Care (61 +)	146.43	146.60	10/01/2017
#652 / H52 Continuous Home Care	39.25	39.35	10/01/2017
#652a Continuous Home Care - SIA	9.81	9.84	10/01/2017
#655 / H55 Inpatient Respite Care	176.59	177.13	10/01/2017
#656 / H56 General Inpatient Care	718.62	720.66	10/01/2017
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087570800 - 2017/10

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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 : 09/28/2017
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 / H51 Routine Home Care (1-60)	177.43	180.35	10/01/2017
#651a / H5L Routine Home Care (61 +)	139.50	141.65	10/01/2017
#652 / H52 Continuous Home Care	37.39	38.03	10/01/2017
#652a Continuous Home Care - SIA	9.35	9.51	10/01/2017
#655 / H55 Inpatient Respite Care	170.03	172.46	10/01/2017
#656 / H56 General Inpatient Care	686.96	698.05	10/01/2017
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

150000700 - 2017/10

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 : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	187.86	189.99	10/01/2017
#651a / H5L Routine Home Care (61 +)	147.70	149.22	10/01/2017
#652 / H52 Continuous Home Care	39.59	40.06	10/01/2017
#652a Continuous Home Care - SIA	9.90	10.01	10/01/2017
#655 / H55 Inpatient Respite Care	177.79	179.62	10/01/2017
#656 / H56 General Inpatient Care	724.40	732.65	10/01/2017
#659 Room and Board			

<table border="1"> <tr> <td>Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td>X _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Broward</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate		Broward	<table border="1"> <tr> <td>Rate Type :</td> <td></td> </tr> <tr> <td>X _____</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

150001500 - 2017/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice Care of South Fl.	Provider Number : 150001500
	Date : 09/28/2017
7270 N.W. 12th St., PH#6	Fiscal Year End : N/A
Miami, FL 33126	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<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 / H51 Routine Home Care (1-60)	182.60	182.97	10/01/2017
#651a / H5L Routine Home Care (61 +)	143.57	143.69	10/01/2017
#652 / H52 Continuous Home Care	38.48	38.58	10/01/2017
#652a Continuous Home Care - SIA	9.62	9.64	10/01/2017
#655 / H55 Inpatient Respite Care	173.13	173.63	10/01/2017
#656 / H56 General Inpatient Care	704.54	706.39	10/01/2017
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

150003100 - 2017/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Hospital Hospice Care	Provider Number : 150003100
	Date : 09/28/2017
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 / H51 Routine Home Care (1-60)	171.38	166.69	10/01/2017
#651a / H5L Routine Home Care (61 +)	134.75	130.92	10/01/2017
#652 / H52 Continuous Home Care	36.12	35.15	10/01/2017
#652a Continuous Home Care - SIA	9.03	8.79	10/01/2017
#655 / H55 Inpatient Respite Care	165.54	162.32	10/01/2017
#656 / H56 General Inpatient Care	665.27	649.03	10/01/2017
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Emerald Coast	Provider Number : 150009100
	Date : 09/28/2017
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 / H51 Routine Home Care (1-60)	173.68	170.54	10/01/2017
#651a / H5L Routine Home Care (61 +)	136.55	133.94	10/01/2017
#652 / H52 Continuous Home Care	36.60	35.96	10/01/2017
#652a Continuous Home Care - SIA	9.15	8.99	10/01/2017
#655 / H55 Inpatient Respite Care	167.25	165.17	10/01/2017
#656 / H56 General Inpatient Care	673.50	662.83	10/01/2017
#659 Room and Board			

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Florida Agency for Health Care Administration

150013900 - 2017/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 150013900
 Date : 09/28/2017
 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 / H51 Routine Home Care (1-60)	182.62	182.46	10/01/2017
#651a / H5L Routine Home Care (61 +)	143.58	143.31	10/01/2017
#652 / H52 Continuous Home Care	38.48	38.47	10/01/2017
#652a Continuous Home Care - SIA	9.62	9.62	10/01/2017
#655 / H55 Inpatient Respite Care	173.89	174.02	10/01/2017
#656 / H56 General Inpatient Care	705.58	705.62	10/01/2017
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Shepherd Hospice, Inc	Provider Number : 150021000
	Date : 09/28/2017
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			
#651 / H51 Routine Home Care (1-60)	165.60	166.50	10/01/2017
#651a / H5L Routine Home Care (61 +)	130.20	130.78	10/01/2017
#652 / H52 Continuous Home Care	34.90	35.11	10/01/2017
#652a Continuous Home Care - SIA	8.72	8.78	10/01/2017
#655 / H55 Inpatient Respite Care	161.25	162.18	10/01/2017
#656 / H56 General Inpatient Care	644.52	648.36	10/01/2017
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

150022800 - 2017/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.	Provider Number : 150022800
	Date : 09/28/2017
3010 W. Azeele Street	Fiscal Year End : N/A
Tampa, FL 33609	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 / H51 Routine Home Care (1-60)	177.43	180.35	10/01/2017
#651a / H5L Routine Home Care (61 +)	139.50	141.65	10/01/2017
#652 / H52 Continuous Home Care	37.39	38.03	10/01/2017
#652a Continuous Home Care - SIA	9.35	9.51	10/01/2017
#655 / H55 Inpatient Respite Care	170.03	172.46	10/01/2017
#656 / H56 General Inpatient Care	686.96	698.05	10/01/2017
#659 Room and Board			

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)

