



Florida Agency for Health Care Administration

000141800 - 2018/10

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 : 09/27/2018
 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)	180.80	182.42	10/01/2018
#651a / H5L Routine Home Care (61 +)	142.01	143.34	10/01/2018
#652 / H52 Continuous Home Care	38.12	38.59	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.53	9.65	10/01/2018
#655 / H55 Inpatient Respite Care	172.79	174.81	10/01/2018
#656 / H56 General Inpatient Care	699.67	707.46	10/01/2018
#659 Room and Board			

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

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000602600 - 2018/10

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 Central Florida	Provider Number : 000602600
Attn: Angela Santana	Date : 09/27/2018
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			
#651 / H51 Routine Home Care (1-60)	175.06	181.47	10/01/2018
#651a / H5L Routine Home Care (61 +)	137.50	142.60	10/01/2018
#652 / H52 Continuous Home Care	36.91	38.39	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.23	9.60	10/01/2018
#655 / H55 Inpatient Respite Care	168.53	174.11	10/01/2018
#656 / H56 General Inpatient Care	679.06	704.06	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

001572800 - 2018/10

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 : 09/27/2018
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)	186.65	187.71	10/01/2018
#651a / H5L Routine Home Care (61 +)	146.60	147.50	10/01/2018
#652 / H52 Continuous Home Care	39.35	39.71	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.84	9.93	10/01/2018
#655 / H55 Inpatient Respite Care	177.13	178.74	10/01/2018
#656 / H56 General Inpatient Care	720.66	726.48	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001636100 - 2018/10

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 : 09/27/2018
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)	166.50	173.75	10/01/2018
#651a / H5L Routine Home Care (61 +)	130.78	136.53	10/01/2018
#652 / H52 Continuous Home Care	35.11	36.76	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	8.78	9.19	10/01/2018
#655 / H55 Inpatient Respite Care	162.18	168.37	10/01/2018
#656 / H56 General Inpatient Care	648.36	676.31	10/01/2018
#659 Room and Board			

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Florida Agency for Health Care Administration

002782200 - 2018/10

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 : 09/27/2018
5200 Northeast 2nd Avenue	Fiscal Year End : N/A
Miami, FL 32405	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	187.71	10/01/2018
#651a / H5L Routine Home Care (61 +)	146.60	147.50	10/01/2018
#652 / H52 Continuous Home Care	39.35	39.71	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.84	9.93	10/01/2018
#655 / H55 Inpatient Respite Care	177.13	178.74	10/01/2018
#656 / H56 General Inpatient Care	720.66	726.48	10/01/2018
#659 Room and Board			

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Florida Agency for Health Care Administration

003815300 - 2018/10

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 : 09/27/2018
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)	189.99	191.53	10/01/2018
#651a / H5L Routine Home Care (61 +)	149.22	150.51	10/01/2018
#652 / H52 Continuous Home Care	40.06	40.52	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	10.01	10.13	10/01/2018
#655 / H55 Inpatient Respite Care	179.62	181.58	10/01/2018
#656 / H56 General Inpatient Care	732.65	740.21	10/01/2018
#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

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


Provider Number : 013656100
Date : 09/27/2018
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)	175.06	181.47	10/01/2018
#651a / H5L Routine Home Care (61 +)	137.50	142.60	10/01/2018
#652 / H52 Continuous Home Care	36.91	38.39	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.23	9.60	10/01/2018
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Florida Agency for Health Care Administration

014043700 - 2018/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando-Pasco Hospice	Provider Number : 014043700
HPH Hospice	Date : 09/27/2018
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			
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#651a / H5L Routine Home Care (61 +)	141.65	144.13	10/01/2018
#652 / H52 Continuous Home Care	38.03	38.81	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.51	9.70	10/01/2018
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#656 / H56 General Inpatient Care	698.05	711.05	10/01/2018
#659 Room and Board			

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Distribution:

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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 : 09/27/2018
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)	186.65	187.71	10/01/2018
#651a / H5L Routine Home Care (61 +)	146.60	147.50	10/01/2018
#652 / H52 Continuous Home Care	39.35	39.71	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.84	9.93	10/01/2018
#655 / H55 Inpatient Respite Care	177.13	178.74	10/01/2018
#656 / H56 General Inpatient Care	720.66	726.48	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Central Florida	Provider Number : 015219700
	Date : 09/27/2018
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)	166.50	169.93	10/01/2018
#651a / H5L Routine Home Care (61 +)	130.78	133.53	10/01/2018
#652 / H52 Continuous Home Care	35.11	35.95	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	8.78	8.99	10/01/2018
#655 / H55 Inpatient Respite Care	162.18	165.53	10/01/2018
#656 / H56 General Inpatient Care	648.36	662.57	10/01/2018
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care Broward FL LLC	Provider Number : 015328000
	Date : 09/27/2018
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)	189.99	191.53	10/01/2018
#651a / H5L Routine Home Care (61 +)	149.22	150.51	10/01/2018
#652 / H52 Continuous Home Care	40.06	40.52	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	10.01	10.13	10/01/2018
#655 / H55 Inpatient Respite Care	179.62	181.58	10/01/2018
#656 / H56 General Inpatient Care	732.65	740.21	10/01/2018
#659 Room and Board			

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015986100 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Covenant Hospice, Inc	Provider Number : 015986100
	Date : 09/27/2018
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)	166.50	173.75	10/01/2018
#651a / H5L Routine Home Care (61 +)	130.78	136.53	10/01/2018
#652 / H52 Continuous Home Care	35.11	36.76	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	8.78	9.19	10/01/2018
#655 / H55 Inpatient Respite Care	162.18	168.37	10/01/2018
#656 / H56 General Inpatient Care	648.36	676.31	10/01/2018
#659 Room and Board			

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016254400 - 2018/10

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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 : 09/27/2018
 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)	180.10	183.30	10/01/2018
#651a / H5L Routine Home Care (61 +)	141.45	144.03	10/01/2018
#652 / H52 Continuous Home Care	37.97	38.78	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.49	9.69	10/01/2018
#655 / H55 Inpatient Respite Care	172.27	175.46	10/01/2018
#656 / H56 General Inpatient Care	697.14	710.61	10/01/2018
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Lake & Sumter	Provider Number : 017287500
	Date : 09/27/2018
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)	180.10	183.30	10/01/2018
#651a / H5L Routine Home Care (61 +)	141.45	144.03	10/01/2018
#652 / H52 Continuous Home Care	37.97	38.78	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.49	9.69	10/01/2018
#655 / H55 Inpatient Respite Care	172.27	175.46	10/01/2018
#656 / H56 General Inpatient Care	697.14	710.61	10/01/2018
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of Florida Inc.	Provider Number : 019255800
Heartland Hospice	Date : 09/27/2018
5975 Sunset Drive Suite 301	Fiscal Year End : N/A
South Miami, FL 33143	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)	186.65	187.71	10/01/2018
#651a / H5L Routine Home Care (61 +)	146.60	147.50	10/01/2018
#652 / H52 Continuous Home Care	39.35	39.71	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.84	9.93	10/01/2018
#655 / H55 Inpatient Respite Care	177.13	178.74	10/01/2018
#656 / H56 General Inpatient Care	720.66	726.48	10/01/2018
#659 Room and Board			

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

- Fiscal Agent
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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087000500 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C.	Provider Number : 087000500
	Date : 09/27/2018
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)	175.06	176.41	10/01/2018
#651a / H5L Routine Home Care (61 +)	137.50	138.62	10/01/2018
#652 / H52 Continuous Home Care	36.91	37.32	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.23	9.33	10/01/2018
#655 / H55 Inpatient Respite Care	168.53	170.35	10/01/2018
#656 / H56 General Inpatient Care	679.06	685.87	10/01/2018
#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;">Indian River</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	Indian River	<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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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087246600 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 087246600
 Date : 09/27/2018
 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	187.71	10/01/2018
#651a / H5L Routine Home Care (61 +)	146.60	147.50	10/01/2018
#652 / H52 Continuous Home Care	39.35	39.71	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.84	9.93	10/01/2018
#655 / H55 Inpatient Respite Care	177.13	178.74	10/01/2018
#656 / H56 General Inpatient Care	720.66	726.48	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087255500 - 2018/10

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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 : 09/27/2018
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)	175.06	181.47	10/01/2018
#651a / H5L Routine Home Care (61 +)	137.50	142.60	10/01/2018
#652 / H52 Continuous Home Care	36.91	38.39	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.23	9.60	10/01/2018
#655 / H55 Inpatient Respite Care	168.53	174.11	10/01/2018
#656 / H56 General Inpatient Care	679.06	704.06	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087256300 - 2018/10

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 : 09/27/2018
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)	180.10	183.30	10/01/2018
#651a / H5L Routine Home Care (61 +)	141.45	144.03	10/01/2018
#652 / H52 Continuous Home Care	37.97	38.78	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.49	9.69	10/01/2018
#655 / H55 Inpatient Respite Care	172.27	175.46	10/01/2018
#656 / H56 General Inpatient Care	697.14	710.61	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087407800 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast	Provider Number : 087407800
	Date : 09/27/2018
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)	180.80	182.42	10/01/2018
#651a / H5L Routine Home Care (61 +)	142.01	143.34	10/01/2018
#652 / H52 Continuous Home Care	38.12	38.59	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.53	9.65	10/01/2018
#655 / H55 Inpatient Respite Care	172.79	174.81	10/01/2018
#656 / H56 General Inpatient Care	699.67	707.46	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087514700 - 2018/10

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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 : 09/27/2018
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)	185.18	185.01	10/01/2018
#651a / H5L Routine Home Care (61 +)	145.44	145.38	10/01/2018
#652 / H52 Continuous Home Care	39.04	39.14	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.76	9.78	10/01/2018
#655 / H55 Inpatient Respite Care	176.04	176.74	10/01/2018
#656 / H56 General Inpatient Care	715.37	716.78	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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087516300 - 2018/10

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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 : 09/27/2018
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)	182.46	185.02	10/01/2018
#651a / H5L Routine Home Care (61 +)	143.31	145.39	10/01/2018
#652 / H52 Continuous Home Care	38.47	39.15	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.62	9.79	10/01/2018
#655 / H55 Inpatient Respite Care	174.02	176.75	10/01/2018
#656 / H56 General Inpatient Care	705.62	716.82	10/01/2018
#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;">Palm Beach</td> </tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Palm Beach	<table border="1"> <tr> <td style="text-align: center;">Rate Type :</td> </tr> <tr> <td><input checked="" type="checkbox"/> Prospective</td> </tr> <tr> <td><input type="checkbox"/> Total Prospective</td> </tr> <tr> <td><input type="checkbox"/> Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/> Interim</td> </tr> <tr> <td><input type="checkbox"/> Total Interim</td> </tr> <tr> <td><input type="checkbox"/> Settlement based on costs</td> </tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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Distribution:

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

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Florida Agency for Health Care Administration

087519800 - 2018/10

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	Provider Number : 087519800
Attn: Revenue Accounting Manager	Date : 09/27/2018
4200 NW 90th Blvd	Fiscal Year End : N/A
Gainesville, FL 326063809	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)	194.67	183.96	10/01/2018
#651a / H5L Routine Home Care (61 +)	152.90	144.55	10/01/2018
#652 / H52 Continuous Home Care	41.05	38.92	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	10.26	9.73	10/01/2018
#655 / H55 Inpatient Respite Care	183.09	175.95	10/01/2018
#656 / H56 General Inpatient Care	749.45	712.99	10/01/2018
#659 Room and Board			

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

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Florida Agency for Health Care Administration

087520100 - 2018/10

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 Marion County	Provider Number : 087520100
	Date : 09/27/2018
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)	170.46	173.37	10/01/2018
#651a / H5L Routine Home Care (61 +)	133.88	136.24	10/01/2018
#652 / H52 Continuous Home Care	35.94	36.68	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	8.98	9.17	10/01/2018
#655 / H55 Inpatient Respite Care	165.11	168.09	10/01/2018
#656 / H56 General Inpatient Care	662.54	674.95	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087522800 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Health First	Provider Number : 087522800
	Date : 09/27/2018
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)	175.06	181.47	10/01/2018
#651a / H5L Routine Home Care (61 +)	137.50	142.60	10/01/2018
#652 / H52 Continuous Home Care	36.91	38.39	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.23	9.60	10/01/2018
#655 / H55 Inpatient Respite Care	168.53	174.11	10/01/2018
#656 / H56 General Inpatient Care	679.06	704.06	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087523600 - 2018/10

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 : 09/27/2018
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)	166.69	171.99	10/01/2018
#651a / H5L Routine Home Care (61 +)	130.92	135.15	10/01/2018
#652 / H52 Continuous Home Care	35.15	36.39	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	8.79	9.10	10/01/2018
#655 / H55 Inpatient Respite Care	162.32	167.07	10/01/2018
#656 / H56 General Inpatient Care	649.03	670.00	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087524400 - 2018/10

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 : 09/27/2018
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)	171.85	173.38	10/01/2018
#651a / H5L Routine Home Care (61 +)	134.97	136.25	10/01/2018
#652 / H52 Continuous Home Care	36.23	36.68	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.06	9.17	10/01/2018
#655 / H55 Inpatient Respite Care	166.15	168.10	10/01/2018
#656 / H56 General Inpatient Care	667.54	675.00	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087525200 - 2018/10

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 : 09/27/2018
1319 William Street	Fiscal Year End : N/A
Key West, FL 330404736	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)	168.44	172.76	10/01/2018
#651a / H5L Routine Home Care (61 +)	132.30	135.76	10/01/2018
#652 / H52 Continuous Home Care	35.52	36.55	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	8.88	9.14	10/01/2018
#655 / H55 Inpatient Respite Care	163.62	167.64	10/01/2018
#656 / H56 General Inpatient Care	655.31	672.76	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087526100 - 2018/10

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 : 09/27/2018
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)	180.10	183.30	10/01/2018
#651a / H5L Routine Home Care (61 +)	141.45	144.03	10/01/2018
#652 / H52 Continuous Home Care	37.97	38.78	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.49	9.69	10/01/2018
#655 / H55 Inpatient Respite Care	172.27	175.46	10/01/2018
#656 / H56 General Inpatient Care	697.14	710.61	10/01/2018
#659 Room and Board			

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

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087527900 - 2018/10

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 : 09/27/2018
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)	189.16	194.96	10/01/2018
#651a / H5L Routine Home Care (61 +)	148.57	153.20	10/01/2018
#652 / H52 Continuous Home Care	39.88	41.25	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.97	10.31	10/01/2018
#655 / H55 Inpatient Respite Care	179.00	184.13	10/01/2018
#656 / H56 General Inpatient Care	729.65	752.54	10/01/2018
#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;">Sarasota</td> </tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Sarasota	<table border="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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Florida Agency for Health Care Administration

087528700 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Treasure Coast	Provider Number : 087528700
	Date : 09/27/2018
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)	185.18	185.01	10/01/2018
#651a / H5L Routine Home Care (61 +)	145.44	145.38	10/01/2018
#652 / H52 Continuous Home Care	39.04	39.14	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.76	9.78	10/01/2018
#655 / H55 Inpatient Respite Care	176.04	176.74	10/01/2018
#656 / H56 General Inpatient Care	715.37	716.78	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087529500 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice by the Sea	Provider Number : 087529500
	Date : 09/27/2018
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)	182.46	185.02	10/01/2018
#651a / H5L Routine Home Care (61 +)	143.31	145.39	10/01/2018
#652 / H52 Continuous Home Care	38.47	39.15	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.62	9.79	10/01/2018
#655 / H55 Inpatient Respite Care	174.02	176.75	10/01/2018
#656 / H56 General Inpatient Care	705.62	716.82	10/01/2018
#659 Room and Board			

<table border="1"> <tr> <td>Basis :</td> </tr> <tr> <td><input type="checkbox"/> Budget</td> </tr> <tr> <td><input type="checkbox"/> Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/> Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/> Field audited costs</td> </tr> <tr> <td><input type="checkbox"/> Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/> Average Nursing Home Rate</td> </tr> <tr> <td style="text-align: center;">Palm Beach</td> </tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Palm Beach	<table border="1"> <tr> <td>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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Florida Agency for Health Care Administration

087532500 - 2018/10

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 : 09/27/2018
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)	180.35	183.42	10/01/2018
#651a / H5L Routine Home Care (61 +)	141.65	144.13	10/01/2018
#652 / H52 Continuous Home Care	38.03	38.81	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.51	9.70	10/01/2018
#655 / H55 Inpatient Respite Care	172.46	175.55	10/01/2018
#656 / H56 General Inpatient Care	698.05	711.05	10/01/2018
#659 Room and Board			

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087535000 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hope Hospice & Palliative Care	Provider Number : 087535000
	Date : 09/27/2018
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)	185.11	183.78	10/01/2018
#651a / H5L Routine Home Care (61 +)	145.39	144.42	10/01/2018
#652 / H52 Continuous Home Care	39.03	38.88	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.76	9.72	10/01/2018
#655 / H55 Inpatient Respite Care	175.99	175.82	10/01/2018
#656 / H56 General Inpatient Care	715.14	712.36	10/01/2018
#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 Citrus County	Provider Number : 087536800
	Date : 09/27/2018
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)	166.44	169.50	10/01/2018
#651a / H5L Routine Home Care (61 +)	130.72	133.19	10/01/2018
#652 / H52 Continuous Home Care	35.09	35.86	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	8.77	8.96	10/01/2018
#655 / H55 Inpatient Respite Care	162.13	165.21	10/01/2018
#656 / H56 General Inpatient Care	648.12	661.02	10/01/2018
#659 Room and Board			

<p>Basis :</p> <p>_____ Budget</p> <p>_____ Unaudited costs</p> <p>_____ Desk audited costs</p> <p>_____ Field audited costs</p> <p>_____ Medicare - Prospective</p> <p>X _____ Payment System Rate</p> <p>_____ Average Nursing Home Rate</p> <p style="text-align: center;">Citrus</p>	<p>Rate Type :</p> <p>X _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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087537600 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avow Hospice
 1095 Whippoorwill Lane
 Naples, FL 34105

Provider Number : 087537600
 Date : 09/27/2018
 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)	172.62	177.49	10/01/2018
#651a / H5L Routine Home Care (61 +)	135.58	139.47	10/01/2018
#652 / H52 Continuous Home Care	36.40	37.55	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.10	9.39	10/01/2018
#655 / H55 Inpatient Respite Care	166.72	171.15	10/01/2018
#656 / H56 General Inpatient Care	670.30	689.75	10/01/2018
#659 Room and Board			

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

087538400 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Okeechobee	Provider Number : 087538400
	Date : 09/27/2018
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)	168.44	172.76	10/01/2018
#651a / H5L Routine Home Care (61 +)	132.30	135.76	10/01/2018
#652 / H52 Continuous Home Care	35.52	36.55	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	8.88	9.14	10/01/2018
#655 / H55 Inpatient Respite Care	163.62	167.64	10/01/2018
#656 / H56 General Inpatient Care	655.31	672.76	10/01/2018
#659 Room and Board			

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Florida Agency for Health Care Administration

087569400 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice	Provider Number : 087569400
	Date : 09/27/2018
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)	186.65	187.71	10/01/2018
#651a / H5L Routine Home Care (61 +)	146.60	147.50	10/01/2018
#652 / H52 Continuous Home Care	39.35	39.71	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.84	9.93	10/01/2018
#655 / H55 Inpatient Respite Care	177.13	178.74	10/01/2018
#656 / H56 General Inpatient Care	720.66	726.48	10/01/2018
#659 Room and Board			

<table border="1"> <tr> <td>Basis :</td> </tr> <tr> <td><input type="checkbox"/> Budget</td> </tr> <tr> <td><input type="checkbox"/> Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/> Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/> Field audited costs</td> </tr> <tr> <td><input type="checkbox"/> Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/> Average Nursing Home Rate</td> </tr> <tr> <td style="text-align: center;">Dade</td> </tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Dade	<table border="1"> <tr> <td>Rate Type :</td> </tr> <tr> <td><input checked="" type="checkbox"/> Prospective</td> </tr> <tr> <td><input type="checkbox"/> Total Prospective</td> </tr> <tr> <td><input type="checkbox"/> Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/> Interim</td> </tr> <tr> <td><input type="checkbox"/> Total Interim</td> </tr> <tr> <td><input type="checkbox"/> Settlement based on costs</td> </tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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087570800 - 2018/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulfside Regional Hospice	Provider Number : 087570800
	Date : 09/27/2018
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)	180.35	183.42	10/01/2018
#651a / H5L Routine Home Care (61 +)	141.65	144.13	10/01/2018
#652 / H52 Continuous Home Care	38.03	38.81	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.51	9.70	10/01/2018
#655 / H55 Inpatient Respite Care	172.46	175.55	10/01/2018
#656 / H56 General Inpatient Care	698.05	711.05	10/01/2018
#659 Room and Board			

<table border="1"> <tr> <td>Basis :</td> </tr> <tr> <td><input type="checkbox"/> Budget</td> </tr> <tr> <td><input type="checkbox"/> Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/> Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/> Field audited costs</td> </tr> <tr> <td><input type="checkbox"/> Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/> Average Nursing Home Rate</td> </tr> <tr> <td style="text-align: center;">Pasco</td> </tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Pasco	<table border="1"> <tr> <td>Rate Type :</td> </tr> <tr> <td><input checked="" type="checkbox"/> Prospective</td> </tr> <tr> <td><input type="checkbox"/> Total Prospective</td> </tr> <tr> <td><input type="checkbox"/> Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/> Interim</td> </tr> <tr> <td><input type="checkbox"/> Total Interim</td> </tr> <tr> <td><input type="checkbox"/> Settlement based on costs</td> </tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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150001500 - 2018/10

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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 : 09/27/2018
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)	182.97	187.71	10/01/2018
#651a / H5L Routine Home Care (61 +)	143.69	147.50	10/01/2018
#652 / H52 Continuous Home Care	38.58	39.71	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.64	9.93	10/01/2018
#655 / H55 Inpatient Respite Care	173.63	178.74	10/01/2018
#656 / H56 General Inpatient Care	706.39	726.48	10/01/2018
#659 Room and Board			

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150003100 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Hospital Hospice Care	Provider Number : 150003100
	Date : 09/27/2018
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
<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)	166.69	171.99	10/01/2018
#651a / H5L Routine Home Care (61 +)	130.92	135.15	10/01/2018
#652 / H52 Continuous Home Care	35.15	36.39	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	8.79	9.10	10/01/2018
#655 / H55 Inpatient Respite Care	162.32	167.07	10/01/2018
#656 / H56 General Inpatient Care	649.03	670.00	10/01/2018
#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 : 09/27/2018
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)	170.54	170.56	10/01/2018
#651a / H5L Routine Home Care (61 +)	133.94	134.03	10/01/2018
#652 / H52 Continuous Home Care	35.96	36.09	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	8.99	9.02	10/01/2018
#655 / H55 Inpatient Respite Care	165.17	166.00	10/01/2018
#656 / H56 General Inpatient Care	662.83	664.86	10/01/2018
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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150013900 - 2018/10

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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 : 09/27/2018
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			
#651 / H51 Routine Home Care (1-60)	182.46	185.02	10/01/2018
#651a / H5L Routine Home Care (61 +)	143.31	145.39	10/01/2018
#652 / H52 Continuous Home Care	38.47	39.15	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.62	9.79	10/01/2018
#655 / H55 Inpatient Respite Care	174.02	176.75	10/01/2018
#656 / H56 General Inpatient Care	705.62	716.82	10/01/2018
#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;">Palm Beach</td> </tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	Palm Beach	<table border="1"> <tr> <td style="text-align: center;">Rate Type :</td> </tr> <tr> <td><input checked="" type="checkbox"/> Prospective</td> </tr> <tr> <td><input type="checkbox"/> Total Prospective</td> </tr> <tr> <td><input type="checkbox"/> Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/> Interim</td> </tr> <tr> <td><input type="checkbox"/> Total Interim</td> </tr> <tr> <td><input type="checkbox"/> Settlement based on costs</td> </tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input checked="" type="checkbox"/> Payment System Rate																	
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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 : 09/27/2018
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)	166.50	169.93	10/01/2018
#651a / H5L Routine Home Care (61 +)	130.78	133.53	10/01/2018
#652 / H52 Continuous Home Care	35.11	35.95	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	8.78	8.99	10/01/2018
#655 / H55 Inpatient Respite Care	162.18	165.53	10/01/2018
#656 / H56 General Inpatient Care	648.36	662.57	10/01/2018
#659 Room and Board			

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



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.	Provider Number : 150022800
	Date : 09/27/2018
3010 W. Azeele Street	Fiscal Year End : N/A
Tampa, FL 33609	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	180.35	183.42	10/01/2018
#651a / H5L Routine Home Care (61 +)	141.65	144.13	10/01/2018
#652 / H52 Continuous Home Care	38.03	38.81	10/01/2018
#0551 / 0561 Continuous Home Care - SIA	9.51	9.70	10/01/2018
#655 / H55 Inpatient Respite Care	172.46	175.55	10/01/2018
#656 / H56 General Inpatient Care	698.05	711.05	10/01/2018
#659 Room and Board			

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