



Florida Agency for Health Care Administration

000141800 - 2019/10

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 : 09/27/2019
 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)	182.42	177.39	10/01/2019
#651a / H5L Routine Home Care (61 +)	143.34	140.20	10/01/2019
#652 / H52 Continuous Home Care	38.59	52.99	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.65	13.25	10/01/2019
#655 / H55 Inpatient Respite Care	174.81	440.53	10/01/2019
#656 / H56 General Inpatient Care	707.46	936.47	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Duval</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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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 - 2019/10

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
 Attn: Angela Santana
 100 S. Biscayne Blvd
 Miami, FL 33131

Provider Number : 000602600
 Date : 09/27/2019
 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)	181.47	181.85	10/01/2019
#651a / H5L Routine Home Care (61 +)	142.60	143.72	10/01/2019
#652 / H52 Continuous Home Care	38.39	54.32	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.60	13.58	10/01/2019
#655 / H55 Inpatient Respite Care	174.11	449.07	10/01/2019
#656 / H56 General Inpatient Care	704.06	958.23	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Brevard</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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Distribution:

- Fiscal Agent
- Contract Management
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- Program Development:

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

001572800 - 2019/10

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 : 09/27/2019
5755 Blue Lagoon Dr	Fiscal Year End : N/A
Miami, FL 33126	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	187.71	187.91	10/01/2019
#651a / H5L Routine Home Care (61 +)	147.50	148.52	10/01/2019
#652 / H52 Continuous Home Care	39.71	56.13	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.93	14.03	10/01/2019
#655 / H55 Inpatient Respite Care	178.74	460.68	10/01/2019
#656 / H56 General Inpatient Care	726.48	987.85	10/01/2019
#659 Room and Board			

<table border="1"> <tr> <td colspan="2">Basis :</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>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 checked="" type="checkbox"/>	Average Nursing Home Rate		Dade	<table border="1"> <tr> <td colspan="2">Rate Type :</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

001636100 - 2019/10

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 : 09/27/2019
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)	173.75	172.89	10/01/2019
#651a / H5L Routine Home Care (61 +)	136.53	136.64	10/01/2019
#652 / H52 Continuous Home Care	36.76	51.64	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.19	12.91	10/01/2019
#655 / H55 Inpatient Respite Care	168.37	431.88	10/01/2019
#656 / H56 General Inpatient Care	676.31	914.44	10/01/2019
#659 Room and Board			

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

002782200 - 2019/10

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 : 09/27/2019
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)	187.71	187.91	10/01/2019
#651a / H5L Routine Home Care (61 +)	147.50	148.52	10/01/2019
#652 / H52 Continuous Home Care	39.71	56.13	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.93	14.03	10/01/2019
#655 / H55 Inpatient Respite Care	178.74	460.68	10/01/2019
#656 / H56 General Inpatient Care	726.48	987.85	10/01/2019
#659 Room and Board			

<table border="1"> <tr> <td colspan="2">Basis :</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>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 checked="" type="checkbox"/>	Average Nursing Home Rate		Dade	<table border="1"> <tr> <td colspan="2">Rate Type :</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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Distribution:

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- Contract Management
- Permanent File
- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

003815300 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 003815300
Date : 09/27/2019
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various home care codes (#651, #651a, #652, #0551, #655, #656, #659).

Table with 2 columns: Basis, Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate (marked with X), and Broward.

Table with 2 columns: Rate Type. Options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
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

013656100 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 013656100
 Date : 09/27/2019
 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)	181.47	181.85	10/01/2019
#651a / H5L Routine Home Care (61 +)	142.60	143.72	10/01/2019
#652 / H52 Continuous Home Care	38.39	54.32	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.60	13.58	10/01/2019
#655 / H55 Inpatient Respite Care	174.11	449.07	10/01/2019
#656 / H56 General Inpatient Care	704.06	958.23	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Brevard</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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Distribution:

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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

014043700 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 014043700
 Date : 09/27/2019
 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)	183.42	179.16	10/01/2019
#651a / H5L Routine Home Care (61 +)	144.13	141.60	10/01/2019
#652 / H52 Continuous Home Care	38.81	53.52	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.70	13.38	10/01/2019
#655 / H55 Inpatient Respite Care	175.55	443.91	10/01/2019
#656 / H56 General Inpatient Care	711.05	945.09	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Pasco</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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Florida Agency for Health Care Administration

014190001 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade and the Florida Keys
 11400 Overseas Hwy Ste 203
 Marathon, FL 33050


Provider Number : 014190001
 Date : 09/27/2019
 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)		170.53	10/01/2019
#651a / H5L Routine Home Care (61 +)		134.78	10/01/2019
#652 / H52 Continuous Home Care		50.94	10/01/2019
#0551 / 0561 Continuous Home Care - SIA		12.73	10/01/2019
#655 / H55 Inpatient Respite Care		427.37	10/01/2019
#656 / H56 General Inpatient Care		902.93	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: right;">Monroe</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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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

015328000 - 2019/10

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 & Palliative Care Broward FL LLC	Provider Number : 015328000
	Date : 09/27/2019
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)	191.53	188.97	10/01/2019
#651a / H5L Routine Home Care (61 +)	150.51	149.35	10/01/2019
#652 / H52 Continuous Home Care	40.52	56.45	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	10.13	14.11	10/01/2019
#655 / H55 Inpatient Respite Care	181.58	462.71	10/01/2019
#656 / H56 General Inpatient Care	740.21	993.01	10/01/2019
#659 Room and Board			

<table border="1"> <tr> <td colspan="2">Basis :</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Broward</td> </tr> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input checked="" type="checkbox"/>	Average Nursing Home Rate		Broward	<table border="1"> <tr> <td colspan="2">Rate Type :</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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015986100 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 015986100
 Date : 09/27/2019
 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)	173.75	172.89	10/01/2019
#651a / H5L Routine Home Care (61 +)	136.53	136.64	10/01/2019
#652 / H52 Continuous Home Care	36.76	51.64	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.19	12.91	10/01/2019
#655 / H55 Inpatient Respite Care	168.37	431.88	10/01/2019
#656 / H56 General Inpatient Care	676.31	914.44	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Escambia</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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016254400 - 2019/10

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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 : 09/27/2019
 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)	183.30	177.58	10/01/2019
#651a / H5L Routine Home Care (61 +)	144.03	140.35	10/01/2019
#652 / H52 Continuous Home Care	38.78	53.05	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.69	13.26	10/01/2019
#655 / H55 Inpatient Respite Care	175.46	440.89	10/01/2019
#656 / H56 General Inpatient Care	710.61	937.38	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Orange</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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017287500 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Compassionate Care Hospice of Lake & Sumter	Provider Number : 017287500
	Date : 09/27/2019
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)	183.30	177.58	10/01/2019
#651a / H5L Routine Home Care (61 +)	144.03	140.35	10/01/2019
#652 / H52 Continuous Home Care	38.78	53.05	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.69	13.26	10/01/2019
#655 / H55 Inpatient Respite Care	175.46	440.89	10/01/2019
#656 / H56 General Inpatient Care	710.61	937.38	10/01/2019
#659 Room and Board			

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019255800 - 2019/10

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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 : 09/27/2019
 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)	187.71	187.91	10/01/2019
#651a / H5L Routine Home Care (61 +)	147.50	148.52	10/01/2019
#652 / H52 Continuous Home Care	39.71	56.13	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.93	14.03	10/01/2019
#655 / H55 Inpatient Respite Care	178.74	460.68	10/01/2019
#656 / H56 General Inpatient Care	726.48	987.85	10/01/2019
#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> X _____ Average Nursing Home Rate</p> <p style="text-align: center;">Dade</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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087000500 - 2019/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C.	Provider Number : 087000500
	Date : 09/27/2019
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)	176.41	167.99	10/01/2019
#651a / H5L Routine Home Care (61 +)	138.62	132.77	10/01/2019
#652 / H52 Continuous Home Care	37.32	50.18	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.33	12.54	10/01/2019
#655 / H55 Inpatient Respite Care	170.35	422.50	10/01/2019
#656 / H56 General Inpatient Care	685.87	890.51	10/01/2019
#659 Room and Board			

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td style="text-align: center;">Indian River</td> </tr> </tbody> </table>	Basis :		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	<input checked="" type="checkbox"/>	Payment System Rate	<input checked="" type="checkbox"/>	Average Nursing Home Rate		Indian River	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </tbody> </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

087246600 - 2019/10

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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 : 09/27/2019
 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)	187.71	187.91	10/01/2019
#651a / H5L Routine Home Care (61 +)	147.50	148.52	10/01/2019
#652 / H52 Continuous Home Care	39.71	56.13	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.93	14.03	10/01/2019
#655 / H55 Inpatient Respite Care	178.74	460.68	10/01/2019
#656 / H56 General Inpatient Care	726.48	987.85	10/01/2019
#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 checked="" 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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087255500 - 2019/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 087255500
 Date : 09/27/2019
 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)	181.47	181.85	10/01/2019
#651a / H5L Routine Home Care (61 +)	142.60	143.72	10/01/2019
#652 / H52 Continuous Home Care	38.39	54.32	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.60	13.58	10/01/2019
#655 / H55 Inpatient Respite Care	174.11	449.07	10/01/2019
#656 / H56 General Inpatient Care	704.06	958.23	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Brevard</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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087256300 - 2019/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Hospice of the Comforter	Provider Number : 087256300
	Date : 09/27/2019
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)	183.30	177.58	10/01/2019
#651a / H5L Routine Home Care (61 +)	144.03	140.35	10/01/2019
#652 / H52 Continuous Home Care	38.78	53.05	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.69	13.26	10/01/2019
#655 / H55 Inpatient Respite Care	175.46	440.89	10/01/2019
#656 / H56 General Inpatient Care	710.61	937.38	10/01/2019
#659 Room and Board			

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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 : 09/27/2019
4266 Sunbeam Road	Fiscal Year End : N/A
Jacksonville, FL 32257	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)	182.42	177.39	10/01/2019
#651a / H5L Routine Home Care (61 +)	143.34	140.20	10/01/2019
#652 / H52 Continuous Home Care	38.59	52.99	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.65	13.25	10/01/2019
#655 / H55 Inpatient Respite Care	174.81	440.53	10/01/2019
#656 / H56 General Inpatient Care	707.46	936.47	10/01/2019
#659 Room and Board			

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

- Fiscal Agent
- Contract Management
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- Program Development:

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087514700 - 2019/10

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 Martin & St. Lucie	Provider Number : 087514700
	Date : 09/27/2019
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)	185.01	182.28	10/01/2019
#651a / H5L Routine Home Care (61 +)	145.38	144.06	10/01/2019
#652 / H52 Continuous Home Care	39.14	54.45	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.78	13.61	10/01/2019
#655 / H55 Inpatient Respite Care	176.74	449.89	10/01/2019
#656 / H56 General Inpatient Care	716.78	960.33	10/01/2019
#659 Room and Board			

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



Florida Agency for Health Care Administration

087516300 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 087516300
 Date : 09/27/2019
 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)	185.02	183.22	10/01/2019
#651a / H5L Routine Home Care (61 +)	145.39	144.80	10/01/2019
#652 / H52 Continuous Home Care	39.15	54.73	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.79	13.68	10/01/2019
#655 / H55 Inpatient Respite Care	176.75	451.68	10/01/2019
#656 / H56 General Inpatient Care	716.82	964.90	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Palm Beach</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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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087519800 - 2019/10

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 : 09/27/2019
 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)	183.96	183.96	10/01/2019
#651a / H5L Routine Home Care (61 +)	144.55	145.40	10/01/2019
#652 / H52 Continuous Home Care	38.92	54.95	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.73	13.74	10/01/2019
#655 / H55 Inpatient Respite Care	175.95	453.12	10/01/2019
#656 / H56 General Inpatient Care	712.99	968.56	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Alachua</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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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087520100 - 2019/10

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 : 09/27/2019
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)	173.37	172.02	10/01/2019
#651a / H5L Routine Home Care (61 +)	136.24	135.95	10/01/2019
#652 / H52 Continuous Home Care	36.68	51.38	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.17	12.84	10/01/2019
#655 / H55 Inpatient Respite Care	168.09	430.22	10/01/2019
#656 / H56 General Inpatient Care	674.95	910.19	10/01/2019
#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

087522800 - 2019/10

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 : 09/27/2019
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)	181.47	181.85	10/01/2019
#651a / H5L Routine Home Care (61 +)	142.60	143.72	10/01/2019
#652 / H52 Continuous Home Care	38.39	54.32	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.60	13.58	10/01/2019
#655 / H55 Inpatient Respite Care	174.11	449.07	10/01/2019
#656 / H56 General Inpatient Care	704.06	958.23	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Brevard</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



Florida Agency for Health Care Administration

087523600 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Hospice of Volusia	Provider Number : 087523600
	Date : 09/27/2019
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)	171.99	167.99	10/01/2019
#651a / H5L Routine Home Care (61 +)	135.15	132.77	10/01/2019
#652 / H52 Continuous Home Care	36.39	50.18	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.10	12.54	10/01/2019
#655 / H55 Inpatient Respite Care	167.07	422.50	10/01/2019
#656 / H56 General Inpatient Care	670.00	890.51	10/01/2019
#659 Room and Board			

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

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Florida Agency for Health Care Administration

087524400 - 2019/10

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 : 09/27/2019
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)	173.38	169.29	10/01/2019
#651a / H5L Routine Home Care (61 +)	136.25	133.79	10/01/2019
#652 / H52 Continuous Home Care	36.68	50.57	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.17	12.64	10/01/2019
#655 / H55 Inpatient Respite Care	168.10	424.99	10/01/2019
#656 / H56 General Inpatient Care	675.00	896.85	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Leon</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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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

087525200 - 2019/10

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 : 09/27/2019
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)	172.76	167.21	10/01/2019
#651a / H5L Routine Home Care (61 +)	135.76	132.15	10/01/2019
#652 / H52 Continuous Home Care	36.55	49.95	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.14	12.49	10/01/2019
#655 / H55 Inpatient Respite Care	167.64	419.04	10/01/2019
#656 / H56 General Inpatient Care	672.76	885.34	10/01/2019
#659 Room and Board			

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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

087526100 - 2019/10

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 : 09/27/2019
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)	183.30	174.13	10/01/2019
#651a / H5L Routine Home Care (61 +)	144.03	137.62	10/01/2019
#652 / H52 Continuous Home Care	38.78	52.01	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.69	13.00	10/01/2019
#655 / H55 Inpatient Respite Care	175.46	432.29	10/01/2019
#656 / H56 General Inpatient Care	710.61	919.11	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Lake</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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Florida Agency for Health Care Administration

087527900 - 2019/10

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
 5955 Rand Blvd
 Sarasota, FL 34238


Provider Number : 087527900
 Date : 09/27/2019
 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)	194.96	185.93	10/01/2019
#651a / H5L Routine Home Care (61 +)	153.20	146.95	10/01/2019
#652 / H52 Continuous Home Care	41.25	55.54	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	10.31	13.88	10/01/2019
#655 / H55 Inpatient Respite Care	184.13	456.89	10/01/2019
#656 / H56 General Inpatient Care	752.54	978.17	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Sarasota</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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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087528700 - 2019/10

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
1201 SE Indian St
Stuart, FL 34997

Provider Number : 087528700
Date : 09/27/2019
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)	185.01	182.28	10/01/2019
#651a / H5L Routine Home Care (61 +)	145.38	144.06	10/01/2019
#652 / H52 Continuous Home Care	39.14	54.45	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.78	13.61	10/01/2019
#655 / H55 Inpatient Respite Care	176.74	449.89	10/01/2019
#656 / H56 General Inpatient Care	716.78	960.33	10/01/2019
#659 Room and Board			

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Florida Agency for Health Care Administration

087529500 - 2019/10

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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 : 09/27/2019
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)	185.02	183.22	10/01/2019
#651a / H5L Routine Home Care (61 +)	145.39	144.80	10/01/2019
#652 / H52 Continuous Home Care	39.15	54.73	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.79	13.68	10/01/2019
#655 / H55 Inpatient Respite Care	176.75	451.68	10/01/2019
#656 / H56 General Inpatient Care	716.82	964.90	10/01/2019
#659 Room and Board			

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Florida Agency for Health Care Administration

087532500 - 2019/10

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Suncoast	Provider Number : 087532500
	Date : 09/27/2019
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)	183.42	179.16	10/01/2019
#651a / H5L Routine Home Care (61 +)	144.13	141.60	10/01/2019
#652 / H52 Continuous Home Care	38.81	53.52	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.70	13.38	10/01/2019
#655 / H55 Inpatient Respite Care	175.55	443.91	10/01/2019
#656 / H56 General Inpatient Care	711.05	945.09	10/01/2019
#659 Room and Board			

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087535000 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Hope Hospice & Palliative Care	Provider Number : 087535000
	Date : 09/27/2019
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)	183.78	185.42	10/01/2019
#651a / H5L Routine Home Care (61 +)	144.42	146.55	10/01/2019
#652 / H52 Continuous Home Care	38.88	55.39	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.72	13.85	10/01/2019
#655 / H55 Inpatient Respite Care	175.82	455.91	10/01/2019
#656 / H56 General Inpatient Care	712.36	975.69	10/01/2019
#659 Room and Board			

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Florida Agency for Health Care Administration

087537600 - 2019/10

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
 1095 Whippoorwill Lane
 Naples, FL 34105

Provider Number : 087537600
 Date : 09/27/2019
 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)	177.49	176.16	10/01/2019
#651a / H5L Routine Home Care (61 +)	139.47	139.23	10/01/2019
#652 / H52 Continuous Home Care	37.55	52.62	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.39	13.15	10/01/2019
#655 / H55 Inpatient Respite Care	171.15	438.17	10/01/2019
#656 / H56 General Inpatient Care	689.75	930.45	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Collier</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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- Program Development:

W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087538400 - 2019/10

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 : 09/27/2019
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)	172.76	170.53	10/01/2019
#651a / H5L Routine Home Care (61 +)	135.76	134.78	10/01/2019
#652 / H52 Continuous Home Care	36.55	50.94	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.14	12.73	10/01/2019
#655 / H55 Inpatient Respite Care	167.64	427.37	10/01/2019
#656 / H56 General Inpatient Care	672.76	902.93	10/01/2019
#659 Room and Board			

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Florida Agency for Health Care Administration

087569400 - 2019/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Catholic Hospice	Provider Number : 087569400
	Date : 09/27/2019
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)	187.71	187.91	10/01/2019
#651a / H5L Routine Home Care (61 +)	147.50	148.52	10/01/2019
#652 / H52 Continuous Home Care	39.71	56.13	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.93	14.03	10/01/2019
#655 / H55 Inpatient Respite Care	178.74	460.68	10/01/2019
#656 / H56 General Inpatient Care	726.48	987.85	10/01/2019
#659 Room and Board			

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087570800 - 2019/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Gulfside Regional Hospice	Provider Number : 087570800
	Date : 09/27/2019
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)	183.42	179.16	10/01/2019
#651a / H5L Routine Home Care (61 +)	144.13	141.60	10/01/2019
#652 / H52 Continuous Home Care	38.81	53.52	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.70	13.38	10/01/2019
#655 / H55 Inpatient Respite Care	175.55	443.91	10/01/2019
#656 / H56 General Inpatient Care	711.05	945.09	10/01/2019
#659 Room and Board			

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Florida Agency for Health Care Administration

100944700 - 2019/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Seasons Hospice & Palliative Care of Pinellas County	Provider Number : 100944700
	Date : 09/27/2019
17757 US Highway 19 N STE 175	Fiscal Year End : N/A
Clearwater, FL 33764	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)	183.42	179.16	10/01/2019
#651a / H5L Routine Home Care (61 +)	144.13	141.60	10/01/2019
#652 / H52 Continuous Home Care	38.81	53.52	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.70	13.38	10/01/2019
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#659 Room and Board			

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Florida Agency for Health Care Administration

101809700 - 2019/10

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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 Central Florida, Inc.	Provider Number : 101809700
Compassionate Care Hospice of Central Florida, Inc.	Date : 09/27/2019
2525 Drane Field Rd Ste 4	Fiscal Year End : N/A
Lakeland, FL 33811-1344	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)		168.14	10/01/2019
#651a / H5L Routine Home Care (61 +)		132.88	10/01/2019
#652 / H52 Continuous Home Care		50.22	10/01/2019
#0551 / 0561 Continuous Home Care - SIA		12.56	10/01/2019
#655 / H55 Inpatient Respite Care		422.78	10/01/2019
#656 / H56 General Inpatient Care		891.23	10/01/2019
#659 Room and Board			

<table border="1"> <tr> <th colspan="2">Basis :</th> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Payment System Rate</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>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 checked="" type="checkbox"/>	Average Nursing Home Rate		Polk	<table border="1"> <tr> <th colspan="2">Rate Type :</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/>	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

101811400 - 2019/10

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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 Miami Dade and the Florida Keys
 460-464 W 51 Place
 Hialeah, FL 33012


Provider Number : 101811400
 Date : 09/27/2019
 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)	187.71	187.91	10/01/2019
#651a / H5L Routine Home Care (61 +)	147.50	148.52	10/01/2019
#652 / H52 Continuous Home Care	39.71	56.13	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.93	14.03	10/01/2019
#655 / H55 Inpatient Respite Care	178.74	460.68	10/01/2019
#656 / H56 General Inpatient Care	726.48	987.85	10/01/2019
#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> X _____ Average Nursing Home Rate</p> <p>_____ Dade</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:

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers


Hospice Care of South Fl.	Provider Number : 150001500
	Date : 09/27/2019
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
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	187.71	187.91	10/01/2019
#651a / H5L Routine Home Care (61 +)	147.50	148.52	10/01/2019
#652 / H52 Continuous Home Care	39.71	56.13	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.93	14.03	10/01/2019
#655 / H55 Inpatient Respite Care	178.74	460.68	10/01/2019
#656 / H56 General Inpatient Care	726.48	987.85	10/01/2019
#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 checked="" 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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- Program Development:

W.Rydell Samuel, Administrator 
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Florida Agency for Health Care Administration

150003100 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Hospital Hospice Care

770 W. Granada Blvd
Ormond Beach, FL 32174


Provider Number : 150003100
Date : 09/27/2019
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)	171.99	167.99	10/01/2019
#651a / H5L Routine Home Care (61 +)	135.15	132.77	10/01/2019
#652 / H52 Continuous Home Care	36.39	50.18	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.10	12.54	10/01/2019
#655 / H55 Inpatient Respite Care	167.07	422.50	10/01/2019
#656 / H56 General Inpatient Care	670.00	890.51	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Volusia</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Distribution:

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Florida Agency for Health Care Administration

150009100 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Emerald Coast
 PO Box 2127
 Dothan, AL 36302

Provider Number : 150009100
 Date : 09/27/2019
 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)	170.56	169.43	10/01/2019
#651a / H5L Routine Home Care (61 +)	134.03	133.91	10/01/2019
#652 / H52 Continuous Home Care	36.09	50.61	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.02	12.65	10/01/2019
#655 / H55 Inpatient Respite Care	166.00	425.27	10/01/2019
#656 / H56 General Inpatient Care	664.86	897.57	10/01/2019
#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> X _____ Average Nursing Home Rate</p> <p style="text-align: center;">Bay</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

150013900 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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


Provider Number : 150013900
 Date : 09/27/2019
 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)	185.02	183.22	10/01/2019
#651a / H5L Routine Home Care (61 +)	145.39	144.80	10/01/2019
#652 / H52 Continuous Home Care	39.15	54.73	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.79	13.68	10/01/2019
#655 / H55 Inpatient Respite Care	176.75	451.68	10/01/2019
#656 / H56 General Inpatient Care	716.82	964.90	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Palm Beach</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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Florida Agency for Health Care Administration

150021000 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Shepherd Hospice, Inc	Provider Number : 150021000
	Date : 09/27/2019
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)	169.93	168.14	10/01/2019
#651a / H5L Routine Home Care (61 +)	133.53	132.88	10/01/2019
#652 / H52 Continuous Home Care	35.95	50.22	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	8.99	12.56	10/01/2019
#655 / H55 Inpatient Respite Care	165.53	422.78	10/01/2019
#656 / H56 General Inpatient Care	662.57	891.23	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Polk</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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150022800 - 2019/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.	Provider Number : 150022800
	Date : 09/27/2019
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)	183.42	179.16	10/01/2019
#651a / H5L Routine Home Care (61 +)	144.13	141.60	10/01/2019
#652 / H52 Continuous Home Care	38.81	53.52	10/01/2019
#0551 / 0561 Continuous Home Care - SIA	9.70	13.38	10/01/2019
#655 / H55 Inpatient Respite Care	175.55	443.91	10/01/2019
#656 / H56 General Inpatient Care	711.05	945.09	10/01/2019
#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 checked="" type="checkbox"/> Average Nursing Home Rate</p> <p style="text-align: center;">Hillsborough</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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