

000141800 - 2022/10

Bureau of Medicaid Program 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.	Provider Number : 000141800			
Heartland Home Health Care and Hospice	Date: 09/16/2022			
8130 Baymeadows Way W	Fiscal Year End : N/A			
Jacksonville, FL 322564409	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			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board	213.7	6 235.	91 10/1/202

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

**Distribution**:

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance



**Contract Management** 

Permanent File

Program Development:



000602600 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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

modicala itemparación di Elen							
Vitas Healthcare Corp of Central Florida	Provider Number : 000602600						
Attn: Martha Carvajal & Khameche Cuff	Date : 09/16/2022	Date: 09/16/2022					
3046 Corporate Way	Fiscal Year End : N/A						
Miiramar, FL 33025	Audit Status : N/A						
Provider Type:	Current Rate New Rate Effective Da	te					
Pural Haalth Clinic							

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board	221.0	6 237	68 10/1/202

Basis:		Rate Type :	
	Budget	Х	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		<del>_</del>
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Brevard		_

**Distribution**:

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance



**Contract Management** 

Permanent File

**Program Development:** 



001572800 - 2022/10

	_	Medicaid Reimbursement Per D	iem Rates for N	on-	Institu	tional Prov	<u>viders</u>	
Odyssey Health Care Miami-Dade			Provider Number : 001572800					
				D	ate : 09	)/16/2022		
5755 E	Blue Lagoon D	r		Fi	scal Ye	ear End : N/	Ά	
Miami,	, FL 33126			Αι	udit Sta	itus : N/A		
Provid	der Type:				Curr	ent Rate	New Rate	Effective Date
	Rural H	ealth Clinic					'	<u>'</u>
	Swing-l	Bed Provider						
	Federal	ly Qualified Health Centers						
Х	( Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1-	60)					
	#06	51a / H5L Routine Home Care (6	61 +)					
	#06	52 / H52 Continuous Home Care	<b>)</b>					
	#05	51 / 0561 Continuous Home Car	e - SIA					
	#06	55 / H55 Inpatient Respite Care						
	#06	56 / H56 General Inpatient Care						
	#06	58 Room and Board				224.67	242.2	4 10/1/2022
	Basis :	7	Rate	Ty	pe :	7		
<u> </u>		⊒ Budget		X	<u> </u>	⊐ Prospecti	ve	
		Unaudited costs				Total Pro	spective	
		_ Desk audited costs				_Prospecti	ve Adjusted for N	lew costs
		Field audited costs				<b>-</b>		
	X	Medicare - Prospective Payment System Rate				_Interim _ Total Inte	rim	
	^	_ Average Nursing Home Rate				_	nt based on costs	
		Dade	-			_		
<u> </u>	Distribution:							
_			T. K. Feehrer,					NYL
			Senior Management Analyst Supervisor  Medicaid Program Finance					
C	Contract Manaç	gement	Medicald Progi	am	Financ	е		
F	Permanent File							
F	Program Develo	opment:						
	For in	formation Only (No Change in rate	e)					



001636100 - 2022/10

Medicaid Reimbursement Per D	iem Rates for Nor	ı-Institutional Pr	<u>oviders</u>			
Regency Hospice of NW Florida, Inc.	F	Provider Number : 001636100				
		Date : 09/16/2022				
4900 Bayou Blvd., Ste 101	F	iscal Year End :	N/A			
Pensacola, FL 32503	Audit Status : N/A					
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic			ı			
Swing-Bed Provider						
Federally Qualified Health Centers						
X Hospice Provider						
#0651 / H51 Routine Home Care (1-6	60)					
#0651a / H5L Routine Home Care (6	1 +)					
#0652 / H52 Continuous Home Care						
#0551 / 0561 Continuous Home Care	e - SIA					
#0655 / H55 Inpatient Respite Care						
#0656 / H56 General Inpatient Care						
#0658 Room and Board		219.	62 240.1	7 10/1/2022		
Basis:  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Escambia	Rate T	Prospe Total P Prospe Interim Total Ir	rospective ctive Adjusted for N			
<u>Distribution:</u> Fiscal Agent Contract Management	T. K. Feehrer, Senior Managem Medicaid Progran	<u> </u>	rvisor	1X4		
Permanent File Program Development: For information Only (No Change in rate	·)					



Program Development:

For information Only (No Change in rate)

#### Florida Agency for Health Care Administration

014043700 - 2022/10

	Med	dicaid Reimbursement Per Di	em Rates for No	n.	-Inst	itutional Pro	<u>viders</u>		
Hernando-Pasco Hospice			rovid	ovider Number : 014043700					
HPH H	lospice			D	ate :	ite : 09/16/2022			
12107 Majestic Blvd Fis				iscal	Year End : N	/A			
Hudso	n, FL			Α	udit (	Status : N/A			
Provid	ler Type:				Cı	irrent Rate	New Rate	•	Effective Date
	Rural Heal	th Clinic							
	Swing-Bed	Provider							
	Federally 0	Qualified Health Centers							
Х	Hospice Pr	ovider							
	#0651 /	H51 Routine Home Care (1-6	0)						
	#0651a	/ H5L Routine Home Care (6'	1 +)						
	#0652 /	H52 Continuous Home Care							
	#0551 /	0561 Continuous Home Care	e - SIA						
#0655 / H55 Inpatient Respite Care									
	#0656 /	H56 General Inpatient Care							
	#0658 F	Room and Board				217.5	5	231.23	10/1/202
	Ui Do Fi M X Pa	udget naudited costs esk audited costs eld audited costs edicare - Prospective ayment System Rate verage Nursing Home Rate Pasco	Rate	X	ype:	Interim Total Inte	spective ive Adjusted		ew costs
F	Distribution:  iscal Agent  contract Managemermanent File	ent	T. K. Feehrer, Senior Manager Medicaid Progra			, ,	isor		NA



015328000 - 2022/10

		Medicaid Reimbursement Per D	Diem Rates for N	on-Ir	nstitutional Pro	<u>oviders</u>			
Sea	asons Hospice &	Palliative Care Broward FL LLC		Pro	Provider Number : 015328000				
				Dat	e: 09/16/2022				
181	15 Griffin Rd Ste	410		Fisc	cal Year End : N	N/A			
Dania Beach, FL 33004			Auc	dit Status : N/A					
Pro	ovider Type:				Current Rate	New Rate	Effective Date		
	Rural H	lealth Clinic							
	Swing-	Bed Provider							
	Federa	lly Qualified Health Centers							
	X Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-	60)						
	#06	51a / H5L Routine Home Care (6	§1 +)						
	#06	52 / H52 Continuous Home Care	<del></del>						
	#05	51 / 0561 Continuous Home Car	e - SIA						
	#06	55 / H55 Inpatient Respite Care							
	#06	56 / H56 General Inpatient Care							
	#06	58 Room and Board			237.8	33 253.36	10/1/2022		
ſ	Basis :	٦	Rate	qvT e	e :				
L		⊒ Budget		X	Prospec	tive			
•		Unaudited costs			Total Pr	ospective			
		Desk audited costs			Prospec	tive Adjusted for N	ew costs		
		Field audited costs			<del></del> . , .				
	Х	Medicare - Prospective			Interim Total Int	orina			
•	^	Payment System Rate Average Nursing Home Rate				enn ent based on costs			
-		Broward				one bacoa on coolo			
	Distribution:								
	<u> </u>		T. K. Feehrer,				NVJ		
_		Senior Manage			visor	2/12			
	Contract Mana	gement	Medicaid Progr	am F	inance				
	Damas								
	Permanent File								
	Program Devel								
	For in	formation Only (No Change in rate	e)						



015986100 - 2022/10

Medicaid Reimbursement Per D	iem Rates for No	on-l	<u>nstitutio</u>	nal Prov	<u>iders</u>	
Covenant Hospice, Inc		Pro	ovider Nu	ımber : 0	15986100	
		Da	ite: 09/16	6/2022		
5041 N. 12th		Fis	cal Year	End: N/	4	
Pensacola, FL 32504			dit Status	s : N/A		
Provider Type:			Current	t Rate	New Rate	Effective Date
Rural Health Clinic						
Swing-Bed Provider						
Federally Qualified Health Centers						
X Hospice Provider						
#0651 / H51 Routine Home Care (1-6	60)					
#0651a / H5L Routine Home Care (6	1 +)					
#0652 / H52 Continuous Home Care	•					
#0551 / 0561 Continuous Home Car	e - SIA					
#0655 / H55 Inpatient Respite Care						
#0656 / H56 General Inpatient Care						
#0658 Room and Board				218.25	238.98	10/1/2022
Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Escambia	Rate	X	F T	nterim otal Inter	spective ve Adjusted for Ne	ew costs
<u>Distribution:</u> Fiscal Agent  Contract Management	T. K. Feehrer, Senior Manage Medicaid Progra			t Supervis	sor <u></u>	1X.F
Permanent File Program Development: For information Only (No Change in rate	e)					



016254400 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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

Dunaldan Tanan	Ourmant Date Navy Date Effective Date
Orlando, Fl 32807	Audit Status : N/A
O.J J. El 20007	Analis Obstance NI/A
1300 N Semoran Blvd Ste 210	Fiscal Year End : N/A
Kindred at Home-Hospice	Date: 09/16/2022
Odyssey Healthcare of Marion County	Provider Number : 016254400

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board	219.0	1 240	26 10/1/202

Basis :		Rate Type :	
	Budget	Х	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		<del>_</del>
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Orange		_
	Ü		

**Distribution**:

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance



**Contract Management** 

Permanent File

Program Development:



019255800 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rate	es for Nor	<u>n-Institutional Prov</u>	<u>riders</u>		
HCR Manor Care Services of Florida Inc.	F	Provider Number : 019255800			
Heartland Hospice	1	Date : 09/16/2022			
5975 Sunset Drive Suite 301	F	iscal 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					
#0651 / H51 Routine Home Care (1-60)					
#0651a / H5L Routine Home Care (61 +)					
#0652 / H52 Continuous Home Care					
#0551 / 0561 Continuous Home Care - SIA					
#0655 / H55 Inpatient Respite Care					
#0656 / H56 General Inpatient Care					
#0658 Room and Board		232.20	253.09	10/1/2022	

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

**Distribution**:

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance



**Contract Management** 

Permanent File

Program Development:



024621400 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	<b>Diem Rates for Non</b>	-Institutional Pro	<u>viders</u>	
Seasons Hospice & Palliative Care of Tampa	rovider Number : 024621400			
		ate : 09/16/2022		
1408 N West Shore Blvd Suite 260	iscal Year End : N	/A		
Tampa , FL 33607	Α	udit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#0651 / H51 Routine Home Care (1	1-60)			
#0651a / H5L Routine Home Care	(61 +)			
#0652 / H52 Continuous Home Ca	re			
#0551 / 0561 Continuous Home Ca	are - SIA			
#0655 / H55 Inpatient Respite Card	9			
#0656 / H56 General Inpatient Car	е			
#0658 Room and Board		232.78	8 234.32	10/1/2022
Pagia .	Doto To			
Basis: Budget	Rate Ty	ype : Prospect	tive	
Unaudited costs			spective	
Desk audited costs	-		ive Adjusted for N	ew costs
Field audited costs				
Medicare - Prospective		Interim		
X Payment System Rate		Total Inte		
Average Nursing Home Rate Hillsborough		Settleme	ent based on costs	
<u>Distribution:</u>				
	T. K. Feehrer,			NYL
Fiscal Agent		ent Analyst Superv	risor	2007
Contract Management	Medicaid Program	i rinance		
Permanent File				
Program Development:				



087000500 - 2022/10

	Medicaid Reimbursement Per D	Diem Rates for No	on-	<u>Institut</u>	ional Prov	<u>iders</u>		
Hos	spice of I.R.C.		Pr	ovider l	Number : 0	87000500		
Date				ate : 09/	te: 09/16/2022			
111	11 36th Street		Fi	scal Yea	ar End : N/	A		
Ver	ro Beach, FL 32960		Αι	udit Stat	us : N/A			
Pro	ovider Type:			Curre	nt Rate	New Rate	Effective Date	
	Rural Health Clinic							
	Swing-Bed Provider							
	Federally Qualified Health Centers							
	X Hospice Provider							
	#0651 / H51 Routine Home Care (1-	60)						
	#0651a / H5L Routine Home Care (6	61 +)						
	#0652 / H52 Continuous Home Care	9						
	#0551 / 0561 Continuous Home Car	re - SIA						
	#0655 / H55 Inpatient Respite Care							
	#0656 / H56 General Inpatient Care							
	#0658 Room and Board				202.35	231.26	10/1/2022	
- - - - -	Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Indian River	Rate	X	pe :	Interim Total Inter	spective ve Adjusted for Ne	ew costs	
	Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Manage Medicaid Progr		-	sor	<u> </u>		
	Permanent File Program Development:	٥)						
	For information Only (No Change in rate	<i>e)</i>						



087246600 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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

Vitas Healthcare Corporation - Dade County	Provider Number : 087246600
Attn: Martha Carvajal & Khameche Cuff	Date: 09/16/2022
3046 Corporate Way	Fiscal Year End : N/A
Miramar, FL 33025	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board	235.6	4 256	.59 10/1/202

Basis :		Rate Type :	
	Budget	Х	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		<del>_</del>
	Medicare - Prospective		 Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Dade		<del>_</del>

**Distribution**:

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance



**Contract Management** 

Permanent File

Program Development:



087255500 - 2022/10

	<u>_l</u>	Medicaid Reimbursement Per D	iem Rates for N	on-lı	nstitutional Pr	<u>oviders</u>		
St.	Francis Hospice			Provider Number : 087255500				
Da				ate: 09/16/2022				
1250-B Grumman Place Fi				Fis	cal Year End :	N/A		
Titu	sville, FL 32780			Au	dit Status : N/A			
Pro	vider Type:				Current Rate	New Rate	Effective Date	
	Rural H	ealth Clinic						
	Swing-E	Bed Provider						
	Federal	ly Qualified Health Centers						
	X Hospice	e Provider						
	#065	51 / H51 Routine Home Care (1-	60)					
	#065	51a / H5L Routine Home Care (6	51 +)					
	#065	52 / H52 Continuous Home Care	<b>)</b>					
	#055	51 / 0561 Continuous Home Car	e - SIA					
	#065	55 / H55 Inpatient Respite Care						
	#065	56 / H56 General Inpatient Care						
	#065	58 Room and Board			223.	42 243.6	5 10/1/2022	
- - - - -	Basis :	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Brevard	Rate	X X	Prospe Total P Prospe Interim Total In	rospective ctive Adjusted for N		
	Distribution:  T. K. Feehrer, Senior Managemer  Medicaid Program  Contract Management			<u> </u>	rvisor	JX4		
	Permanent File							
	Program Develo	opment:						
	For inf	formation Only (No Change in rate	e)					



087256300 - 2022/10

	<u>-</u>	Medicaid Reimbursement Per D	Diem Rates for N	on-	-Institu	tional Prov	<u>riders</u>		
Hospice of the Comforter				rovider	ovider Number : 087256300				
					Date : 09/16/2022				
480	480 West Central Pkwy				iscal Ye	ear End : N/	A		
Altar	monte Springs, F	FL 327143125		Α	udit Sta	atus : N/A			
Prov	vider Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural H	lealth Clinic						'	
	Swing-	Bed Provider							
	Federa	lly Qualified Health Centers							
	X Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-	60)						
	#06	51a / H5L Routine Home Care (6	61 +)						
	#06	52 / H52 Continuous Home Care	9						
	#05	51 / 0561 Continuous Home Car	re - SIA						
	#06	55 / H55 Inpatient Respite Care							
	#06	56 / H56 General Inpatient Care							
	#06	58 Room and Board				221.49	240.15	10/1/2022	
Г	Basis :	٦	Rate	· T\	/pe :	7			
L		⊒ Budget		X		⊐ Prospecti	ve		
_		Unaudited costs				Total Pros	spective		
		Desk audited costs				Prospecti	ve Adjusted for Ne	ew costs	
_		Field audited costs				<b>-</b> . , .			
	X	Medicare - Prospective				_Interim _ Total Inte	rim		
_	^	_ Payment System Rate Average Nursing Home Rate					nt based on costs		
		Seminole				_			
	Distribution:								
			T. K. Feehrer,					NYI	
Fiscal Agent		Senior Manage Medicaid Progr				sor	シカマ		
	Contract Manag	gement	wedicald Progi	an	ı Fillalı	æ			
	Permanent File								
	Program Devel	opment:							
	For in	formation Only (No Change in rate	e)						



087407800 - 2022/10

	-	Medicaid Reimbursement Per D	iem Rates for N	on-l	nstitutional Pro	<u>oviders</u>			
Community Hospice of Northeast				Pro	rovider Number : 087407800				
D				Da	ate : 09/16/2022				
426	66 Sunbeam Road	1		Fis	cal Year End : N	N/A			
Jac	ksonville, FL 322	257		Au	dit Status : N/A				
Pro	vider Type:				Current Rate	New Rate	Effective Date		
	Rural H	ealth Clinic				ı			
	Swing-l	Bed Provider							
	Federal	ly Qualified Health Centers							
	X Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-	60)						
	#06	51a / H5L Routine Home Care (6	61 +)		_				
	#06	52 / H52 Continuous Home Care	)		_				
	#05	51 / 0561 Continuous Home Car	e - SIA		-				
	#06	55 / H55 Inpatient Respite Care			-				
	#06	56 / H56 General Inpatient Care			-				
		58 Room and Board			221.7	74 233.37	10/1/2022		
	Basis :		Rate	Тур	oe:				
_		Budget		Χ	Prospec				
-		Unaudited costs				ospective			
-		Desk audited costs Field audited costs			Prospec	ctive Adjusted for N	ew costs		
-		Medicare - Prospective			 Interim				
	Х	Payment System Rate			Total In	terim			
-		Average Nursing Home Rate			Settlem	ent based on costs			
-		 Duval							
	Distribution:								
			T. K. Feehrer,				NYL		
Fiscal Agent				nt Analyst Super	visor	אכ			
	Contract Manag	gement	Medicaid Progr	amı	rmance				
	Permanent File								
	Program Develo	opment:							
	-	· formation Only (No Change in rate	e)						
			<del>-</del> ,						



087514700 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per D	iem Rates for No	on-In	stitutional Pro	<u>viders</u>		
Hospice of Martin & St. Lucie		Prov	vider Number : (	087514700		
		Date	e : 09/16/2022			
1201 SE Indian Street		Fisc	al Year End : N	/A		
Stuart, FL 34997		Audi	t Status : N/A			
Provider Type:		(	Current Rate	New Rate	Eff	fective Date
Rural Health Clinic						
Swing-Bed Provider						
Federally Qualified Health Centers						
X Hospice Provider						
#0651 / H51 Routine Home Care (1-6	50)					
#0651a / H5L Routine Home Care (6	1 +)					
#0652 / H52 Continuous Home Care						
#0551 / 0561 Continuous Home Care	e - SIA					
#0655 / H55 Inpatient Respite Care						
#0656 / H56 General Inpatient Care						
#0658 Room and Board			231.7	7 25	51.00	10/1/2022
Basis:	Rate			,.		
Budget Unaudited costs		X	Prospect	iive ospective		
Desk audited costs				tive Adjusted f	for New (	costs
Field audited costs	-			iivo riajaotoa i	or How c	500.0
Medicare - Prospective	-		Interim			
X Payment System Rate			Total Inte	erim		
Average Nursing Home Rate			Settleme	ent based on c	osts	
Martin						
<u>Distribution:</u>						
	T. K. Feehrer,				Λ)	11
Fiscal Agent	Senior Manager		· ·	visor		abla
Contract Management	Medicaid Progra	am Fl	папсе			
ŭ						
Permanent File						
Program Development:						



087516300 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per D	iem Rates for N	on	-Ins	titutional Pro	viders			
Но	spice of Palm Beach County		Р	Provi	der Number :	0875163	00		
			D	Date	: 09/16/2022				
530	00 East Avenue		F	isca	l Year End : N	1/A			
We	est Palm Beach, FL 33407		Α	Audit	Status : N/A				
Pro	ovider Type:			С	urrent Rate	New R	Rate	Effective	e Date
	Rural Health Clinic								
	Swing-Bed Provider								
	Federally Qualified Health Centers								
	X Hospice Provider								
	#0651 / H51 Routine Home Care (1-6	60)							
	#0651a / H5L Routine Home Care (6	1 +)							
	#0652 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care	e - SIA							
	#0655 / H55 Inpatient Respite Care								
	#0656 / H56 General Inpatient Care								
	#0658 Room and Board				234.2	9	252.69	10	)/1/2022
	Basis :	Rate	Ty	ype	:				
	Budget		Χ		Prospec				
	Unaudited costs					ospective			
ı	Desk audited costs				Prospec	tive Adju	sted for Ne	w costs	
	Field audited costs								
	Medicare - Prospective				Interim				
	X Payment System Rate				Total Int				
	Average Nursing Home Rate				Settleme	ent based	d on costs		
	Palm Beach								
	Distribution:	I							
		T. K. Feehrer,						NYI	
	Fiscal Agent	Senior Manage			<u> </u>	/isor		りをり	
	Contract Management	Medicaid Progr	am	ıı FIN	ance				
	Contract Management								
	Permanent File								
	Program Development:								



087520100 - 2022/10

	Medicaid Reimbursement Per D	iem Rates for No	on-	Institutional Pro	<u>oviders</u>			
Hos	pice of Marion County		Pr	ovider Number :	087520100			
			Da	ate: 09/16/2022				
P.O	. Box 4860		Fis	Provider Number: 087520100  Date: 09/16/2022  Fiscal Year End: N/A  Audit Status: N/A    Current Rate   New Rate   Effective				
Oca	la, FL 344784860		Αι	udit Status : N/A				
Pro	vider Type:			Current Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
	Federally Qualified Health Centers							
	X Hospice Provider							
	#0651 / H51 Routine Home Care (1-	60)						
	#0651a / H5L Routine Home Care (6	61 +)						
	#0652 / H52 Continuous Home Care	)						
	#0551 / 0561 Continuous Home Car	e - SIA						
	#0655 / H55 Inpatient Respite Care							
	#0656 / H56 General Inpatient Care							
	#0658 Room and Board			223.1	19 238.03	10/1/2022		
- - - - -	Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Marion		X	Prospector Total Prospector Prospector Interim Total In	ospective ctive Adjusted for N terim			
	Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Manage Medicaid Progra		<u> </u>	visor	<u> </u>		
	Permanent File							
	Program Development:							
	For information Only (No Change in rate	e)						



087522800 - 2022/10

	Medicaid Reimbursement Per Di	em Rates for No	on-	Institut	ional Prov	<u>iders</u>			
Hos	spice of Health First		Pr	ovider I	Number : 0	87522800			
			Da	ate : 09/	16/2022				
190	0 Dairy Road		Fi	Provider Number : 087522800  Date : 09/16/2022  Fiscal Year End : N/A  Audit Status : N/A    Current Rate					
We	st Melbourne, FL 32904		Αι	udit Stat	us : N/A				
Pro	vider Type:			Curre	nt Rate	New Rate	Effective Date		
	Rural Health Clinic								
	Swing-Bed Provider								
	Federally Qualified Health Centers								
	X Hospice Provider								
	#0651 / H51 Routine Home Care (1-6	0)							
	#0651a / H5L Routine Home Care (61	l +)							
	#0652 / H52 Continuous Home Care								
	#0551 / 0561 Continuous Home Care	- SIA							
	#0655 / H55 Inpatient Respite Care								
	#0656 / H56 General Inpatient Care								
	#0658 Room and Board				224.16	241.70	10/1/2022		
- - - - -	Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Brevard		X	pe :	Total Pros Prospection Interim Total Inter	spective ve Adjusted for Ne rim	ew costs		
	Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Manage Medicaid Progra				sor	JKJ-		
	Permanent File								
	Program Development:								
	For information Only (No Change in rate)	)							



087523600 - 2022/10

	Medic	<u>aid Reimbursement Per Di</u>	em Rates for No	on-l	nstitut	ional Prov	<u>iders</u>		
Hos	spice of Volusia			Pr	ovider I	Number : 0	87523600		
				Da	te: 09/	16/2022			
380	0 Woodbriar Trail			Fis	ovider Number : 087523600 ate : 09/16/2022 scal Year End : N/A    Current Rate				
Port	t Orange, FL 32129			Αu	ıdit Stat	us : N/A			
Pro	vider Type:				Curre	nt Rate	New Rate	Effective Date	
	Rural Health (	Clinic							
	Swing-Bed Pr	ovider							
	Federally Qua	lified Health Centers							
	X Hospice Prov	ider							
	#0651 / H5	1 Routine Home Care (1-6	0)						
	#0651a / H	5L Routine Home Care (61	+)						
	#0652 / H5	2 Continuous Home Care							
	#0551 / 05	61 Continuous Home Care	- SIA						
	#0655 / H5	5 Inpatient Respite Care							
	#0656 / H5	6 General Inpatient Care							
	#0658 Roc	om and Board				222.02	240.72	10/1/202	
- - - -	Desk Field Medi X Payn	et dited costs audited costs audited costs care - Prospective nent System Rate age Nursing Home Rate Volusia	Rate	X	oe:	Total Pros Prospection Interim Total Inter	spective ve Adjusted for Ne rim	ew costs	
	Distribution: Fiscal Agent Contract Management		T. K. Feehrer, Senior Managel Medicaid Progra				sor	JKJ	
	Permanent File								
	Program Development	t:							
	For informati	)							



087524400 - 2022/10

	Medicaid Reimbursement Pe	r Diem Rates for No	on-	Institutio	nal Prov	<u>iders</u>		
Big	Bend Hospice		Pr	ovider Nu	umber : 0	87524400		
			Da	ate : 09/1	6/2022			
172	3 Mahan Center Blvd.		Fi	rovider Number : 087524400 ate : 09/16/2022 scal Year End : N/A udit Status : N/A  Current Rate New Rate Effective Da  223.63 242.33 10/1/2				
Tall	ahassee, FL 323085428		Αι	udit Statu	s : N/A			
Pro	vider Type:			Curren	t Rate	New Rate	Effective Date	
	Rural Health Clinic							
	Swing-Bed Provider							
	Federally Qualified Health Centers							
	X Hospice Provider							
	#0651 / H51 Routine Home Care	(1-60)						
	#0651a / H5L Routine Home Care	e (61 +)						
	#0652 / H52 Continuous Home Ca	are						
	#0551 / 0561 Continuous Home C	Care - SIA						
	#0655 / H55 Inpatient Respite Ca	re						
	#0656 / H56 General Inpatient Ca	re						
	#0658 Room and Board				223.63	242.33	10/1/2022	
- - - -	Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Leon	Rate	X		Total Pros Prospectiv Interim Total Inter	spective ve Adjusted for Ne rim	ew costs	
	<u>Distribution:</u> Fiscal Agent Contract Management	T. K. Feehrer, Senior Manage Medicaid Progra			t Supervis	sor	JKJ	
	Permanent File							
	Program Development:							
	For information Only (No Change in r	rate)						



087526100 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

<u>Me</u>	edicaid Reimbursement Per Di	em Rates for N	on-	Institu	ıtional Prov	iders	
Hospice of Lake and Si	umter		Pr	ovider	Number : 0	87526100	
			Da	ate : 09	9/16/2022		
12300 Lane Park Road			Fis	scal Y	ear End : N/	A	
Tavares, FL 32778			Αι	udit Sta	atus : N/A		
Provider Type:				Curr	ent Rate	New Rate	Effective Date
Rural Hea	Ith Clinic					1	1
Swing-Be	d Provider						
Federally	Qualified Health Centers						
X Hospice F	Provider						
#0651	/ H51 Routine Home Care (1-6	0)					
#0651	a / H5L Routine Home Care (61	l +)					
#0652	/ H52 Continuous Home Care						
#0551	/ 0561 Continuous Home Care	e - SIA					
#0655	/ H55 Inpatient Respite Care						
#0656	/ H56 General Inpatient Care						
#0658	Room and Board				219.95	237.63	10/1/2022
			_				
Basis :	Budget	Rate	X	pe:	 Prospecti	WA.	
	Jnaudited costs		^		Total Pros		
	Desk audited costs	-				ਾ ve Adjusted for Ne	ew costs
F	Field audited costs				<del></del>		
	Medicare - Prospective				Interim		
	Payment System Rate				Total Inte		
<i>F</i>	Average Nursing Home Rate Lake				Settlemer	nt based on costs	
<u>Distribution:</u>							
<u>Distribution.</u>		T. K. Feehrer,					NV.A
Fiscal Agent		Senior Manage	me	nt Ana	lyst Supervi	sor	2/1/21
		Medicaid Progr	am	Finan	ce		
Contract Manager	ment						
Permanent File							
Program Develop	ment:						



087527900 - 2022/10

Medicaid Reimbu	rsement Per D	iem Rates for l	Non-	-Institu	tional Prov	<u>riders</u>		
Tidewell Hospice & Palliative Care			Р	rovider	Number : 0	87527900		
			D	ate : 09	/16/2022			
5955 Rand Blvd			Fi	iscal Ye	ar End : N/	A		
Sarasota, FL 34238			224.53 243.64  Rate Type:  X Prospective Total Prospective Prospective Adjusted for New cos Interim Total Interim Settlement based on costs					
Provider Type:				Curre	ent Rate	New Rate	Effec	ctive Date
Rural Health Clinic								
Swing-Bed Provider								
Federally Qualified Healt	h Centers							
X Hospice Provider								
#0651 / H51 Routine I	Home Care (1-6	60)						
#0651a / H5L Routine	Home Care (6	1 +)						
#0652 / H52 Continuo	#0652 / H52 Continuous Home Care							
#0551 / 0561 Continu	e - SIA							
#0655 / H55 Inpatient	Respite Care							
#0656 / H56 General I	Inpatient Care							
#0658 Room and Boa				224.53	243.	64	10/1/202	
Basis :		Rat	e Tv	/pe :	7			
Budget				· •	⊐ Prospecti	ve		
Unaudited costs					Total Pros	spective		
Desk audited cos					_Prospecti	ve Adjusted for	New cos	sts
Field audited cos					-, , ,			
Medicare - Prosp X Payment System					_	rim		
Average Nursing		-			_		ats	
	asota				_			
Distribution:								
		T. K. Feehrer,					NY.	1
Fiscal Agent						sor		7
Contract Management		iviedicald Prog	II ai i i	i Filialic	æ			
Permanent File								
Program Development:								
For information Only (No	For information Only (No Change in rate)							



087528700 - 2022/10

	-	Medicaid Reimbursement Per D	iem Rates for N	on-lı	nstitutional P	<u>roviders</u>		
Hos	pice of the Treas	ure Coast		Pro	ovider Number	: 08752870	00	
				Da	te: 09/16/202	2		
120°	1 SE Indian St			Fis	cal Year End :	N/A		
Stua	art, FL 34997			Au	dit Status : N/A	4		
Prov	vider Type:				Current Rate	New Ra	ate	Effective Date
	Rural H	lealth Clinic						1
	Swing-l	Bed Provider						
	Federal	lly Qualified Health Centers						
	X Hospic	e Provider						
	#06	51 / H51 Routine Home Care (1-	60)					
	#06	51a / H5L Routine Home Care (6	61 +)					
	#06	52 / H52 Continuous Home Care	)					
	#05	51 / 0561 Continuous Home Car	e - SIA		-			
	#06	55 / H55 Inpatient Respite Care			-			
	#06	56 / H56 General Inpatient Care						
		58 Room and Board			225	.67	243.07	10/1/2022
	Basis:	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate St Lucie	Rate	X	Prospe Total F Prospe Interim Total I	Prospective ective Adjus		ew costs
	Distribution: Fiscal Agent Contract Manage	gement	T. K. Feehrer, Senior Manage Medicaid Progr		<u> </u>	ervisor		<u> </u>
	Permanent File							
	Program Develo	opment:						
	For in	e)						



087529500 - 2022/10

	<u>N</u>	Medicaid Reimbursement Per D	iem Rates for N	on-lı	nstitution	al Prov	<u>iders</u>		
Hos	pice by the Sea			Pro	ovider Nur	nber : 0	87529500		
				Da	te: 09/16/	/2022			
153	1 W. Palmetto Pai	rk Road		Fis	cal Year E	End : N/	A		
Вос	a Raton, FL 3348	63395		Au	dit Status	: N/A			
Pro	vider Type:				Current	Rate	New Rate	I	Effective Date
	Rural He	ealth Clinic							
	Swing-B	ed Provider							
	Federall	y Qualified Health Centers							
	X Hospice	Provider							
	#065	1 / H51 Routine Home Care (1-6	60)						
	#065	1a / H5L Routine Home Care (6	1 +)						
	#065	2 / H52 Continuous Home Care							
	#055	1 / 0561 Continuous Home Car	e - SIA		-				
	#065	5 / H55 Inpatient Respite Care			-				
	#065	6 / H56 General Inpatient Care			_				
	#065				233.44	250	0.20	10/1/2022	
	Basis :	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Palm Beach	Rate	X X	Pr Tc Pr	ospecti terim otal Inte	spective ve Adjusted fo		w costs
	Distribution: Fiscal Agent Contract Manage	ement	T. K. Feehrer, Senior Manage Medicaid Progr			Supervi	sor	)	X4_
	Permanent File								
	Program Develo	pment:							
	For info	<del>?</del> )							



087532500 - 2022/10

	<u>-</u>	Medicaid Reimbursement Per D	Diem Rates for N	on	-Institu	tional Prov	<u>viders</u>		
Hos	pice of the Florid	a Suncoast		Р	rovider	Number : 0	87532500		
				D	ate : 09	9/16/2022			
577	1 Rosevelt Blvd			F	iscal Ye	ear End : N/	Ά		
Clea	arwater, FL 3376	603770		Α	udit Sta	atus : N/A			
Pro	vider Type:				Curr	ent Rate	New Rate	Effective I	Date
	Rural H	lealth Clinic							
	Swing-	Bed Provider							
	Federa	lly Qualified Health Centers							
	X Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-	60)						
	#06	51a / H5L Routine Home Care (6	61 +)						
	#06	52 / H52 Continuous Home Care	9						
	#05	51 / 0561 Continuous Home Car	re - SIA						
	#06	55 / H55 Inpatient Respite Care							
	#06	56 / H56 General Inpatient Care							
	#06				221.03	239.3	34 10/1	/2022	
			1						
Г	Basis :	٦	Rate	. T\	/pe :				
<u> </u>		⊒ Budget		X	,,,,,,	⊒ Prospecti	ve		
_		Unaudited costs				Total Pro	spective		
		Desk audited costs				Prospecti	ve Adjusted for	New costs	
_		Field audited costs				<u> </u>			
	V	Medicare - Prospective				Interim  Total Inte	-:		
-	Х	_ Payment System Rate Average Nursing Home Rate					nt based on cost	te	
-		Pinellas	-			_	it bacca on cool	.0	
	Distribution:								
			T. K. Feehrer,					NYI	
	Fiscal Agent		Senior Manage				sor	リググ	
	Contract Manag	gement	Medicaid Prog	an	ırınand	<i>s</i> e			
	Permanent File								
	Program Devel	opment:							
	For in	formation Only (No Change in rate	e)						



087535000 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per D	iem Rates for N	on	-Inst	titutional Pro	<u>viders</u>			
Но	pe Hospice & Palliative Care		Р	Provid	der Number : (	08753500	0		
			D	ate :	09/16/2022				
947	70 Health Park Circle		F	iscal	Year End : N	/A			
Ft.	Myers, FL 339083617		Α	udit	Status : N/A				
Pro	ovider Type:			Cı	urrent Rate	New Ra	ate	Effect	ive Date
	Rural Health Clinic								
	Swing-Bed Provider								
	Federally Qualified Health Centers								
	X Hospice Provider								
	#0651 / H51 Routine Home Care (1-6	60)							
	#0651a / H5L Routine Home Care (6	i1 +)							
	#0652 / H52 Continuous Home Care	•							
	#0551 / 0561 Continuous Home Care	e - SIA							
	#0655 / H55 Inpatient Respite Care								
	#0656 / H56 General Inpatient Care								
	#0658 Room and Board				225.0	3	243.11		10/1/2022
	Basis :	Rate	Ty	ype :					
	Budget	<u></u>	Χ		Prospect	live			
	Unaudited costs				Total Pro	spective			
	Desk audited costs				Prospect	tive Adjus	ted for No	ew cost	s
	Field audited costs								
	Medicare - Prospective				Interim				
	X Payment System Rate				Total Inte	erim			
•	Average Nursing Home Rate				Settleme	ent based	on costs		
	Lee								
	<u>Distribution:</u>								
		T. K. Feehrer,						NYJ	_
	Fiscal Agent	Senior Manage				risor		とかべ	<u> </u>
		Medicaid Progr	am	n Fina	ance				
	Contract Management								
	Permanent File								
	Program Development:								



087537600 - 2022/10

		Medicaid Reimbursement Per D	Diem Rates for N	on-l	nstitutional Pr	<u>oviders</u>		
Avo	w Hospice			Pro	ovider Number	: 087537600		
			Date : 09/16/2022					
109	5 Whippoorwill I	Lane		Fis	scal Year End :	N/A		
Nap	oles, FL 34105			Au	idit Status : N/A			
Pro	vider Type:				Current Rate	New Rate	Effec	tive Date
	Rural	Health Clinic						
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	X Hospi	ce Provider						
	#0	651 / H51 Routine Home Care (1-	60)					
	#0	651a / H5L Routine Home Care (6	S1 +)					
	#0	652 / H52 Continuous Home Care	• · · · · · · · · · · · · · · · · · · ·					
	#0	551 / 0561 Continuous Home Car	e - SIA					
	#0	655 / H55 Inpatient Respite Care						
	#0	656 / H56 General Inpatient Care						
		658 Room and Board			222.	35 241	1.49	10/1/2022
	Basis:	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Collier	Rate	Х	Prospe Total P Prospe Interim Total Ir	rospective ctive Adjusted fo		sts
	Distribution Fiscal Agent Contract Mana		T. K. Feehrer, Senior Manage Medicaid Progr		nt Analyst Supe Finance	rvisor	JK.	<u>}                                    </u>
	Permanent Fil	e						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate	e)					



087569400 - 2022/10

	<u>Medic</u>	aid Reimbursement Per D	em Rates for No	on-Ir	nstitutio	nal Prov	<u>iders</u>	
Cat	holic Hospice			Pro	vider N	umber : 0	87569400	
			Date : 09/16/2022					
148	375 NW 77th Ave			Fise	cal Year	End : N/	A	
Mia	ımi Lakes, FL 33014			Aud	dit Statu	s:N/A		
Pro	ovider Type:				Curren	t Rate	New Rate	Effective Date
	Rural Health (	Clinic					ı	
	Swing-Bed Pr	ovider						
	Federally Qua	lified Health Centers						
	X Hospice Prov	ider						
	#0651 / H5	1 Routine Home Care (1-6	0)					
	#0651a / H	5L Routine Home Care (6	1 +)					
	#0652 / H5	2 Continuous Home Care						
	#0551 / 05	61 Continuous Home Care	e - SIA					
	#0655 / H5	5 Inpatient Respite Care						
	#0656 / H5	6 General Inpatient Care						
		om and Board				242.73	263.55	10/1/2022
	Desk Field Medi X Paym Avera	et dited costs audited costs audited costs audited costs care - Prospective nent System Rate age Nursing Home Rate Dade	Rate	X		Interim Total Inte	spective ve Adjusted for No	ew costs
	Distribution: Fiscal Agent Contract Management		T. K. Feehrer, Senior Manage Medicaid Progra			t Supervi	sor	<u> </u>
	Permanent File Program Developmen		<b>.</b>					
	For informati	on Only (No Change in rate	)					



100313200 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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

Provider Number : 100313200
Date : 09/16/2022
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			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board	243.7	1 253	.36 10/1/202

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		<del></del>
	Medicare - Prospective		Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate	-	Settlement based on costs
	 Broward		<del>_</del>

**Distribution**:

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance



**Contract Management** 

Permanent File

Program Development:



100944700 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Pe	r Diem Rates for	Non-li	nstitutional Pro	<u>viders</u>			
Seasons Hospice & Palliative Care of Pinellas Cour	nty	Provider Number : 100944700					
		Da	Date : 09/16/2022 Fiscal Year End : N/A				
17757 US Highway 19 N STE 175		Fis					
Clearwater, FL 33764		Au	dit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date		
Rural Health Clinic							
Swing-Bed Provider							
Federally Qualified Health Centers							
X Hospice Provider							
#0651 / H51 Routine Home Care	(1-60)						
#0651a / H5L Routine Home Care	e (61 +)						
#0652 / H52 Continuous Home C	are						
#0551 / 0561 Continuous Home (							
#0655 / H55 Inpatient Respite Ca	re						
#0656 / H56 General Inpatient Ca	ire						
#0658 Room and Board			224.7	5 237.51	10/1/2022		
Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Hillsborough		X	Prospect Total Pro Prospect Interim Total Inte	ospective tive Adjusted for N	ew costs		
<u>Distribution:</u> Fiscal Agent	T. K. Feehrei Senior Mana Medicaid Pro	gemen	nt Analyst Superv	visor	144		
Contract Management		J					
Permanent File							
Program Development:							



101809700 - 2022/10

Bureau of Medicaid Program Finance 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: 09/16/2022
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			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board	217.6	3 234	.54 10/1/202

osts	Х	Prospective
osts		<b>-</b>
		Total Prospective
d costs		Prospective Adjusted for New costs
costs		_
rospective		Interim
stem Rate		Total Interim
sing Home Rate		Settlement based on costs
Polk		_
•	Prospective stem Rate rsing Home Rate	Prospective Stem Rate Sing Home Rate

**Distribution**:

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance



**Contract Management** 

Permanent File

Program Development:



101811400 - 2022/10

Medicaio	d Reimbursement Per D	Diem Rates for N	lon-In	stitutional Pro	<u>viders</u>		
Compassionate Care Hospice of Miami Dade and the Florida Keys			Provider Number : 101811400				
			Date	e: 09/16/2022			
460-464 W 51 Place			Fisc	al Year End : N	I/A		
Hialeah, FL 33012			Aud	it Status : N/A			
Provider Type:				Current Rate	New Rate	Effective Date	
Rural Health Cli	nic						
Swing-Bed Prov	vider .						
Federally Qualif	fied Health Centers						
X Hospice Provide	er						
#0651 / H51	Routine Home Care (1-	60)					
#0651a / H5I	L Routine Home Care (6	61 +)					
#0652 / H52	Continuous Home Care	· •					
#0551 / 0561	Continuous Home Car	e - SIA					
#0655 / H55	Inpatient Respite Care						
	General Inpatient Care						
#0658 Room	<u> </u>			232.2	253.	09 10/1/2022	
Basis :		Pate	е Туре	· ·			
Budget		Rate	X	Prospec	tive		
	ted costs				ospective		
Desk a	udited costs			Prospec	tive Adjusted for	New costs	
	udited costs						
	re - Prospective			Interim			
	nt System Rate			Total Int	erim ent based on cos	to	
Averag	e Nursing Home Rate Dade			Settleme	eni baseu on cos	ıs	
<u>Distribution:</u>		T // Fackura				1.7.1	
Fiscal Agent		T. K. Feehrer, Senior Manage	ement	Analyst Super	visor	182	
Fiscal Agent		Medicaid Progr		<u> </u>			
Contract Management		· ·					
Permanent File							
Program Development:							
For information	n Only (No Change in rate	e)					



103844700 - 2022/10

	-	Medicaid Reimbursement Per D	iem Rates for N	on-l	nstitutional P	rovider	<u>'s</u>		
Catl	holic Hospice Inc			Pro	ovider Numbe	r : 1038	44700		
			Date : 09/16/2022						
290	0 W Cypress Cre	ek Rd, Ste 7		Fis	scal Year End	: N/A			
Ft. L	_auderdale, FL 3	33309		Au	ıdit Status : N/	A			
Pro	vider Type:				Current Rate	e Ne	w Rate	Effective Da	te
	Rural H	lealth Clinic							
	Swing-	Bed Provider							
	Federal	lly Qualified Health Centers							
	X Hospic	e Provider							
	#06	51 / H51 Routine Home Care (1-	60)						
	#06	51a / H5L Routine Home Care (6	61 +)						
	#06	52 / H52 Continuous Home Care	)						
	#05	51 / 0561 Continuous Home Car	e - SIA						
	#06	55 / H55 Inpatient Respite Care							
	#06	56 / H56 General Inpatient Care							
	#06	58 Room and Board			248	3.74	261.68	10/1/2	022
	Basis :	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Broward	Rate	× Typ	Prosp Total Prosp Interir Total	n Interim	tive djusted for N		
	Distribution: Fiscal Agent Contract Manage	gement	T. K. Feehrer, Senior Manage Medicaid Progr			ervisor		<u> </u>	-
	Permanent File								
	Program Devel	opment:							
	For in	formation Only (No Change in rate	e)						



104177600 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for Non-	Institutional Prov	<u>viders</u>			
Morselife Hospice Institute	ovider Number : 104177600					
Palm Beach Hospice by Morselife	Da	ate: 09/16/2022				
Attn: Finance Department	Fis	Fiscal Year End : N/A				
West Palm Beach, FL 33417	Au	ıdit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic			·			
Swing-Bed Provider						
Federally Qualified Health Centers						
X Hospice Provider						
#0651 / H51 Routine Home Care (1	-60)					
#0651a / H5L Routine Home Care (	61 +)					
#0652 / H52 Continuous Home Car	е					
#0551 / 0561 Continuous Home Ca	re - SIA					
#0655 / H55 Inpatient Respite Care	•					
#0656 / H56 General Inpatient Care	•					
#0658 Room and Board		234.77	275.88	10/1/202		
Basis :	Rate Ty	no :				
Budget	X	Prospect	ive			
Unaudited costs		Total Pro				
Desk audited costs	-	Prospect	ive Adjusted for N	ew costs		
Field audited costs						
Medicare - Prospective		Interim				
X Payment System Rate	-	Total Inte				
Average Nursing Home Rate Palm Beach		Settleme	nt based on costs			
<u>Distribution:</u>						

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor

Medicaid Program Finance

**Contract Management** 

Permanent File

Program Development:



104213800 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Brevard HMA Hospice	D	rovider Number : 1	0/213800							
Wuesthoff Helath Systems Brevard Hospice		Date: 09/16/2022 Fiscal Year End: N/A								
						Lafayette, LA 70505-1266	Α	udit Status : N/A		
						Provider Type:		Current Rate New Rate Effective Date		
Rural Health Clinic			'							
Swing-Bed Provider										
Federally Qualified Health Centers										
X Hospice Provider										
#0651 / H51 Routine Home Care (1-60)										
#0651a / H5L Routine Home Care (61 +)										
#0652 / H52 Continuous Home Care										
#0551 / 0561 Continuous Home Care - SIA										
#0655 / H55 Inpatient Respite Care										
#0656 / H56 General Inpatient Care										
#0658 Room and Board		220.49	238.64	10/1/2022						

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

**Distribution**:

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance



**Contract Management** 

Permanent File

Program Development:



105197500 - 2022/10

		Medicaid Reimbursement Per D	iem Rates for N	on-lı	nstitutional Pro	<u>oviders</u>	
Hos	pice of Okeecho	bee		Pro	ovider Number :	105197500	
				Da	te: 09/16/2022		
411	SE 4th St			Fis	cal Year End : I	N/A	
Oke	echobee, FL 34	974		Au	dit Status : N/A		
Pro	vider Type:				Current Rate	New Rate	Effective Date
	Rural H	lealth Clinic					
	Swing-Bed Provider Federally Qualified Health Centers  X Hospice Provider  #0651 / H51 Routine Home Care (1  #0651a / H5L Routine Home Care (1  #0652 / H52 Continuous Home Care (1)  #0551 / 0561 Continuous Home Care (1)						
	#06	51 / H51 Routine Home Care (1-	60)				
	#06	51a / H5L Routine Home Care (6	31 +)				
	#06	52 / H52 Continuous Home Care	•				
	#05	51 / 0561 Continuous Home Car	e - SIA				
	#06	55 / H55 Inpatient Respite Care					
	#06	56 / H56 General Inpatient Care					
	#06	58 Room and Board			255.3	39 242.06	10/1/2022
	Basis :	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Okeechobee	Rate	X X	Prospect Total Prospect Prospect Interim Total In	rospective ctive Adjusted for N	
	Distribution: Fiscal Agent Contract Manage	gement	T. K. Feehrer, Senior Manage Medicaid Progr		it Analyst Super Finance	visor	144
	Permanent File						
	Program Devel	opment:					
	For in	formation Only (No Change in rate	e)				



105421900 - 2022/10

	Medicaid Reimbursement Per Di	iem Rates for No	on-	Institut	ional Prov	<u>iders</u>	
Bris	tol Hospice - Miami Dade		Pr	rovider I	Number : 1	05421900	
			Da	ate : 09	/16/2022		
206	N 2100 W Ste 202		Fi	scal Ye	ar End : N/	A	
Salt	Lake City,		Αι	udit Sta	tus : N/A		
Pro	vider Type:			Curre	nt Rate	New Rate	Effective Date
	Rural Health Clinic						
	Swing-Bed Provider						
	Federally Qualified Health Centers						
	X Hospice Provider						
	#0651 / H51 Routine Home Care (1-6	60)					
	#0651a / H5L Routine Home Care (6	1 +)					
	#0652 / H52 Continuous Home Care						
	#0551 / 0561 Continuous Home Care	e - SIA					
	#0655 / H55 Inpatient Respite Care						
	#0656 / H56 General Inpatient Care						
	#0658 Room and Board				232.20	253.09	10/1/2022
- - - - -	Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade	Rate	X	pe:	Interim Total Inte	spective ve Adjusted for Ne	ew costs
	Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Manage Medicaid Progra			•	sor <u></u>	1X.4
	Permanent File Program Development: For information Only (No Change in rate	·)					



106026400 - 2022/10

	_	Medicaid Reimbursement Per D	iem Rates for N	on-l	nstitutional Pr	<u>oviders</u>		
Nor	th Central Florida	Hospice		Pro	ovider Number	: 106026400		
				Da	ate: 09/16/2022			
420	0 NW 90th Blvd			Fis	scal Year End :	N/A		
Gai	nesville, FL 3260	06		Au	ıdit Status : N/A			
Pro	vider Type:				Current Rate	New Rate	Effe	ective Date
	Rural H	ealth Clinic						
	Swing-l							
	Federally Qualified Health Centers  X Hospice Provider  #0651 / H51 Routine Home Care (							
	X Hospice Provider							
		60)						
	#06	51a / H5L Routine Home Care (6	61 +)					
	#06	52 / H52 Continuous Home Care	)					
	#05	51 / 0561 Continuous Home Car	e - SIA					
	#06	55 / H55 Inpatient Respite Care						
	#06	56 / H56 General Inpatient Care						
	#06	58 Room and Board			221.	99 24	0.89	10/1/2022
	Basis :	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Alachua	Rate	Х	Prospe Total P Prospe Interim Total Ir	rospective ctive Adjusted fo		osts
	Distribution: Fiscal Agent Contract Manage	gement	T. K. Feehrer, Senior Manage Medicaid Progr		nt Analyst Supe Finance	rvisor	<u></u> <u>J</u> X	7
	Permanent File							
	Program Develo	opment:						
	For in	formation Only (No Change in rate	e)					



106087100 - 2022/10

Medicaid Reimbursement Per I	Diem Rates for No	on-Inst	itutional Prov	<u>riders</u>	
Seasons Hospice and Palliative Care of Pasco County	у	Provid	ler Number : 1	06087100	
		Date :	09/16/2022		
6400 Shafer Ct		Fiscal	Year End : N	'A	
Rosemont, IL 60018		Audit	Status : N/A		
Provider Type:		Cı	ırrent Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#0651 / H51 Routine Home Care (1-	-60)				
#0651a / H5L Routine Home Care (	61 +)				
#0652 / H52 Continuous Home Car	'e				
#0551 / 0561 Continuous Home Ca	re - SIA				
#0655 / H55 Inpatient Respite Care					
#0656 / H56 General Inpatient Care	)				
#0658 Room and Board			222.97	236.0	10/1/2022
Basis:  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Pasco		Type :	Prospect Total Pro Prospect Interim Total Inte	spective ive Adjusted for I	
<u>Distribution:</u> Fiscal Agent  Contract Management	T. K. Feehrer, Senior Manager Medicaid Progra			isor	144_
Permanent File Program Development: For information Only (No Change in rat	te)				



Permanent File

Program Development:

For information Only (No Change in rate)

# Florida Agency for Health Care Administration

106749100 - 2022/10

Medicaid Reimbursement	Per Diem Rates	for No	n-Ir	nstitutional Pro	<u>viders</u>			
Odyssey Healthcare of Marion County		Provider Number : 106749100						
Kindred Hospice		Date: 09/16/2022						
1975 S John Young Pkwy		Fiscal Year End : N/A						
Kissimmee, FL 34741			Aud	dit Status : N/A				
Provider Type:				Current Rate	New Rat	te	Effective Date	
Rural Health Clinic								
Swing-Bed Provider								
Federally Qualified Health Centers	S							
X Hospice Provider								
#0651 / H51 Routine Home Ca	re (1-60)							
#0651a / H5L Routine Home C	are (61 +)							
#0652 / H52 Continuous Home	Care							
#0551 / 0561 Continuous Hom	e Care - SIA							
#0655 / H55 Inpatient Respite	Care							
#0656 / H56 General Inpatient	Care							
#0658 Room and Board				212.7	5	227.53	10/1/202	
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Ra Osceola	ate	Rate 1		Prospect Total Pro Prospect Interim Total Inte	ospective tive Adjusto		ew costs	
Distribution: Fiscal Agent Contract Management	T. K. Feel Senior Ma Medicaid	anagem		t Analyst Superv Finance	risor	j	1X.4	



108376800 - 2022/10

	<u>Med</u>	dicaid Reimbursement Per Di	em Rates for No	on-Ir	nstitutional	Provid	<u>lers</u>		
Орі	uscare of Florida			Pro	vider Numbe	er : 108	3376800		
				Dat	e: 09/16/20	22			
690	00 SW 80th St			Fisc	cal Year End	I : N/A			
Mia	mi, FL 33143			Auc	dit Status : N	/A			
Pro	vider Type:				Current Ra	te N	New Rate	Effective Da	te
	Rural Healt	th Clinic							
	Swing-Bed Provider Federally Qualified Health Centers  X Hospice Provider #0651 / H51 Routine Home Care (								
	X Hospice Pr	ovider							
	Federally Qualified Health Centers  X Hospice Provider	H51 Routine Home Care (1-6	0)						
	#0651a	/ H5L Routine Home Care (6	1 +)						
	#0652 /	H52 Continuous Home Care							
	#0551 /	0561 Continuous Home Care	e - SIA						
	#0655 /	H55 Inpatient Respite Care							
	#0656 /	H56 General Inpatient Care							
		•			22	4.65	253.09	10/1/2	022
	Ur De Fie Me X Pa Av	udget naudited costs esk audited costs eld audited costs edicare - Prospective ayment System Rate verage Nursing Home Rate Dade	Rate	X	Pros Total Pros Interi	pective m Interir	ective Adjusted for N	ew costs	
	Distribution: Fiscal Agent Contract Managem	ent	T. K. Feehrer, Senior Manage Medicaid Progra			perviso	or	JKJ	-
	Permanent File Program Developm								
	For inform	nation Only (No Change in rate	)						



108953500 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per D	iem Rates for No	<u>on</u>	-Inst	titutional Pro	<u>viders</u>			
Со	ntinuum Care of Broward		Р	Provid	der Number :	1089535	00		
			D	Pate: 09/16/2022					
77	71 W Oakland Park Blvd		F	iscal	Year End : N	/A			
Su	nrise, FL 33351		Α	Audit	Status : N/A				
Pro	ovider Type:			Cı	urrent Rate	New R	ate	Effectiv	e Date
	Rural Health Clinic								
	Swing-Bed Provider								
	Federally Qualified Health Centers								
	X Hospice Provider								
	#0651 / H51 Routine Home Care (1-6	60)							
	#0651a / H5L Routine Home Care (6	1 +)							
	#0652 / H52 Continuous Home Care	•							
	#0551 / 0561 Continuous Home Car	e - SIA							
	#0655 / H55 Inpatient Respite Care								
	#0656 / H56 General Inpatient Care								
	#0658 Room and Board				235.7	5	263.36	1	0/1/2022
_									
	Basis :	Rate							
	Budget		X		Prospect				
į	Unaudited costs					ospective			
	Desk audited costs				Prospect	tive Adjus	sted for Ne	w costs	
	Field audited costs								
	Medicare - Prospective				Interim				
	X Payment System Rate				Total Inte				
	Average Nursing Home Rate Broward				Settleme	nt based	I on costs		
	<u>Distribution:</u>								
		T. K. Feehrer,				_		NYL	
	Fiscal Agent	Senior Manage			<u> </u>	/isor	Ų	マグハ	
	Contract Management	Medicaid Progra	am	n Fin	ance				
	Contract Management								
	Permanent File								
	Program Development:								



110029100 - 2022/10

	-	Medicaid Reimbursement Per D	iem Rates for N	on-l	nstitutional Pro	<u>oviders</u>	
Gul	fside Hospice			Pro	ovider Number :	110029100	
				Da	ite: 09/16/2022		
206	1 Collier Pkwy			Fis	scal Year End : l	V/A	
Lan	nd O Lakes, FL 3	4639		Au	idit Status : N/A		
Pro	vider Type:				Current Rate	New Rate	Effective Date
	Rural H	ealth Clinic					
	Swing-l	Swing-Bed Provider Federally Qualified Health Centers  X Hospice Provider #0651 / H51 Routine Home Care					
	Federally Qualified Health Centers						
	X Hospic	e Provider					
	vider Type:  Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  X Hospice Provider  #0651 / H51 Routine Home Care  #0651a / H5L Routine Home Care  #0652 / H52 Continuous Home C  #0551 / 0561 Continuous Home C  #0655 / H55 Inpatient Respite Ca  #0656 / H56 General Inpatient Ca  #0658 Room and Board	60)					
	#06	51a / H5L Routine Home Care (6	61 +)				
	#06	52 / H52 Continuous Home Care	)				
	#05	51 / 0561 Continuous Home Car	e - SIA		-		
	#06	55 / H55 Inpatient Respite Care			-		
	#06	56 / H56 General Inpatient Care			-		
	#06	58 Room and Board			218.6	69 233.84	10/1/2022
	X	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Pasco	Rate	Х	Prospector Total Prospector Prospector Interim Total In	rospective ctive Adjusted for N	
	Distribution: Fiscal Agent Contract Manag	gement	T. K. Feehrer, Senior Manage Medicaid Progr		nt Analyst Super Finance	visor	1X4_
	Permanent File Program Develo						
	For information Only (No Change in rate)						



110680000 - 2022/10

	Medicaid Reimbursement Per D	Diem Rates for No	on-l	nstitutional P	<u>roviders</u>		
Sea	sons Hospice and Palliative Care of Southern Flor	ida	Pro	ovider Number	: 110680000		
			Da	ite: 09/16/2022	2		
520	0 NE 2nd Ave		Fis	scal Year End :	N/A		
Miar	mi, FL 33137		Au	idit Status : N/A	1		
Pro	vider Type:			Current Rate	New Rate		Effective Date
	Rural Health Clinic						
	Swing-Bed Provider						
	Federally Qualified Health Centers						
	X Hospice Provider						
	#0651 / H51 Routine Home Care (1-	60)					
	#0651a / H5L Routine Home Care (6	61 +)					
	#0652 / H52 Continuous Home Care	9					
	#0551 / 0561 Continuous Home Car	re - SIA					
	#0655 / H55 Inpatient Respite Care						
	#0656 / H56 General Inpatient Care						
	#0658 Room and Board			229	.60 2	53.09	10/1/202
- - - - -	Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Dade	Rate	X	Prospe Total F Prospe Interim	Prospective ective Adjusted		w costs
	Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Manage Medicaid Progr			ervisor		X4
	Permanent File Program Development:	٥)					
	For information Only (No Change in rate	e)					



111872900 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

0 101 1	Medicaid Reimbursement Per Dien	n Rates for No						
	rd Hospice, Inc.	ovider Number : 111872900						
Chapters Heal	·			ate: 09/16/2022				
12470 Telecon	n Dr, Ste 301		Fisc	al Year End : N/	Ά			
Temple Terrac	e, FL 33637-0904		Aud	it Status : N/A				
Provider Type	<b>:</b> :			Current Rate	New Rate	<b>Effective Date</b>		
R	tural Health Clinic							
S	wing-Bed Provider							
F	ederally Qualified Health Centers							
х н	ospice Provider							
	#0651 / H51 Routine Home Care (1-60)							
	#0651a / H5L Routine Home Care (61 +	·)						
	#0652 / H52 Continuous Home Care							
	#0551 / 0561 Continuous Home Care -	SIA						
	#0655 / H55 Inpatient Respite Care							
	#0656 / H56 General Inpatient Care							
	#0658 Room and Board			229.15	256.88	10/1/202		
- Desire								
Basis	Budget		Type X	eriospecti	ve			
	Unaudited costs			Total Pro				
	Desk audited costs				ve Adjusted for N	ew costs		
	Field audited costs			·	·			
	Medicare - Prospective			Interim				
X	Payment System Rate			Total Inte	rim			
	Average Nursing Home Rate			Settleme	nt based on costs			
	Dade							
<u>Distribu</u>								

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance



**Contract Management** 

Permanent File

Program Development:



112701500 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per D	iem Rates for No	n-Ins	stitutional Pro	<u>viders</u>	
Со	ontinuum Care of Sarasota		Prov	rider Number :	112701500	
			Date	: 09/16/2022		
558	89 Marquesas Cir, Ste 202		Fisca	al Year End : N	/A	
Sa	rasota, FL 34233-3337		Audi	it Status : N/A		
Pro	ovider Type:			Current Rate	New Rate	Effective Date
	Rural Health Clinic		$\dashv$			
	Swing-Bed Provider					
	Federally Qualified Health Centers					
	X Hospice Provider					
	#0651 / H51 Routine Home Care (1-	60)				
	#0651a / H5L Routine Home Care (6	61 +)				
	#0652 / H52 Continuous Home Care	<b>)</b>				
	#0551 / 0561 Continuous Home Car	e - SIA				
	#0655 / H55 Inpatient Respite Care					
	#0656 / H56 General Inpatient Care					
	#0658 Room and Board			227.3	6 241.46	10/1/2022
	Basis:	Rate 1				
	Budget	X	<u> </u>	Prospec		
	Unaudited costs  Desk audited costs				ospective	ow costs
	Field audited costs			Prospec	tive Adjusted for N	ew costs
	Medicare - Prospective			Interim		
	X Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate				ent based on costs	
	Dade					
	<u>Distribution:</u>					
	<u>Distribution.</u>	T. K. Feehrer,				AV 1
	Fiscal Agent	Senior Managem	nent	Analyst Super	visor	2/1/2
		Medicaid Prograi	m Fi	nance		
	Contract Management					
	Permanent File					
	Program Development:					



113425000 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Medicaid Reimbursement Per Die	em Rates for No	n-Institu	<u>itional Prov</u>	<u>riders</u>			
HCR Man	or Care Svcs of Florida III LLC		Provider	Number : 1	13425000			
Promedica	a Hospice (Broward)		Date : 09/16/2022					
333 N Sur	mmit St		Fiscal Ye	ear End : N/	A			
Toledo, O	H 43604-1531		Audit Sta	atus : N/A				
Provider	Туре:		Curr	ent Rate	New Rate	Effective Date		
	Rural Health Clinic							
	Swing-Bed Provider							
	Federally Qualified Health Centers							
X	X Hospice Provider							
	#0651 / H51 Routine Home Care (1-60	))						
	#0651a / H5L Routine Home Care (61	+)						
	#0652 / H52 Continuous Home Care							
	#0551 / 0561 Continuous Home Care	- SIA						
	#0655 / H55 Inpatient Respite Care							
	#0656 / H56 General Inpatient Care							
	#0658 Room and Board			235.75	253.36	10/1/2022		
В	Basis:		Type :					
	Budget Unaudited costs		Χ	Prospecti				
	Desk audited costs			Total Prospective Prospective Adjusted for New of		v costs		
				_ 1 103pecii	ve Aujusteu tot tvi	CVV COSIS		

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs	-	Total Prospective
	Desk audited costs	-	Prospective Adjusted for New costs
	Field audited costs		<del>-</del>
	Medicare - Prospective		 Interim
X	Payment System Rate		 Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Dade		_

**Distribution**:

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance



**Contract Management** 

Permanent File

Program Development:



150003100 - 2022/10

	Medicaid Reimbursement Per D	iem Rates for No	on-l	<u>Instituti</u>	onal Prov	<u>iders</u>		
Flori	da Hospital Hospice Care		Provider Number : 150003100					
D				ate : 09/16/2022				
770	W. Granada Blvd		Fis	scal Yea	r End : N/	4		
Orm	ond Beach, FL 32174		Αι	ıdit Statı	us : N/A			
Prov	vider Type:			Curre	nt Rate	New Rate	Effective Date	
	Rural Health Clinic							
	Swing-Bed Provider							
	Federally Qualified Health Centers							
	X Hospice Provider	Hospice Provider						
	#0651 / H51 Routine Home Care (1-6	60)						
	#0651a / H5L Routine Home Care (6	1 +)						
	#0652 / H52 Continuous Home Care							
	#0551 / 0561 Continuous Home Car	e - SIA						
	#0655 / H55 Inpatient Respite Care							
	#0656 / H56 General Inpatient Care							
	#0658 Room and Board				221.88	238.32	10/1/2022	
	Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Volusia	Rate	X	pe :	Interim Total Inter	spective ve Adjusted for Ne	ew costs	
Fiscal Agent S		T. K. Feehrer, Senior Manage Medicaid Progra			-	sor	JKJ	
	Permanent File							
	Program Development:							
	For information Only (No Change in rate	e)						



150009100 - 2022/10

	<u>-</u>	Medicaid Reimbursement Per D	Diem Rates for N	on-	<u>Institut</u>	ional Prov	<u>iders</u>			
Hospice of Emerald Coast				Pr	Provider Number : 150009100					
Da				ate : 09/16/2022						
РΟ	Box 2127			Fis	scal Year End : N/A					
Do	than, AL 36302			Αu	udit Status : N/A					
Pro	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural H	ealth Clinic								
	Swing-l	Bed Provider								
	Federal	lly Qualified Health Centers								
	X Hospic	e Provider								
	#06	51 / H51 Routine Home Care (1-	60)							
	#06	51a / H5L Routine Home Care (6	61 +)							
	#06	52 / H52 Continuous Home Care	9							
	#05	51 / 0561 Continuous Home Car	re - SIA							
	#06	55 / H55 Inpatient Respite Care								
	#06	56 / H56 General Inpatient Care								
	#06	58 Room and Board				220.42	234.54	10/1/202		
		_				_				
	Basis :		Rate		pe:	]_				
		Budget		Χ		Prospecti				
		_Unaudited costs Desk audited costs				Total Pros	•	ow costs		
		Field audited costs				- Prospecii	ve Adjusted for N	ew costs		
		Medicare - Prospective				_ Interim				
	X	Payment System Rate	-			 Total Inte	rim			
•		Average Nursing Home Rate				_	nt based on costs			
•		Bay				_				
	Distribution:									
			T. K. Feehrer,					NYL		
Fiscal Agent		Senior Management Analyst Super Medicaid Program Finance			•	sor	マグロ			
	Contract Manag	gement	Medicald Progr	am	rinance	е				
	Permanent File									
	Program Develo									
	•	' formation Only (No Change in rate	e)							
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150013900 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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

Vitas Healthcare Corp of Florida - Congress Ave	Provider Number : 150013900
Attn: Martha Carvajal & Khameche Cuff	Date : 09/16/2022
3046 Corporate Way	Fiscal Year End : N/A
Miramar, FL 33025	Audit Status : N/A

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#0651 / H51 Routine Home Care (1-60)			
	#0651a / H5L Routine Home Care (61 +)			
	#0652 / H52 Continuous Home Care			
	#0551 / 0561 Continuous Home Care - SIA			
	#0655 / H55 Inpatient Respite Care			
	#0656 / H56 General Inpatient Care			
	#0658 Room and Board	234.4	7 248	.48 10/1/202

Basis :		Rate Type :	
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		<del>_</del>
	Medicare - Prospective		 Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Palm Beach		_

**Distribution**:

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance



**Contract Management** 

Permanent File

Program Development:



150021000 - 2022/10

Bureau of Medicaid Program Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates for Non-	Institutional Prov	<u>viders</u>		
Good Shepherd Hospice, Inc	rovider Number : 150021000				
	Date : 09/16/2022				
115 South Missouri Ave	scal Year End : N	/A			
Lakeland, FL 33815	A	udit Status : N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#0651 / H51 Routine Home Care (	1-60)				
#0651a / H5L Routine Home Care	(61 +)				
#0652 / H52 Continuous Home Ca	are				
#0551 / 0561 Continuous Home C	are - SIA				
#0655 / H55 Inpatient Respite Car	е				
#0656 / H56 General Inpatient Car	re				
#0658 Room and Board		217.63	3 235.20	10/1/2022	
Basis : Budget	Rate Ty	rpe : Prospect	ive		
Unaudited costs		Trospect			
Desk audited costs	-		· ive Adjusted for No	ew costs	
Field audited costs					
Medicare - Prospective		Interim			
X Payment System Rate		Total Inte			
Average Nursing Home Rate Polk		Settleme	nt based on costs		
B. (1) (1)					
<u>Distribution:</u>	T. K. Feehrer,			A \ / A	
Fiscal Agent	Senior Manageme	nt Analyst Superv	isor		
·	Medicaid Program	Finance	21-7		
Contract Management					
Permanent File					
Program Development:					



150022800 - 2022/10

	Medicaid Reimbursement Per D	iem Rates for No	on-	Instituti	<u>onal Prov</u>	<u>iders</u>			
Life		Pr							
Dat				ate : 09/	ate : 09/16/2022				
301	0 W. Azeele Street		Fi	scal Yea	r End : N/	4			
Tan	npa, FL 33609		Αι	udit Statı	ıs : N/A				
Pro	vider Type:			Currer	nt Rate	New Rate	Effective Date		
	Rural Health Clinic								
	Swing-Bed Provider								
	Federally Qualified Health Centers								
	X Hospice Provider								
	#0651 / H51 Routine Home Care (1-	60)							
	#0651a / H5L Routine Home Care (6	1 +)							
	#0652 / H52 Continuous Home Care	•							
	#0551 / 0561 Continuous Home Car	e - SIA							
	#0655 / H55 Inpatient Respite Care								
	#0656 / H56 General Inpatient Care								
	#0658 Room and Board				217.95	241.38	10/1/2022		
- - - - -	Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Hillsborough	Rate	X	pe :	Interim Total Inter	spective ve Adjusted for Ne	ew costs		
Fiscal Agent S		T. K. Feehrer, Senior Manage Medicaid Progra			-	sor	<u> </u>		
	Permanent File Program Development:								
	For information Only (No Change in rate	<del>?</del> )							