

Permanent File

Program Development:

_____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

000141800 - 2021/10

Medicaid Reimbursement Per D	iem Rates for N	on-	<u>Institutional Pr</u>	<u>roviders</u>			
HCR Manor Care Services of Florida, Inc.		Pro	vider Number :	000141800			
Heartland Home Health Care and Hospice		Dat	ate : 09/13/2021				
8130 Baymeadows Way W		Fis	scal Year End : N/A				
Jacksonville, FL 322564409		Aud	dit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date		
Rural Health Clinic				<u>'</u>	'		
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			203.9	5 213.7	76 10/1/2021		
Basis: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Duval	Rate	Typ X	Prospect Total Pro Prospect Interim Total Inte	ospective tive Adjusted for			
Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Manager Medicaid Progra		•	visor	JX4		



000602600 - 2021/10

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

	Medicaid Reimbursement Per D	Diem Rates for N	lon-l	nstitutional Pr	<u>oviders</u>				
Vitas	s Healthcare Corp of Central Florida		Prov	ovider Number : 000602600					
Attn:	: Angela Santana		Date	ate : 09/13/2021					
100	S. Biscayne Blvd		Fisc	iscal Year End : N/A					
Miar	mi, FL 33131		Aud	udit Status : N/A					
Prov	vider Type:			Current Rate	New Rate	Effe	ective 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	re - SIA							
	#0655 / H55 Inpatient Respite Care								
	#0656 / H56 General Inpatient Care								
	#0658 Room and Board			220.23	3 221	.06	10/1/202		
	Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Brevard	Rate	Х	Prospect Total Pro Prospect Interim Total Inte	espective tive Adjusted fo		costs		
	Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Manager Medicaid Progra			visor	<u> 1</u>	#		
	Permanent File								
	Program Development:								
	r rogram Development.								



001572800 - 2021/10

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

Medicaid Reimbursement Per	r Diem Rates for No	n-Institutional Pi	<u>roviders</u>				
Odyssey Health Care Miami-Dade	P	rovider Number :	001572800				
	D	ate : 09/13/2021					
5755 Blue Lagoon Dr	F	iscal Year End : N/A					
Miami, FL 33126	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 Ca							
#0551 / 0561 Continuous Home C							
#0655 / H55 Inpatient Respite Car	·e						
#0656 / H56 General Inpatient Car	re						
#0658 Room and Board		232.0	2 224.	67 10/1/2021			
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade	Rate Ty	Prospec Total Pro Prospec Interim Total Int	ospective tive Adjusted for				
Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Managem Medicaid Progran	<u> </u>	rvisor	144			
Permanent File							
Program Development:							
grain Botolopinoliti							



001636100 - 2021/10

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

	<u>Me</u>	<u>dicaid Reimbursement Per D</u>	iem Rates for N	ю	<u>n-Inst</u>	itutional Pro	<u>viders</u>			
Re	gency Hospice of NV	V Florida, Inc.		Р	rovide	er Number : 0	01636100		_	
				D	eate: 09/13/2021					
490	00 Bayou Blvd., Ste 1	01		F	iscal Year End : N/A					
Pe	nsacola, FL 32503			Α	udit S	tatus : N/A				
Pro	ovider Type:				Cur	rent Rate	New Rate	Effective Dat	е	
	Rural Heal	th Clinic								
	Swing-Bed	d Provider								
	Federally (Qualified Health Centers								
	X Hospice P	rovider								
	#0651 /	H51 Routine Home Care (1-	60)							
	#0651a	/ H5L Routine Home Care (6	61 +)							
	#0652 /									
	#0551 /									
	#0655 /	H55 Inpatient Respite Care								
	#0656 /	H56 General Inpatient Care								
	#0658	Room and Board				220.24	219.62	10/1/20	21	
									_	
ſ	Basis :		Rate	Τ\	he .	\neg				
L		udget		<u>·,</u> Х	, po .	 Prospecti	ve			
•		naudited costs	-			 Total Pro				
	Do	esk audited costs				Prospecti	ve Adjusted for N	lew costs		
		eld audited costs								
		edicare - Prospective				Interim				
		ayment System Rate				Total Inte				
	A\	verage Nursing Home Rate				Settlemer	nt based on costs	3		
		Escambia								
	<u>Distribution:</u>									
			T. K. Feehrer,					NYI		
	Fiscal Agent		Senior Manage				isor	りん		
	Contract Managen	nent	Medicaid Progr	an	n Fina	nce				
	Permanent File									
	Program Developn	nent:								



014043700 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for No	n-Institutional P	<u>roviders</u>				
Hernando-Pasco Hospice	F	rovider Number : 014043700					
HPH Hospice		Date : 09/13/2021					
12107 Majestic Blvd	F	Fiscal Year End : N/A					
Hudson, FL	Į.	Audit Status : N/A					
Provider Type:		Current Rate	New Rate	Effect	ive 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							
#0551 / 0561 Continuous Home C	are - SIA						
#0655 / H55 Inpatient Respite Care	e						
#0656 / H56 General Inpatient Car	e						
#0658 Room and Board		212.8	34 217	.55	10/1/2021		
Basis: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Pasco	Rate T	Prospector Total Prospector Prospector Prospector Prospector Total Interim	rospective ctive Adjusted fo		its		
Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Managem Medicaid Prograi		rvisor	1			
- ·							
Permanent File							
Program Development:							



015219701 - 2021/10

	<u>_</u>	<u> Medicaid Reimbursement Per D</u>	iem Rates for No	n-In	stitutional Pro	<u>viders</u>			
Co	mpassionate Care	Hospice Of Central Florida, Inc		Prov	vider Number : 0)15219701			
				Date	e : 09/13/2021				
				Fisc	al Year End : N	/A			
				Aud	ıdit Status : N/A				
Pro	ovider Type:			(Current Rate	New Rate	Effective Date		
	Rural H	ealth Clinic							
	Swing-E	Bed Provider							
	Federal	ly Qualified Health Centers							
	X Hospice	Provider							
	#065	51 / H51 Routine Home Care (1-	60)						
	#068	51a / H5L Routine Home Care (6	61 +)						
	#065	52 / H52 Continuous Home Care	•						
	#05	51 / 0561 Continuous Home Car							
	#065	55 / H55 Inpatient Respite Care							
	#06	56 / H56 General Inpatient Care							
	#06	58 Room and Board			214.5	7 214.42	10/1/202		
ſ	Basis :	7	Rate ⁻	Туре	e :				
-		Budget		Χ	Prospect	ive			
_		Unaudited costs			Total Pro	•			
-		Desk audited costs			Prospect	ive Adjusted for Ne	ew costs		
-		_Field audited costs _ Medicare - Prospective			 Interim				
	X	Payment System Rate			Total Inte	rim			
-		Average Nursing Home Rate	-			nt based on costs			
•		_ Highlands							
	<u>Distribution:</u>								
			T. K. Feehrer,				NYL		
	Fiscal Agent		Senior Managen			isor	2/1/2		
	Contract Manag	sement	Medicaid Progra	am Fi	inance				
	Contract Mariay	joniont							
	Permanent File								
	Program Develo	ppment:							
	For inf	formation Only (No Change in rate	5)						



015219702 - 2021/10

	-	Medicaid Reimbursement Per D	iem Rates for No	on-Inst	<u>titutional Prov</u>	<u>riders</u>				
Со	mpassionate Care	Hospice Of Central Florida, Inc		Provid	Provider Number : 015219702					
				Date :	: 09/13/2021					
				Fiscal	I Year End : N/	A				
				Audit	Status : N/A					
Pro	ovider Type:			Cı	urrent Rate	New Rate	Effective Date			
	Rural H	ealth Clinic				'				
	Swing-	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	51 +)							
	#06	52 / H52 Continuous Home Care)							
	#05	51 / 0561 Continuous Home Car								
	#06	55 / H55 Inpatient Respite Care								
	#06	56 / H56 General Inpatient Care								
	#06	58 Room and Board			216.66	216.12	10/1/202			
						·				
	Basis :		Rate	Type :						
		Budget		Χ	Prospecti					
		Unaudited costs			Total Pro	•				
		Desk audited costs			Prospecti	ve Adjusted for Ne	ew costs			
		_Field audited costs Medicare - Prospective			 Interim					
	Х	Payment System Rate			Total Inte	rim				
		Average Nursing Home Rate				nt based on costs				
•		Polk	-							
	Distribution:									
			T. K. Feehrer,				NYL			
	Fiscal Agent		Senior Manager		<u> </u>	sor	2/1/2			
	Contract Manag	rement	Medicaid Progra	am Fin	ance					
	John dor Manaç	gomont								
	Permanent File									
	Program Devel	opment:								
	For in	formation Only (No Change in rate	<i>a)</i>							



015328000 - 2021/10

		Medicaid Reimbursement Per D	Diem Rates for No	n-Inst	itutional Prov	<u>riders</u>			
Sea	asons Hospic	e & Palliative Care Broward FL LLC		Provid	Provider Number : 015328000				
				Date :	09/13/2021				
181	15 Griffin Rd S	Ste 410		Fiscal	Year End : N/	A			
Da	nia Beach, FL	33004		Audit	dit Status : N/A				
Pro	vider Type:			Cı	ırrent Rate	New Rate	Effective Date		
	Rui	ral Health Clinic							
	Sw	ing-Bed Provider							
	Fed	derally Qualified Health Centers							
	X Hos	spice 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							
		#0655 / H55 Inpatient Respite Care							
#0658 Room and Board					234.84	237.83	10/1/202		
ſ	Basis :		Rate -	Type:					
ļ		I Budget		ζ	 Prospecti	ve			
•		Unaudited costs			Total Pro	spective			
		Desk audited costs			Prospecti	ve Adjusted for N	ew costs		
		Field audited costs			<u>—</u>				
	V	Medicare - Prospective			Interim	-t			
	X	Payment System Rate Average Nursing Home Rate			Total Inte	rim nt based on costs			
•		Broward				it based on costs			
	Distributi	<u>on:</u>							
			T. K. Feehrer,	4 A .			NY		
	Fiscal Age	nt	Senior Managen Medicaid Progra			sor	- AC		
	Contract M	anagement	Medicald Progra	IIII	ance				
	Permanent	: File							
	Program D	evelopment:							
	F	or information Only (No Change in rate	e)						



015986100 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for No	n-Institutional P	<u>roviders</u>			
Covenant Hospice, Inc	P	rovider Number :	015986100			
	D	ate : 09/13/2021				
5041 N. 12th	F	iscal Year End : N/A				
Pensacola, FL 32504	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 Ca						
#0551 / 0561 Continuous Home C	are - SIA					
#0655 / H55 Inpatient Respite Car	е					
#0656 / H56 General Inpatient Car	е					
#0658 Room and Board		223.8	7 218.	25 10/1/2021		
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Escambia	Rate Ty X	Prospec Total Pro Prospec Interim Total Int	ospective tive Adjusted for			
<u>Distribution:</u> Fiscal Agent Contract Management	T. K. Feehrer, Senior Manageme Medicaid Program		rvisor	1111		
D L. Ell.						
Permanent File						
Program Development:						



016254400 - 2021/10

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

Medicaid Reimbursement Per l	Diem Rates for N	on-Instit	tutional Pro	<u>oviders</u>				
Odyssey Healthcare of Marion County		Provider	Number : 0	16254400				
Kindred at Home-Hospice		Date : 09	Date : 09/13/2021					
1300 N Semoran Blvd Ste 210		Fiscal Y	ear End : N	/A				
Orlando, FI 32807		Audit Sta	atus : N/A					
Provider Type:		Curr	ent 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			226.62	219.0	1 10/1/2021			
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Orange		Гуре :	 Interim Total Inte	spective ve Adjusted for I				
<u>Distribution:</u> Fiscal Agent Contract Management	T. K. Feehrer, Senior Manager Medicaid Progra			risor	JK4			

Permanent File

Program Development:



019255800 - 2021/10

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

	<u>M</u>	<u>edicaid Reimbursement Per [</u>	Diem Rates for N	10	n-In	stitutional Pr	<u>oviders</u>			
HCR M	anor Care Serv	ices of Florida Inc.		Р	Provid	rovider Number : 019255800				
Heartla	nd Hospice			D	Date : 09/13/2021					
5975 S	unset Drive Sui	te 301		F	iscal Year End : N/A					
South N	∕liami, FL 3314	3		Α	Audit	Status : N/A				
Provide	er Type:				C	urrent Rate	New Rate		Effective Date	
	Rural Hea	alth Clinic								
	Swing-Be	ed Provider								
	Federally	Qualified Health Centers								
X	Hospice I	Provider								
	#0651	/ H51 Routine Home Care (1-	-60)							
	#0651	a / H5L Routine Home Care (61 +)							
	#0652 / H52 Continuous Home Care									
	#0551	/ 0561 Continuous Home Ca	re - SIA							
	#0655	/ H55 Inpatient Respite Care								
	#0656	/ H56 General Inpatient Care								
	#0658	Room and Board				238.55	5 23	32.20	10/1/202	
	Basis :	Budget	Rate	ту Х		: Prospect	ivo			
		Jnaudited costs		^		Total Pro				
		Desk audited costs					ive Adjusted	for Ne	ew costs	
	F	Field audited costs								
		Medicare - Prospective				Interim				
		Payment System Rate				Total Inte				
		Average Nursing Home Rate Dade	-			Settleme	nt based on	COSIS		
Di	istribution:									
			T. K. Feehrer,						NYL	
Fi	scal Agent		Senior Manage				/isor	Ĺ	אכ	
Co	ontract Manage	ment	Medicaid Progr	an	n FIN	iance				
Pe	ermanent File									
Pr	ogram Develop	ment:								



024621400 - 2021/10

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

Medicaid Reimbursement Per	r Diem Rates for No	n-Institutional P	<u>roviders</u>				
Seasons Hospice & Palliative Care of Tampa	P	rovider Number :	024621400				
		ate: 09/13/2021					
1408 N West Shore Blvd Suite 260	F	Fiscal Year End : N/A					
Tampa , FL 33607	A	Audit Status : N/A					
Provider Type:		Current Rate	New Rate	Effectiv	re 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							
#0551 / 0561 Continuous Home C	are - SIA						
#0655 / H55 Inpatient Respite Car	·е						
#0656 / H56 General Inpatient Car	re						
#0658 Room and Board		215.3	232	.78 10	0/1/2021		
Basis :	Rate Ty	/ne ·					
Budget	X	Prospec	ctive				
Unaudited costs	-	 Total Pr	ospective				
Desk audited costs		Prospec	ctive Adjusted fo	r New costs	3		
Field audited costs							
Medicare - Prospective X Payment System Rate		Interim Total Int	terim				
Average Nursing Home Rate			ent based on co	sts			
Hillsborough							
<u>Distribution:</u>							
<u> </u>	T. K. Feehrer,			NVJ			
Fiscal Agent	Senior Managem	•	rvisor	3/1/2	ž		
Contract Management	Medicaid Progran	n Finance					
Contract Management							
Permanent File							
Program Development:							



087000500 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for No	n-Institutional P	<u>roviders</u>			
Hospice of I.R.C.	P	Provider Number : 087000500				
	D	ate: 09/13/2021				
1111 36th Street	F	Fiscal Year End : N/A				
Vero Beach, FL 32960	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 Ca	ire					
#0551 / 0561 Continuous Home C	are - SIA					
#0655 / H55 Inpatient Respite Car	е					
#0656 / H56 General Inpatient Car	е					
#0658 Room and Board		205.7	202.	35 10/1/2021		
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Indian River	Rate Ty X	Prospect Total Prospect Prospect Interim Total Interim	ospective tive Adjusted for			
<u>Distribution:</u> Fiscal Agent	T. K. Feehrer, Senior Manageme Medicaid Program	•	rvisor	11/2		
Contract Management						
Permanent File						
Program Development:						



087246600 - 2021/10

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

	Medicaid Reimbursement Per	Diem Rates for N	<u>on-Institutional P</u>	<u>roviders</u>				
Vitas Healthcare	Corporation - Dade County		Provider Number :	rovider Number : 087246600				
Attn: Angela Sant	ana		Date : 09/13/2021					
100 S. Biscayne I	Blvd		Fiscal Year End :	N/A				
Miami, FL 33131			Audit Status : N/A					
Provider Type:			Current Rate	New Rate	Effective Date			
Rura	al Health Clinic							
Swir	ng-Bed Provider							
Fede	erally Qualified Health Centers							
X Hos	pice Provider							
#	0651 / H51 Routine Home Care (1	-60)						
#	60651a / H5L Routine Home Care ((61 +)						
#	60652 / H52 Continuous Home Car	re						
#	⁶ 0551 / 0561 Continuous Home Ca	re - SIA						
#	0655 / H55 Inpatient Respite Care)						
#	0656 / H56 General Inpatient Care	•						
#	0658 Room and Board		244.1	19 235.6	10/1/2021			
Basis :	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Dade	Rate	Prospect Total Prospect Prospe	rospective ctive Adjusted for				
<u>Distributio</u> Fiscal Agent	_	T. K. Feehrer, Senior Manager	nent Analyst Supe	rvisor	JK4			
		Medicaid Progra	ım Finance	<u>_</u>	<u></u>			

Contract Management

Permanent File

Program Development:



087255500 - 2021/10

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

Medicaid Reimbursement P	er Diem Rates for Non	-Institutional Pr	oviders			
St. Francis Hospice	Pr	ovider Number :	087255500			
	Da	Date : 09/13/2021				
1250-B Grumman Place	Fis	Fiscal Year End : N/A				
Titusville, FL 32780	Au	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	e (1-60)					
#0651a / H5L Routine Home Car	re (61 +)					
#0652 / H52 Continuous Home (Care					
#0551 / 0561 Continuous Home	Care - SIA	_				
#0655 / H55 Inpatient Respite C	are	_				
#0656 / H56 General Inpatient C	are	_				
#0658 Room and Board		217.8	2 223.	42 10/1/2021		
Basis :	Rate Ty	20 :				
Budget	X	Prospec	tive			
Unaudited costs			ospective			
Desk audited costs	-		tive Adjusted for	New costs		
Field audited costs						
Medicare - Prospective		Interim				
X Payment System Rate		Total Inte				
Average Nursing Home Rate Brevard	<u> </u>	Settleme	ent based on cos	sts		
<u>Distribution:</u>						
	T. K. Feehrer,			NY 1.		
Fiscal Agent	Senior Manageme	<u> </u>	visor	2/12		
Contract Management	Medicaid Program	Finance				
Permanent File						
Program Development:						



087256300 - 2021/10

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

Medicaid Reimbursement Per I	Diem Rates for N	10	<u>n-Institutional P</u>	<u>roviders</u>				
Hospice of the Comforter		Р	Provider Number : 087256300					
		D	Date : 09/13/2021					
480 West Central Pkwy		Fi	Fiscal Year End : N/A					
Altamonte Springs, FL 327143125		Α	udit Status : N/A					
Provider Type:			Current Rate	New Rate	Ef	fective 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			219.5	9 22	21.49	10/1/2021		
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Seminole	Rate	X	Prospect Total Prospect Prospect Interim Total Interim	ospective tive Adjusted		costs		
Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Manage Medicaid Progra		ent Analyst Super n Finance	rvisor	<u></u>	#_		
Permanent File								
Program Development:								



087407800 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for No	n-Institutional P	<u>roviders</u>			
Community Hospice of Northeast	P	Provider Number : 087407800				
	D	ate: 09/13/2021				
4266 Sunbeam Road	F	Fiscal Year End : N/A				
Jacksonville, FL 32257	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 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		218.8	6 221.	74 10/1/2021		
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Duval	Rate Ty	Prospect Total Prospect Prospect Interim Total Inte	ospective tive Adjusted for			
<u>Distribution:</u> Fiscal Agent Contract Management	T. K. Feehrer, Senior Managem Medicaid Progran	<u> </u>	visor	1X4_		
-						
Permanent File						
Program Development:						



087514700 - 2021/10

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

Medicaid Reimbursement Pe	er Diem Rates for No	n-Institutional F	<u>Providers</u>				
Hospice of Martin & St. Lucie	P	Provider Number : 087514700					
		Date: 09/13/2021					
1201 SE Indian Street	F	Fiscal Year End : N/A					
Stuart, FL 34997	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 Car	<u> </u>						
#0652 / H52 Continuous Home C	· ,						
#0551 / 0561 Continuous Home	Care - SIA						
#0655 / H55 Inpatient Respite Ca							
#0656 / H56 General Inpatient Ca							
#0658 Room and Board		229.	93 231	.77 10/1/202			
Period	D-4- T						
Basis : Budget	Rate Ty	/pe : Prospe	ctive				
Unaudited costs			rospective				
Desk audited costs			ctive Adjusted fo	r New costs			
Field audited costs		·	•				
Medicare - Prospective		Interim					
X Payment System Rate		Total Ir					
Average Nursing Home Rate Martin		Settlen	nent based on co	sts			
<u>Distribution:</u>							
	T. K. Feehrer,			NYA			
Fiscal Agent	Senior Managem		ervisor	3/4			
Contract Management	Medicaid Progran	n Finance					
Permanent File							
Program Development:							



087516300 - 2021/10

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

	Medicaid Reimbursemen	<u>it Per D</u>	iem Rates for N	10	n-Inst	itutional Pr	<u>oviders</u>			
Hos	spice of Palm Beach County			P	Provider Number : 087516300					
				Date : 09/13/2021						
530	00 East Avenue			F	iscal \	iscal Year End : N/A				
We	st Palm Beach, FL 33407				Audit S	tatus : N/A				
Pro	ovider Type:				Cui	rrent Rate	New Rate		Effective	Date
	Rural Health Clinic									
	Swing-Bed Provider									
	Federally Qualified Health Center	ers								
	X Hospice Provider									
	#0651 / H51 Routine Home C	are (1-6	60)							
	#0651a / H5L Routine Home	Care (6	1 +)							
	#0652 / H52 Continuous Hon	ne Care	•							
	#0551 / 0561 Continuous Ho	me Car	e - SIA							
	#0655 / H55 Inpatient Respite	e Care								
	#0656 / H56 General Inpatien	nt Care								
	#0658 Room and Board					236.06	3 23	34.29	10	/1/2021
	Basis :			_	ype:					
-	Budget			X		Prospect				
-	Unaudited costs Desk audited costs						spective ive Adjusted	for Ne	w coete	
-	Field audited costs		-			r rospect	ive Adjusted	101 140	W 00313	
-	Medicare - Prospective		-			 Interim				
	X Payment System Rate					Total Inte	erim			
_	Average Nursing Home F Palm Beach	Rate				Settleme	nt based on o	costs		
	<u>Distribution:</u>									
			T. K. Feehrer,		t A	l 4 O		ر	NYI	
	Fiscal Agent		Senior Manage Medicaid Progr				VISOF		האונ	
	Contract Management		weuldalu Progr	ar	п гша	IIICE				
	Permanent File									
	Program Development:									



087520100 - 2021/10

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

Medicaid Reimbursement Per D	Diem Rates for N	or	<u>ı-Institutional Pı</u>	<u>roviders</u>				
Hospice of Marion County		Pr	Provider Number : 087520100					
		Da	Date : 09/13/2021					
P.O. Box 4860		Fi	Fiscal Year End : N/A					
Ocala, FL 344784860	The state of the s		audit Status : N/A					
Provider Type:			Current Rate	New Rate	E	ffective 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 Card	е							
#0551 / 0561 Continuous Home Car	re - SIA							
#0655 / H55 Inpatient Respite Care								
#0656 / H56 General Inpatient Care								
#0658 Room and Board			218.0	7 22	23.19	10/1/2021		
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Marion	Rate	X	Prospec Total Pro Prospec Interim Total Int	ospective tive Adjusted		v costs		
<u>Distribution:</u> Fiscal Agent Contract Management	T. K. Feehrer, Senior Manager Medicaid Progra		ent Analyst Super n Finance	visor	١	KI		
Permanent File								
Program Development:								



087522800 - 2021/10

		Medicaid Reimbursement Per D	Diem Rates for N	ю	<u>n-Insti</u>	tutional Pro	<u>oviders</u>	
Hos	spice of He	alth First		Р	rovide	r Number : 0	087522800	
				D	ate : 0	9/13/2021		
190	00 Dairy Ro	ad		F	iscal Y	ear End : N	/A	
We	st Melbour	ne, FL 32904		Α	udit St	atus : N/A		
Pro	vider Type	e:			Cur	rent Rate	New Rate	Effective Date
	R	ural Health Clinic						
	S	wing-Bed Provider						
	F	ederally Qualified Health Centers						
X Hospice Provider								
		#0651 / H51 Routine Home Care (1-	60)					
		61 +)						
		9						
		re - SIA						
		#0655 / H55 Inpatient Respite Care						
		#0658 Room and Board				221.02	224.16	10/1/2021
	Basis	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Brevard	Rate	X	ype:	Interim Total Inte	spective ve Adjusted for N	ew costs
<u>Distribution:</u> Fiscal Agent		T. K. Feehrer, Senior Manage Medicaid Progr				risor	JKJ	
	Contract Management		ivieuicaid Progr	al]	ıı rınar	ice		
	Permane	nt File						
	Program	Development:						
		For information Only (No Change in rat	re)					



087523600 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for No	<u>n-Institutional Pr</u>	<u>oviders</u>			
Hospice of Volusia	P	Provider Number : 087523600				
	D	Date: 09/13/2021				
3800 Woodbriar Trail	F	Fiscal Year End : N/A				
Port Orange, FL 32129	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 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		223.3	1 222.	.02 10/1/2021		
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Volusia	Rate Ty X	Prospect Total Pro Prospect Interim Total Inte	ospective tive Adjusted fo			
<u>Distribution:</u> Fiscal Agent Contract Management	T. K. Feehrer, Senior Manageme Medicaid Progran	<u> </u>	visor	SKI		
D T. Ell.						
Permanent File						
Program Development:						



087524400 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for No	<u>n-Institutional P</u>	<u>roviders</u>			
Big Bend Hospice	P	Provider Number : 087524400				
	D	Pate: 09/13/2021				
1723 Mahan Center Blvd.	Fi	Fiscal Year End : N/A				
Tallahassee, FL 323085428	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	ire					
#0551 / 0561 Continuous Home C	are - SIA					
#0655 / H55 Inpatient Respite Car	е					
#0656 / H56 General Inpatient Car	·e					
#0658 Room and Board		221.5	4 223.	10/1/202		
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Leon	Rate Ty	Prospec Total Pro Prospec Interim Total Int	ospective tive Adjusted fo			
Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Manageme Medicaid Program		rvisor	144		
Permanent File						
Program Development:						



087526100 - 2021/10

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

		Medicaid Reimbursement Per I	Diem Rates for N	10	n-Inst	<u>itutional Pro</u>	<u>oviders</u>			
Ho	spice of Lake and	d Sumter		Р	Provider Number : 087526100					
				D	Date: 09/13/2021					
123	300 Lane Park Ro	oad		F	iscal \	Year End : N	/A			
Taν	/ares, FL 32778			Α	udit S	tatus : N/A				
Pro	vider Type:				Cur	rrent Rate	New Rate		Effective	e Date
	Rural I	Health Clinic								
	Swing-	-Bed Provider								
	Federa	Illy Qualified Health Centers								
	X Hospic	ce Provider								
	#06	551 / H51 Routine Home Care (1	-60)							
	#06	651a / H5L Routine Home Care (61 +)							
	#06	652 / H52 Continuous Home Car	е							
	#05	551 / 0561 Continuous Home Ca	re - SIA							
	#0655 / H55 Inpatient Respite Care									
	#06	656 / H56 General Inpatient Care	•							
	#06	558 Room and Board				226.62	2 2	19.95	10	0/1/2021
			-							
Γ	Basis :	٦	Rate	T۱	vpe :					
L		⊒ Budget		X		— Prospect	ive			
-		Unaudited costs				Total Pro	spective			
		Desk audited costs				Prospect	ive Adjusted	I for Ne	ew costs	1
-		Field audited costs				<u> </u>				
	V	Medicare - Prospective				Interim				
-	Х	Payment System Rate				Total Inte	rım nt based on	conto		
-		Average Nursing Home Rate Lake				— Settleffle	iii baseu oii	COSIS		
		Edito								
	Distribution:		•							
			T. K. Feehrer,						NYA	
	Fiscal Agent		Senior Manage				/isor		האת	
	Contract Mana	gement	Medicaid Progr	an	ii Fina	nce				
	Permanent File	е								
	Program Deve	lopment:								



087527900 - 2021/10

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

Medicaid Reimbursement Pe	er Diem Rates for No	n-Institutional P	<u>roviders</u>			
Tidewell Hospice & Palliative Care	F	Provider Number : 087527900				
		ate : 09/13/2021				
5955 Rand Blvd	F	iscal Year End : N/A				
Sarasota, FL 34238	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 Car	e (61 +)					
#0652 / H52 Continuous Home C	are					
#0551 / 0561 Continuous Home	Care - SIA					
#0655 / H55 Inpatient Respite Ca	are					
#0656 / H56 General Inpatient Ca	are					
#0658 Room and Board		229.0	8 224	.53 10/1/2021		
Basis:	Rate T					
Budget	X					
Unaudited costs Desk audited costs			ospective tive Adjusted fo	r Now costs		
Field audited costs		r10spec	live Aujusteu 10	I New Costs		
Medicare - Prospective		Interim				
X Payment System Rate		Total Int	erim			
Average Nursing Home Rate Sarasota		Settleme	ent based on co	sts		
<u>Distribution:</u>						
	T. K. Feehrer,			NYI		
Fiscal Agent	Medicaid Prograr	ent Analyst Super	VISOF			
Contract Management	wedicald Prograf	п ппапсе				
Permanent File						
Program Development:						



087528700 - 2021/10

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

Medicaid Reimbursement Pe	er Diem Rates for No	on-Institutional P	<u>roviders</u>				
Hospice of the Treasure Coast	I	Provider Number :	087528700				
		Date: 09/13/2021					
1201 SE Indian St		Fiscal Year End : I	iscal Year End : N/A				
Stuart, FL 34997		Audit Status : N/A	udit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date			
Rural Health Clinic			<u>'</u>	<u>'</u>			
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 (Care - SIA						
#0655 / H55 Inpatient Respite Ca	re						
#0656 / H56 General Inpatient Ca	are						
#0658 Room and Board		229.4	11 225	.67 10/1/2021			
Basis:	Rate T						
Budget	X						
Unaudited costs Desk audited costs			ospective ctive Adjusted fo	ar New costs			
Field audited costs	-	1 103pet	ctive Adjusted to	T New costs			
Medicare - Prospective		Interim					
X Payment System Rate		Total In	terim				
Average Nursing Home Rate St Lucie		Settlem	ent based on co	ests			
<u>Distribution:</u>							
	T. K. Feehrer,			NYJ			
Fiscal Agent		nent Analyst Supe	rvisor	31/A			
Contract Management	Medicaid Progra	m Finance					
Permanent File							
Program Development:							



087529500 - 2021/10

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

Medicaid Reimbursement Pe	er Diem Rates for No	on-	<u>Institutional Pr</u>	<u>oviders</u>			
Hospice by the Sea			rovider Number : 087529500				
		Dat	oate : 09/13/2021				
1531 W. Palmetto Park Road		Fisc	iscal Year End : N/A				
Boca Raton, FL 334863395		Aud	dit Status : N/A				
Provider Type:			Current Rate	New Rate	Eff	ective 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 (Care - SIA						
#0655 / H55 Inpatient Respite Ca	re						
#0656 / H56 General Inpatient Ca	are						
#0658 Room and Board			235.72	2 233	3.44	10/1/2021	
Basis :	Rate 1						
Budget	<u> </u>	X	Prospect				
Unaudited costs Desk audited costs				spective	or Now	ocata	
Field audited costs			Prospeci	ive Adjusted for	or inew	COSIS	
Medicare - Prospective	-		 Interim				
X Payment System Rate			Total Inte	erim			
Average Nursing Home Rate			Settleme	ent based on co	osts		
Palm Beach							
<u>Distribution:</u>							
<u>=</u>	T. K. Feehrer,				٨٧	11	
Fiscal Agent	Senior Managen			visor	ال	M	
Contract Management	Medicaid Progra	am F	-inance				
Contract Management							
Permanent File							
Program Development:							



087532500 - 2021/10

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

Medicaid Reimbursement Per	r Diem Rates for No	<u>n-Institutional P</u>	<u>roviders</u>			
Hospice of the Florida Suncoast	P	rovider Number : 087532500				
	D	ate : 09/13/2021				
5771 Rosevelt Blvd	F	iscal Year End : N	N/A			
Clearwater, FL 337603770	Α	udit Status : N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic				<u>'</u>		
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	re					
#0656 / H56 General Inpatient Ca	re					
#0658 Room and Board		218.4	2 221.	03 10/1/2021		
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Pinellas	Rate Ty	Prospec Total Pro Prospec Interim Total Int	ospective tive Adjusted for			
Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Manageme Medicaid Progran		rvisor	144		
Permanent File						
Program Development:						
1 Togram Development.						



087535000 - 2021/10

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

	<u>N</u>	<u>ledicaid Reimbursement Per [</u>	Diem Rates for N	10	n-Ins	titutional Pr	<u>oviders</u>			
Норе Н	ospice & Pallia	ative Care		Р	rovider Number : 087535000					
				D	ate : 09/13/2021					
9470 H	ealth Park Circ	ele		F	iscal	Year End : N	I/A			
Ft. Mye	rs, FL 339083	8617		Α	udit S	udit Status : N/A				
Provide	er Type:				Cu	rrent Rate	New Rate		Effective D	ate
	Rural He	alth Clinic								
	Swing-B	ed Provider								
	Federally	Qualified Health Centers								
X	Hospice	Provider								
	#065	1 / H51 Routine Home Care (1-	-60)							
	#065	1a / H5L Routine Home Care (61 +)							
	#065	2 / H52 Continuous Home Car	e							
	#055 ²	1 / 0561 Continuous Home Ca	re - SIA							
	#065	5 / H55 Inpatient Respite Care								
	#0650	6 / H56 General Inpatient Care								
	#0658	8 Room and Board				226.12	2 22	25.03	10/1/	2021
	Basis :	D 1 1	Rate			<u> </u>				
		Budget Unaudited costs		X		Prospect	ive spective			
		Desk audited costs					ive Adjusted	for Ne	ew costs	
		Field audited costs	-				iivo 7 tajaotoa	101 110	W 00010	
		Medicare - Prospective	-			Interim				
	Х	Payment System Rate				Total Inte	erim			
	<u> </u>	Average Nursing Home Rate Lee				Settleme	ent based on	costs		
Di	istribution:									
			T. K. Feehrer,						NYI	
Fi	scal Agent		Senior Manage				visor		אל	_
Co	ontract Manage	ement	Medicaid Progr	an	II FINA	ance				
Pe	ermanent File									
Pr	ogram Develo	pment:								



087537600 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for No	on-Institutional P	<u>roviders</u>				
Avow Hospice	F	Provider Number :	087537600				
		Date : 09/13/2021	ete : 09/13/2021				
1095 Whippoorwill Lane	F	iscal Year End : I	N/A				
Naples, FL 34105	1	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	1-60)						
#0651a / H5L Routine Home Care	(61 +)						
#0652 / H52 Continuous Home Ca	re						
#0551 / 0561 Continuous Home Ca							
#0655 / H55 Inpatient Respite Card	е						
#0656 / H56 General Inpatient Car	е						
#0658 Room and Board		224.6	222.	35 10/1/2021			
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Collier	Rate T	Prospect Total Pr Prospect Interim Total Interim	ospective ctive Adjusted for				
<u>Distribution:</u> Fiscal Agent Contract Management	T. K. Feehrer, Senior Managem Medicaid Progra	nent Analyst Supe m Finance	rvisor	144			
Permanent File							
Program Development:							



087569400 - 2021/10

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

Medicaid Reimbursement F	er Diem Rates for No	<u>n-Institutional P</u>	<u>roviders</u>				
Catholic Hospice	Catholic Hospice			Provider Number : 087569400			
		ate : 09/13/2021					
14875 NW 77th Ave	F	iscal Year End : I	N/A				
Miami Lakes, FL 33014	Į.	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 Car	e (1-60)						
#0651a / H5L Routine Home Ca	are (61 +)						
#0652 / H52 Continuous Home	Care						
#0551 / 0561 Continuous Home	e Care - SIA						
#0655 / H55 Inpatient Respite C	are						
#0656 / H56 General Inpatient (Care						
#0658 Room and Board		245.2	6 242.	73 10/1/2021			
Basis :	Rate T	ype:					
Budget	X						
Unaudited costs			ospective				
Desk audited costs		Prospec	tive Adjusted for	New costs			
Field audited costs Medicare - Prospective		 Interim					
X Payment System Rate		Titleriiii Total Int	erim				
Average Nursing Home Rate	te		ent based on cos	sts			
Dade							
<u>Distribution:</u>	T. K. Feehrer,			A>/ A			
Fiscal Agent		ent Analyst Supe	rvisor	JK2+			
<u> </u>	Medicaid Program			<u> </u>			
Contract Management							
Permanent File							
Program Development:							



100313200 - 2021/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District	Provider Number : 100313200
Hospice of Gold Coast Home Health	Date: 09/13/2021
309 SE 18th St	Fiscal Year End : N/A
Ft. Lauderdale, FL 33316	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	241.0	4 243.	71 10/1/2021

Basis :		Rate Type :	٦
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Broward		_

Distribution:

Fiscal Agent

T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance 1/4

Contract Management

Permanent File

Program Development:



100944700 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for No	n-Institutional P	<u>roviders</u>		
Seasons Hospice & Palliative Care of Pinellas County Provider Number : 100944700					
	D	ate : 09/13/2021			
17757 US Highway 19 N STE 175	F	iscal Year End : N	N/A		
Clearwater, FL 33764	A	udit Status : N/A			
Provider Type:		Current Rate	New Rate	Effecti	ve 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	re				
#0551 / 0561 Continuous Home Ca	are - SIA				
#0655 / H55 Inpatient Respite Card	e				
#0656 / H56 General Inpatient Car	e				
#0658 Room and Board		226.0	5 224	.75	10/1/2021
Basis:	Rate Ty		4:		
Budget Unaudited costs		Prospec	ospective		
Desk audited costs	-		tive Adjusted fo	r New cost	s
Field audited costs		<u> </u>	•		
Medicare - Prospective		Interim			
X Payment System Rate		Total Int			
Average Nursing Home Rate Hillsborough		Settleme	ent based on co	sts	
<u>Distribution:</u>	T. K. Feehrer,			A > / A	
Fiscal Agent	Senior Manageme	ent Analyst Super	rvisor	.1)(2)	•
· · · · · · · · · · · · · · · · ·	Medicaid Program	<u> </u>			
Contract Management					
Permanent File					
Program Development:					



101809700 - 2021/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date
Lakeland, FL 33811-1344	Audit Status : N/A
2525 Drane Field Rd Ste 4	Fiscal Year End : N/A
Compassionate Care Hospice of Central Florida, Inc.	Date : 09/13/2021
Compassionate Care Hospice of Central Florida, Inc.	Provider Number : 101809700

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	220.3	8 217.	10/1/2021

Basis :	\neg	Rate Type :	٦
	Budget	X	Prospective
	Unaudited costs	-	Total Prospective
	Desk audited costs	-	Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
X	Payment System Rate		 Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Polk		_

Distribution:

Fiscal Agent

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

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Contract Management

Permanent File

Program Development:



101811100 - 2021/10

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

	<u> </u>	Medicaid Reimbursement Per I	Diem Rates for N	No	n-In	stitutional Pr	<u>oviders</u>		
Compassionate Care Hospice of Lake & Sumter			Provi	ovider Number : 101811100					
				D	Date	: 09/13/2021			
900 Main St. Ste 208				F	isca	al Year End : N	/A		
Th	e Villages, FL 321		Α	Audit	Status : N/A				
Pro	ovider Type:				С	urrent Rate	New Rate	E	ffective Date
	Rural H	ealth Clinic							
	Swing-E	Bed Provider							
	Federal	ly Qualified Health Centers							
	X Hospice	Provider							
	#065	51 / H51 Routine Home Care (1-	-60)						
	#065	51a / H5L Routine Home Care (61 +)						
	#065	52 / H52 Continuous Home Car	e						
	#055	51 / 0561 Continuous Home Ca	re - SIA						
	#065	55 / H55 Inpatient Respite Care							
	#065	56 / H56 General Inpatient Care							
	#065	58 Room and Board				216.78	223	3.81	10/1/202
		_							
	Basis :		Rate						
		_Budget _ 		X		Prospect			
		Desk audited costs				Total Pro	ispective ive Adjusted fo	or New	v costs
		Field audited costs	-				ivo riajaoloa il	JI 140V	7 00010
		Medicare - Prospective	-			Interim			
	X	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on co	osts	
		Lake							
	<u>Distribution:</u>		I						
T. K. Feehrer, Senior Manage Medicaid Progr			m	ont	Analyst Sunan	icor	Λ	X4	
							/1501		1
	Contract Manag	gement	Woodloada i 10gi	ui l					
	Permanent File								
	Program Develo	opment:							



101811400 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rates for I	10	n-Ins	titutional Pr	<u>oviders</u>		
Compassionate Care Hospice of Miami Dade and the Florida I			e Florida Keys	Р	Provid	er Number :	101811400		
				D	ate :	09/13/2021			
460	0-464 W 5		F	Fiscal Year End : N/A					
Hialeah, FL 33012				Α	udit \$	Status : N/A			
Pro	ovider Typ	pe:			Cı	rrent Rate	New Rate	Eff	ective Date
		Rural Health Clinic							
	;	Swing-Bed Provider							
	I	Federally Qualified Health Centers							
	ΧI	Hospice Provider							
		#0651 / H51 Routine Home Care (1-60)						
		#0651a / H5L Routine Home Care	(61 +)						
		#0652 / H52 Continuous Home Ca	ire						
		#0551 / 0561 Continuous Home C	are - SIA						
		#0655 / H55 Inpatient Respite Car	e						
		#0656 / H56 General Inpatient Car	'e						
		#0658 Room and Board				237.72	2 232	2.20	10/1/202
ī									
	Basi	I s : Budget	Rate	X		 Prospect	·ivo		
		Unaudited costs	-				spective		
•		Desk audited costs	-				ive Adjusted f	or New	costs
•		Field audited costs							
•		Medicare - Prospective				Interim			
	Х					Total Inte			
•		Average Nursing Home Rate Dade				Settleme	nt based on c	osts	
	<u>Distrib</u>	oution:	T V Foobrar						, h
			T. K. Feehrer, Senior Manage	m	ent A	nalvst Super	visor	J)}	(4)
	1 10001 7	.9	Medicaid Progr						• 1 ****
	Contrac	ct Management							
	Perman	nent File							
		n Development:							



103844700 - 2021/10

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

		Medicaid Reimbursement Per	Diem Rates for N	10	n-In	stitutional Pro	<u>oviders</u>			
Catholi	c Hospice Ind	С		Р	Provi	der Number : 1	103844700			
				D	Date	: 09/13/2021				
2900 W	/ Cypress Cr	eek Rd, Ste 7		F	isca	I Year End : N	/A			
Ft. Lau	derdale, FL	33309		Α	Audit	Status : N/A				
Provid	er Type:				С	urrent Rate	New Rate	E	ffective D	Date
	Rural I	Health Clinic								
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
Х	Hospic	ce Provider								
	#06	651 / H51 Routine Home Care (1	-60)							
	#06	651a / H5L Routine Home Care ((61 +)							
	#06	652 / H52 Continuous Home Car	œ							
	#05	551 / 0561 Continuous Home Ca	re - SIA							
	#06	655 / H55 Inpatient Respite Care	•							
	#06	656 / H56 General Inpatient Care)							
	#06	558 Room and Board				234.84	24	8.74	10/1/	/2021
										\exists
	Basis :		Rate	Ty	ype	:				
		Budget		X		Prospecti				
		Unaudited costs				Total Pro	•	.	4 .	
		Desk audited costs Field audited costs				Prospecti	ve Adjusted f	or Nev	√ costs	
		Medicare - Prospective	-			 Interim				
	Χ	Payment System Rate				Total Inte	rim			
		Average Nursing Home Rate				Settleme	nt based on c	osts		
		Broward								
	istribution:									
<u> </u>	istribution.		T. K. Feehrer,					٨	VA	
Fi	scal Agent		Senior Manage	m	ent A	Analyst Superv	risor	ر	Not I	
			Medicaid Progr	an	m Fir	nance				_
C	ontract Mana	agement								
Pe	ermanent File	e								
Pr	ogram Deve	elopment:								



104177600 - 2021/10

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

	Medicaid Re	<u>imbursement Per [</u>	Diem Rates for N	Ю	n-Instit	utional Pro	<u>oviders</u>			
Mor	selife Hospice Institute			Р	rovider	Number :	104177600			
Palr	m Beach Hospice by Morselife			D	Date: 09/13/2021					
Attn	: Finance Department			F	iscal Year End : N/A					
Wes	st Palm Beach, FL 33417			Α	udit Sta	atus : N/A				
Pro	vider Type:				Curr	ent Rate	New Rate		Effectiv	e Date
	Rural Health Clinic									
	Swing-Bed Provider	•								
	Federally Qualified	Health Centers								
	X Hospice Provider									
	#0651 / H51 Rou	tine Home Care (1-	-60)							
	#0651a / H5L Ro	utine Home Care (61 +)							
	#0652 / H52 Con	tinuous Home Car	e							
	#0551 / 0561 Cor	ntinuous Home Ca	re - SIA							
	#0655 / H55 Inpa	tient Respite Care								
	#0656 / H56 Gen	eral Inpatient Care								
	#0658 Room and	l Board				235.28	3 23	34.77	1	0/1/2021
L	Basis : Budget		Rate	ту Х	/pe :	_ Prospect	ivo			
_	Unaudited c	osts		^		Total Pro				
_	Desk audite						ive Adjusted	for Ne	ew costs	3
_	Field audited	d costs	-			_ ·	•			
	Medicare - F	Prospective				Interim				
	X Payment Sy					Total Inte				
_		rsing Home Rate Palm Beach	-			_Settleme	nt based on o	costs		
	<u>Distribution:</u>									
			T. K. Feehrer,						NYI	·
	Fiscal Agent		Senior Manage			•	/ISOr		האנ	
	Contract Management		Medicaid Progr	all	ıı rınan	ce				
	Permanent File									
	Program Development:									



104213800 - 2021/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard HMA Hospice	Provider Number : 104213800
Wuesthoff Helath Systems Brevard Hospice	Date: 09/13/2021
PO BOX 51266	Fiscal Year End : N/A
Lafayette, LA 70505-1266	Audit Status : N/A
_ · · · -	0 10 1 0 0 0 0

Provider	Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			<u>'</u>
	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	219.1	5 220.	49 10/1/2021

Basis :	\neg	Rate Type :	٦
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		 Interim
X	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

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Contract Management

Permanent File

Program Development:



105197500 - 2021/10

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

Medicaid Reimbursement Pe	r Diem Rates for Noi	n-Institutional Pւ	<u>oviders</u>			
Hospice of Okeechobee	P	rovider Number :	105197500			
	D	Date : 09/13/2021				
411 SE 4th St	Fi	iscal Year End : N	I/A			
Okeechobee, FL 34974	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	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		255.3	9 255.39	10/1/2021		
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate Okeechobee	Rate Ty	Prospec Total Pro Prospec Interim Total Inte	ospective tive Adjusted for N			
Distribution: Fiscal Agent Contract Management	T. K. Feehrer, Senior Manageme Medicaid Program	•	visor	11/4		
Permanent File						
Program Development:						



105421900 - 2021/10

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

<u>Me</u>	<u>dicaid Reimbursement Per D</u>	iem Rates for N	loi	n-Insti	tutional Pr	<u>oviders</u>			
Bristol Hospice - Miami I	Dade		Р	rovider	Number :	105421900			
			D	ate : 0	9/13/2021				
206 N 2100 W Ste 202			Fi	iscal Y	ear End : N	/A			
Salt Lake City,			Α	udit St	atus : N/A				
Provider Type:				Curr	rent Rate	New Rate		Effectiv	e Date
Rural Heal	th Clinic								
Swing-Bed	Provider								
Federally (Qualified Health Centers								
X Hospice Pr	rovider								
#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 F	Room and Board				238.55	5 23	32.20	10	0/1/2021
Basis :		Rate		/pe :					
	ıdget		X		Prospect				
	naudited costs esk audited costs				Total Pro	spective ive Adjusted	l for N	ow coete	
	eld audited costs				— Prospect	ive Aujusteu	I IOI IN	aw cosis	
	edicare - Prospective				 Interim				
	ayment System Rate	-			 Total Inte	erim			
A\	verage Nursing Home Rate Dade				Settleme	nt based on	costs		
<u>Distribution:</u>									
		T. K. Feehrer,		4 A	- l t. O		_	NYI	
Fiscal Agent		Senior Manage Medicaid Progr			, ,	/ISOF		アグラ	
Contract Managem	nent	wedicald Progr	aií	ı rınan	ice				
Permanent File									
Program Developm	nent:								



106026400 - 2021/10

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

	Medicaid Reimbursement Per I	Diem Rates for N	ю	n-Institutional P	roviders		
North Cer	ntral Florida Hospice		Р	rovider Number :	106026400		
			D	ate: 09/13/2021			
4200 NW	90th Blvd		F	iscal Year End : N	N/A		
Gainesvill	e, FL 32606		Α	udit Status : N/A			
Provider	Type:			Current Rate	New Rate	Ef	fective 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	e					
	#0551 / 0561 Continuous Home Ca	re - SIA					
	#0655 / H55 Inpatient Respite Care						
	#0656 / H56 General Inpatient Care						
	#0658 Room and Board			224.1	9 22	1.99	10/1/2021
В	Basis:	Rate					
	Budget		X	Prospec			
	Unaudited costs Desk audited costs				ospective tive Adjusted f	for New	costs
	Field audited costs			1 103pec	live Aujusteu i	IOI INGW	COSIS
	Medicare - Prospective	-		Interim			
	X Payment System Rate	-		Total Int	erim		
	Average Nursing Home Rate Alachua			Settleme	ent based on o	costs	
<u>Dist</u>	tribution:						
		T. K. Feehrer,				Λ	11
Fisc	al Agent			ent Analyst Supe	rvisor	ال	M
Con	tract Management	Medicaid Progr	an	п гіпапсе			
Pern	nanent File						
Prog	gram Development:						



106087100 - 2021/10

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

Medicaid Reimbursement Pe	r Diem Rates for No	<u>n-Institutional P</u>	<u>roviders</u>				
Seasons Hospice and Palliative Care of Pasco Cou	nty	Provider Number : 106087100 Date : 09/13/2021					
	С						
6400 Shafer Ct	F	Fiscal Year End : N/A Audit Status : N/A					
Rosemont, IL 60018	А						
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							
#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		213	.7 222.	97 10/1/2021			
Basis :	Rate Ty	ype:					
Budget	X	Prospec					
Unaudited costs			ospective				
Desk audited costs		Prospec	ctive Adjusted for	New costs			
Field audited costs		Intovino					
Medicare - Prospective X Payment System Rate		Interim Total Int	torim				
Average Nursing Home Rate	-		ent based on cos	ete			
Pasco			one badda on doe				
<u>Distribution:</u>	T. K. Feehrer,			A > / A			
Fiscal Agent	Senior Managem	ent Analyst Supe	rvisor	. N.Z			
	Medicaid Progran						
Contract Management	•						
Permanent File							
Program Development:							



106749100 - 2021/10

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

Medicaid Reimbursement	Per Diem Rates for No	n-Institutional P	<u>roviders</u>				
Odyssey Healthcare of Marion County	F	Provider Number :	106749100				
Kindred Hospice		Date : 09/13/2021					
1975 S John Young Pkwy	F	Fiscal Year End : N/A					
Kissimmee, FL 34741	A	Audit Status : N/A					
Provider Type:		Current Rate	New Rate	Effective	e Date		
Rural Health Clinic							
Swing-Bed Provider							
Federally Qualified Health Center	'S						
X Hospice Provider							
#0651 / H51 Routine Home Ca	re (1-60)						
#0651a / H5L Routine Home C	Sare (61 +)						
#0652 / H52 Continuous Home	e Care						
#0551 / 0561 Continuous Hom	ne Care - SIA						
#0655 / H55 Inpatient Respite	Care						
#0656 / H56 General Inpatient	Care						
#0658 Room and Board		211.2	8 212	.75 10)/1/2021		
Basis:	Rate T		4:				
Budget Unaudited costs	X		ctive ospective				
Desk audited costs			tive Adjusted fo	r New costs			
Field audited costs							
Medicare - Prospective		Interim					
X Payment System Rate		Total Int	erim				
Average Nursing Home Ra	ate	Settleme	ent based on co	sts			
<u>Distribution:</u>							
	T. K. Feehrer,			NYI			
Fiscal Agent		ent Analyst Super	rvisor	SAL.			
Contract Management	Medicaid Prograr	π Finance					
Permanent File							
Program Development:							



108376800 - 2021/10

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

Medicaid Reimbursement Per	r Diem Rates for N	on	-Institutional Pr	<u>roviders</u>		
Opuscare of Florida		Pr	ovider Number :	108376800		
		Da	ate: 09/13/2021			
6900 SW 80th St		Fis	iscal Year End : N/A			
Miami, FL 33143		Αι	ıdit Status : N/A			
Provider Type:			Current Rate	New Rate	E	ffective 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	'e					
#0656 / H56 General Inpatient Ca	re					
#0658 Room and Board			238.5	5 22	24.65	10/1/2021
	T					
Basis :	Rate ⁻	Tvi	ne :			
Budget		X	Prospec	tive		
Unaudited costs			Total Pro	ospective		
Desk audited costs			Prospec	tive Adjusted	for New	v costs
Field audited costs						
Medicare - Prospective			Interim			
X Payment System Rate			Total Int			
Average Nursing Home Rate Dade			Settleme	ent based on	costs	
But the disc						
<u>Distribution:</u>	T. K. Feehrer,				٨	V 1
Fiscal Agent		me	nt Analyst Super	visor	اك	KJ .
ŭ	Medicaid Progra	am	Finance			
Contract Management						
Permanent File						
Program Development:						



108953500 - 2021/10

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

	Medicaid Reimbursement Per	Diem Rates for No	n-Institutional P	roviders				
Conti	nuum Care of Broward	P	rovider Number : 108953500					
		D	Date: 09/13/2021					
7771	W Oakland Park Blvd	F	Fiscal Year End : N/A					
Sunri	se, FL 33351	A	udit Status : N/A					
Provi	ider 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	<u> </u>	-					
	#0652 / H52 Continuous Home Ca	re	_					
	#0551 / 0561 Continuous Home Ca	are - SIA	-					
	#0655 / H55 Inpatient Respite Care	e	_					
	#0656 / H56 General Inpatient Care	e	-					
	#0658 Room and Board		234.8	34 235.	.75 10/	1/2021		
	Basis :	Rate Ty	/pe :					
	Budget	X	Prospe	ctive				
	Unaudited costs		Total Pı	ospective				
	Desk audited costs		Prospe	ctive Adjusted fo	r New costs			
	Field audited costs							
	Medicare - Prospective		Interim					
	X Payment System Rate		Total In					
	Average Nursing Home Rate Broward		Settlem	ent based on co	SIS			
	<u>Distribution:</u>	T V Fachuan						
	Fiscal Agent	T. K. Feehrer, Senior Managem	ent Analyst Supe	rvisor	184			
	r Isotal Agent	Medicaid Progran	<u> </u>					
	Contract Management	3						
	Permanent File							
	Program Development:							



110029100 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for N	or	n-Institut	tional Pro	<u>viders</u>		
Gulfside Hospice		Pr	rovider N	umber : 1	10029100		
		Date : 09/13/2021					
2061 Collier Pkwy		Fi	iscal Yea	r End : N	'A		
Land O Lakes, FL 34639		Αι					
Provider Type:			Currer	nt Rate	New Rate		Effective Date
Rural Health Clinic					1		
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	e						
#0656 / H56 General Inpatient Car	e						
#0658 Room and Board				213.7	2	18.69	10/1/202
					ı		
Basis :	Rate	Ту	pe:				
Budget		X		Prospecti	ve		
Unaudited costs				Total Pro	spective		
Desk audited costs				Prospecti	ve Adjusted	d for No	ew costs
Field audited costs							
Medicare - Prospective				Interim			
X Payment System Rate	-			Total Inte	rım nt based on		
Average Nursing Home Rate Pasco				Sememe	it based on	COSIS	
<u>Distribution:</u>	T 1/ E						
Figure Agent	T. K. Feehrer, Senior Manage	me	ent Analy	st Sunerv	risor		N/4
Fiscal Agent	Medicaid Progra			•	1001		
Contract Management		-					
Permanent File							
Program Development:							



110680000 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for No	<u>on-Institutional P</u>	<u>roviders</u>				
Seasons Hospice and Palliative Care of Southern Flo	Provider Number :	rovider Number : 110680000					
		Date: 09/13/2021					
5200 NE 2nd Ave	F	iscal Year End : I	N/A				
Miami, FL 33137	, and the second	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 Ca	re						
#0551 / 0561 Continuous Home Ca	are - SIA						
#0655 / H55 Inpatient Respite Card	e						
#0656 / H56 General Inpatient Car	e						
#0658 Room and Board		238.9	229.6	0 10/1/2021			
Basis :	Rate T	vpe :					
Budget	X		ctive				
Unaudited costs		 Total Pr	ospective				
Desk audited costs		Prospec	ctive Adjusted for I	New costs			
Field audited costs							
Medicare - Prospective		Interim					
X Payment System Rate		Total Int					
Average Nursing Home Rate Dade		Settlem	ent based on cost	S			
<u>Distribution:</u>							
	T. K. Feehrer,			NY 1			
Fiscal Agent		ent Analyst Supe	rvisor	3/1/2			
Contract Management	Medicaid Progra	m ⊦ınance					
Permanent File							
Program Development:							



150003100 - 2021/10

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

	Medicaid Reimbursement Per	Diem Rates for N	Ю	n-Institutional P	<u>roviders</u>		
Florida Hospital	Hospice Care		Р	Provider Number	: 150003100		
			D	ate : 09/13/2021			
770 W. Granada	a Blvd		F	iscal Year End :	N/A		
Ormond Beach,	FL 32174		A	udit Status : N/A			
Provider Type:				Current Rate	New Rate	Eſ	fective Date
Ru	ral Health Clinic						
Sw	ring-Bed Provider						
Fee	derally Qualified Health Centers						
X Ho	spice Provider						
	#0651 / H51 Routine Home Care (1	l -60)					
	#0651a / H5L Routine Home Care	(61 +)					
	#0652 / H52 Continuous Home Ca	re					
	#0551 / 0561 Continuous Home Ca	are - SIA					
	#0655 / H55 Inpatient Respite Care	 }					
	#0656 / H56 General Inpatient Card						
	#0658 Room and Board			223.0	07 22	1.88	10/1/2021
Basis :		Rate					
	Budget Unaudited costs		X	Prospe			
	Desk audited costs				rospective ctive Adjusted :	for New	, costs
	Field audited costs				otivo 7 tajaotoa	101 1401	00010
	Medicare - Prospective			Interim			
X	Payment System Rate			Total In	terim		
	Average Nursing Home Rate Volusia			Settlem	ent based on o	costs	
Distribut	<u>ion:</u>						
		T. K. Feehrer,				Λ	YL
Fiscal Age	ent			ent Analyst Supe	ervisor	ات_	
Contract M	/lanagement	Medicaid Progr	an	n Finance			
Permanen	t File						
Program D	Development:						



150009100 - 2021/10

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

Medicaid Reimbursement Per	Diem Rates for No	n-Institutional P	<u>roviders</u>				
Hospice of Emerald Coast	P	rovider Number :	150009100				
	ate : 09/13/2021						
PO Box 2127	F	iscal Year End : N	N/A				
Dothan, AL 36302	Α	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	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	e						
#0656 / H56 General Inpatient Car	е						
#0658 Room and Board		218.0	9 220.	10/1/2021			
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Bay	Rate Ty	Prospect Total Prospect Prospect Interim Total Inte	ospective tive Adjusted fo				
<u>Distribution:</u> Fiscal Agent Contract Management	T. K. Feehrer, Senior Manageme Medicaid Progran		visor	144			
Permanent File							
Program Development:							



150013900 - 2021/10

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

	Medicaid Reimbursement Per D	iem Rates for No	n-Institutional	<u>Providers</u>		
Vit	as Healthcare Corp of Florida - Congress Ave	P	Provider Numbe	r : 150013900		
Attn: Angela Santana Dat			Date: 09/13/202	21		
100	0 S. Biscayne Blvd	F	iscal Year End	: N/A		
Mia	ami, FL 33131	A	udit Status : N/	Α		
Pro	ovider Type:		Current Rat	e New Rate	Effective I	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 Car	e - SIA				
	#0655 / H55 Inpatient Respite Care					
	#0656 / H56 General Inpatient Care					
	#0658 Room and Board		235	5.88 234	1.47 10/1	/2021
	Basis: Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Palm Beach	Rate Ty	Prosp Total Prosp Interir	ective Prospective ective Adjusted fo n Interim ment based on co		
	<u>Distribution:</u> Fiscal Agent Contract Management	T. K. Feehrer, Senior Managem Medicaid Prograr		pervisor	144	_
	Permanent File					
	Program Development:					



150021000 - 2021/10

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

Medicaid Reimbursement Per	r Diem Rates for N	loi	n-Institutional P	<u>roviders</u>		
Good Shepherd Hospice, Inc		Р	rovider Number :	150021000		
	D	ate: 09/13/2021				
115 South Missouri Ave		Fi	iscal Year End : N	N/A		
Lakeland, FL 33815		Α	udit Status : N/A			
Provider Type:			Current Rate	New Rate	Effe	ective 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	·e					
#0656 / H56 General Inpatient Car	re					
#0658 Room and Board			220.8	8 21	7.63	10/1/2021
Basis :	Rate	Τv	rpe :			
Budget		X	Prospec	tive		
Unaudited costs			Total Pr	ospective		
Desk audited costs			Prospec	tive Adjusted	for New o	costs
Field audited costs						
Medicare - Prospective X Payment System Rate			Interim Total Int	orim		
X Payment System Rate Average Nursing Home Rate				enn ent based on d	nete	
Polk	-			ont based on t	20313	
<u>Distribution:</u>						
	T. K. Feehrer,				ΛY	1
Fiscal Agent	Medicaid Progra		ent Analyst Supe	rvisor	ורב	7
Contract Management	iviedicald Progra	alí	і гіпапсе			
Permanent File						
Program Development:						



150022800 - 2021/10

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

Date: 09/13/2021 3010 W. Azeele Street Fiscal Year End: N/A Audit Status: N/A	Medicaid Reimbursement Po	er Diem Rates for No	n-Institutional P	<u>roviders</u>		
Fiscal Year End : N/A Audit Status : N/A Provider Type: Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider #0651 / H51 Routine Home Care (1-60) #0652 / H52 Continuous Home Care #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board Prospective Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Hillsborough Pistribution: Fiscal Agent Contract Management Fiscal Year End : N/A Audit Status : N/A Fider Nich Rate Refective Date Fifective Date Fif	LifePath Hospice, Inc.	rovider Number :	ovider Number : 150022800			
Tampa, FL 33609 Provider Type: Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider #0651 / H51 Routine Home Care (61 +) #0652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care #0656 / H55 Inpatient Respite Care #0658 / H56 General Inpatient Care #0658 Room and Board Prospective Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Hillsborough Pistribution: Fiscal Agent Contract Management Permanent File Provider Rate Current Rate New Rate Effective Date Feffective Date Effective Date Fiscal Halls Basis: Fiscal Agent Fiscal Agent Fiscal Agent Contract Management Fiscal Prospective Interim T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance		Date: 09/13/2021				
Provider Type: 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 #0555 / H55 Inpatient Respite Care #0658 Room and Board 223.78 Prospective #0658 Room and Board 223.78 Rate Type: Sudget X Prospective X Prospective Y Prospect	3010 W. Azeele Street	F	iscal Year End : I	N/A		
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 - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board 223.78 217.95 10/1/202: Basis :	Tampa, FL 33609	А	udit Status : N/A			
Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651a / H52 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 223.78 217.95 Rate Type:	Provider Type:		Current Rate	New Rate	Effective Date	
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 #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board 223.78 217.95 Contract Management	Rural Health Clinic			'	<u> </u>	
X Hospice Provider #0651 / H51 Routine Home Care (1-60) #0651 / H52 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 223.78 217.95 10/1/202* Rate Type :	Swing-Bed 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 223.78 Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Prospective Adjusted for New costs Field audited Costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Hillsborough Distribution: Fiscal Agent Contract Management Permanent File	Federally Qualified Health Centers					
#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 223.78 217.95 10/1/202 Basis:	X Hospice Provider					
#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 223.78 217.95 10/1/202* Rate Type:	#0651 / H51 Routine Home Care	(1-60)				
#0551 / 0561 Continuous Home Care - SIA #0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board 223.78 217.95 10/1/202* Basis :	#0651a / H5L Routine Home Car	re (61 +)				
#0655 / H55 Inpatient Respite Care #0656 / H56 General Inpatient Care #0658 Room and Board 223.78 217.95 10/1/202* Basis:	#0652 / H52 Continuous Home (Care				
#0656 / H56 General Inpatient Care #0658 Room and Board 223.78 217.95 10/1/202* Basis:	#0551 / 0561 Continuous Home	Care - SIA				
#0658 Room and Board 223.78 217.95 10/1/202* Basis :	#0655 / H55 Inpatient Respite Ca	are				
Basis: Budget	#0656 / H56 General Inpatient C	are				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Hillsborough Distribution: Fiscal Agent Contract Management Permanent File V Prospective Total Prospective Interim Settlement based on costs T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance	#0658 Room and Board		223.7	217.	95 10/1/2021	
Fiscal Agent T. K. Feehrer, Senior Management Analyst Supervisor Medicaid Program Finance Permanent File	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X	Prospect Total Pr Prospect Interim Total Int	ospective tive Adjusted for erim		
	Fiscal Agent	Senior Managem		rvisor	1K4	
	Permanent File					
	Program Development:					