



**Florida Agency for Health Care Administration**  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

000141800 - 2016/09

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

HCR Manor Care Services of Florida, Inc.  
 Heartland Home Health Care and Hospice  
 8130 Baymeadows Way W  
 Jacksonville, FL 322564409

Provider Number : 000141800  
 Date : 08/23/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers
- X    Hospice Provider**
  - #651 Routine Home Care (1-60)
  - #651a Routine Home Care (61 +)
  - #652 Continuous Home Care
  - #652a Continuous Home Care - SIA
  - #655 Inpatient Respite Care
  - #656 General Inpatient Care
  - #658 Room and Board

193.07 ✓    09/01/2016

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

**Distribution:**

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

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000532400 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Samaritan Care Hospice of Osceola, LLC
Samaritan Care Hospice
1300 North Semoran Blvd., Ste 210
Orlando, FL 32807

Provider Number : 000532400
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes categories like Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider, and various care codes (#651, #651a, #652, #652a, #655, #656, #658).

202.05 ✓ 09/01/2016

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Orange. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
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Program Development:
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W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

000602600 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 000602600
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes categories like Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider, and various care codes (#651, #651a, #652, #652a, #655, #656, #658).

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Brevard. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

001572800 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Health Care Miami-Dade

Provider Number : 001572800

Date : 08/23/2016

5755 Blue Lagoon Dr

Fiscal Year End : N/A

Miami, FL 33126

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

220.62 ✓ 09/01/2016

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration

001636100 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Regency Hospice of NW Florida, Inc.

Provider Number : 001636100

4900 Bayou Blvd., Ste 101

Date : 08/23/2016

Pensacola, FL 32503

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

207.99 09/01/2016

Table with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

002782200 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice and Palliative Care of Southern FL

Provider Number : 002782200

5200 Northeast 2nd Avenue

Date : 08/23/2016

Miami, FL 32405

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

225.70 09/01/2016

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Program Development:

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Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

003815300 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 003815300
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Broward. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Program Development:

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Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

004244800 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of FL II, Inc.

Provider Number : 004244800

Heartland Hospice Services (Homestead)

Date : 08/23/2016

381 N. Krome Ave, Suite 207

Fiscal Year End : N/A

Homestead, FL 330306047

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

207.16 224.57 09/01/2016

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

Medicaid Cost Reimbursement Analysis





Florida Agency for Health Care Administration

004579400 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade, Inc.
Compassionate Care Hospice
600 Highland Drive STE 624
Westampton, NJ 080605124

Provider Number : 004579400
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers

X Hospice Provider

- #651 Routine Home Care (1-60)
#651a Routine Home Care (61 +)
#652 Continuous Home Care
#652a Continuous Home Care - SIA
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

203.85 205.16 09/01/2016

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate (X), and Polk. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

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Florida Agency for Health Care Administration  
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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

013656100 - 2016/09

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

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

Provider Number : 013656100  
 Date : 08/23/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		207.10	09/01/2016

<table border="0"> <tr> <td align="center"><b>Basis :</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unaudited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Desk audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Field audited costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicare - Prospective</td> </tr> <tr> <td align="center">X</td> <td>Payment System Rate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td align="center">Brevard</td> </tr> </table>	<b>Basis :</b>		<input type="checkbox"/>	Budget	<input type="checkbox"/>	Unaudited costs	<input type="checkbox"/>	Desk audited costs	<input type="checkbox"/>	Field audited costs	<input type="checkbox"/>	Medicare - Prospective	X	Payment System Rate	<input type="checkbox"/>	Average Nursing Home Rate		Brevard	<table border="0"> <tr> <td align="center"><b>Rate Type :</b></td> <td></td> </tr> <tr> <td align="center">X</td> <td>Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Prospective</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Interim</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Settlement based on costs</td> </tr> </table>	<b>Rate Type :</b>		X	Prospective	<input type="checkbox"/>	Total Prospective	<input type="checkbox"/>	Prospective Adjusted for New costs	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Settlement based on costs
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<input type="checkbox"/>	Interim																																
<input type="checkbox"/>	Total Interim																																
<input type="checkbox"/>	Settlement based on costs																																

**Distribution:**

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

014043700 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 014043700
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes (#651, #651a, #652, #652a, #655, #656, #658) with rates and dates.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Pasco) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator (signature)
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

014190000 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade and the Florida Keys

Provider Number : 014190000

Date : 08/23/2016

200 Lanidex Plz Ste 2101
Parsippany, NJ 07054-2746

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers
X Hospice Provider
#651 Routine Home Care (1-60)
#651a Routine Home Care (61 +)
#652 Continuous Home Care
#652a Continuous Home Care - SIA
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

224.57 09/01/2016

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate (X), and Dade. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

015219700 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Central Florida
2525 Drane Field Rd Ste 4
Lakeland, FL 33811

Provider Number : 015219700
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #651 Routine Home Care, #652 Continuous Home Care, etc. The #658 Room and Board row shows a rate change from 213.87 to 205.16 effective 09/01/2016.

Form with two sections: Basis and Rate Type. Basis includes options like Budget, Unaudited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate (marked X). Rate Type includes options like Prospective (marked X), Total Prospective, Medicare - Prospective, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

015328000 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care Broward FL LLC

Provider Number : 015328000

1815 Griffin Rd Ste 410

Date : 08/23/2016

Dania Beach, FL 33004

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

219.65 ✓ 09/01/2016

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

Fiscal Agent

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Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

017287500 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Lake & Sumter
214 E Washington St Apt C
Minneola, FL 34715

Provider Number : 017287500
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes (#651, #651a, #652, #652a, #655, #656, #658) with associated rates and dates.

Form with two sections: Basis (listing Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate (marked X), and Lake) and Rate Type (listing Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

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Program Development:

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Florida Agency for Health Care Administration

087000500 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C.

Provider Number : 087000500

1111 36th Street

Date : 08/23/2016

Vero Beach, FL 32960

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

206.89 09/01/2016

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Indian River. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)





Florida Agency for Health Care Administration  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

087246600 - 2016/09

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

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

Provider Number : 087246600  
 Date : 08/23/2016  
 Fiscal Year End : N/A  
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)			
#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		233.85 ✓	09/01/2016

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

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087255500 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 087255500
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers
X Hospice Provider
#651 Routine Home Care (1-60)
#651a Routine Home Care (61 +)
#652 Continuous Home Care
#652a Continuous Home Care - SIA
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

208.91 09/01/2016

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Brevard. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087256300 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter

Provider Number : 087256300

480 West Central Pkwy

Date : 08/23/2016

Altamonte Springs, FL 327143125

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

211.28 ✓ 09/01/2016

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

Fiscal Agent

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Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087407800 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast

Provider Number : 087407800

4266 Sunbeam Road

Date : 08/23/2016

Jacksonville, FL 32257

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

210.02 ✓ 09/01/2016

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

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Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087514700 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Martin & St. Lucie

Provider Number : 087514700

1201 SE Indian Street

Date : 08/23/2016

Stuart, FL 34997

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers

X Hospice Provider

- #651 Routine Home Care (1-60)
#651a Routine Home Care (61 +)
#652 Continuous Home Care
#652a Continuous Home Care - SIA
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

231.57 09/01/2016

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087516300 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Palm Beach County

Provider Number : 087516300

5300 East Avenue

Date : 08/23/2016

West Palm Beach, FL 33407

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers

X Hospice Provider

- #651 Routine Home Care (1-60)
#651a Routine Home Care (61 +)
#652 Continuous Home Care
#652a Continuous Home Care - SIA
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

224.51 09/01/2016

Form with two columns: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Palm Beach) and Rate Type (X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs)

Distribution:

- Fiscal Agent
Contract Management
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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087517100 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 087517100
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes (#651, #651a, #652, #652a, #655, #656, #658) with rates and effective dates.

Table with 2 columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087519800 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 087519800
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes like #651 Routine Home Care, #652 Continuous Home Care, etc.

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Alachua. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

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Program Development:

W.Rydell Samuel, Administrator
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Florida Agency for Health Care Administration  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

087520100 - 2016/09

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

Hospice of Marion County

Provider Number : 087520100

P.O. Box 4860

Date : 08/23/2016

Ocala, FL 344784860

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers

**X    Hospice Provider**

- #651 Routine Home Care (1-60)
- #651a Routine Home Care (61 +)
- #652 Continuous Home Care
- #652a Continuous Home Care - SIA
- #655 Inpatient Respite Care
- #656 General Inpatient Care
- #658 Room and Board

209.55 ✓    09/01/2016

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th align="left" colspan="2" style="padding: 5px;">Basis :</th> </tr> <tr> <td style="width: 10px; border: none;">_____</td> <td>Budget</td> </tr> <tr> <td style="border: none;">_____</td> <td>Unaudited costs</td> </tr> <tr> <td style="border: none;">_____</td> <td>Desk audited costs</td> </tr> <tr> <td style="border: none;">_____</td> <td>Field audited costs</td> </tr> <tr> <td style="border: none;">_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td style="border: none; text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td style="border: none;">_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td style="border: none;"></td> <td align="center">Marion</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X	Payment System Rate	_____	Average Nursing Home Rate		Marion	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th align="left" colspan="2" style="padding: 5px;">Rate Type :</th> </tr> <tr> <td style="width: 10px; border: none;">_____</td> <td>X    Prospective</td> </tr> <tr> <td style="border: none;">_____</td> <td>Total Prospective</td> </tr> <tr> <td style="border: none;">_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td style="border: none;">_____</td> <td>Interim</td> </tr> <tr> <td style="border: none;">_____</td> <td>Total Interim</td> </tr> <tr> <td style="border: none;">_____</td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		_____	X    Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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_____	Desk audited costs																																
_____	Field audited costs																																
_____	Medicare - Prospective																																
X	Payment System Rate																																
_____	Average Nursing Home Rate																																
	Marion																																
Rate Type :																																	
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_____	Total Prospective																																
_____	Prospective Adjusted for New costs																																
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_____	Total Interim																																
_____	Settlement based on costs																																

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W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087522800 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Health First

Provider Number : 087522800

1900 Dairy Road

Date : 08/23/2016

West Melbourne, FL 32904

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

211.90 09/01/2016

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Brevard. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

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Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087523600 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Volusia

Provider Number : 087523600

Date : 08/23/2016

3800 Woodbriar Trail

Fiscal Year End : N/A

Port Orange, FL 32129

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

214.92 09/01/2016

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate (Volusia). Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087524400 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Big Bend Hospice

Provider Number : 087524400

Date : 08/23/2016

1723 Mahan Center Blvd.

Fiscal Year End : N/A

Tallahassee, FL 323085428

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

213.01 ✓ 09/01/2016

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Leon. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087525200 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Keys, Inc.

Provider Number : 087525200

1319 William Street

Date : 08/23/2016

Key West, FL 330404736

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

213.25 09/01/2016

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Monroe. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087526100 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Lake and Sumter

Provider Number : 087526100

12300 Lane Park Road
Tavares, FL 32778

Date : 08/23/2016

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers
X Hospice Provider
#651 Routine Home Care (1-60)
#651a Routine Home Care (61 +)
#652 Continuous Home Care
#652a Continuous Home Care - SIA
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

216.54 ✓ 09/01/2016

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Lake. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
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For information Only (No Change in rate)



Florida Agency for Health Care Administration

087527900 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tidewell Hospice & Palliative Care

Provider Number : 087527900

5955 Rand Blvd

Date : 08/23/2016

Sarasota, FL 34238

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

222.70 09/01/2016

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Sarasota. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

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Permanent File
Program Development:

W.Rydell Samuel, Administrator
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For information Only (No Change in rate)



Florida Agency for Health Care Administration  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

087528700 - 2016/09

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

Hospice of the Treasure Coast

Provider Number : 087528700

1201 SE Indian St

Date : 08/23/2016

Stuart, FL 34997

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers

**X    Hospice Provider**

- #651 Routine Home Care (1-60)
- #651a Routine Home Care (61 +)
- #652 Continuous Home Care
- #652a Continuous Home Care - SIA
- #655 Inpatient Respite Care
- #656 General Inpatient Care
- #658 Room and Board

216.90 ✓    09/01/2016

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Basis :</th> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Budget</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Unaudited costs</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Desk audited costs</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Field audited costs</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Medicare - Prospective</td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> Payment System Rate</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Average Nursing Home Rate</td> </tr> <tr> <td style="padding: 5px; text-align: center;">St Lucie</td> </tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	St Lucie	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Rate Type :</th> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> Prospective</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Total Prospective</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Prospective Adjusted for New costs</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Interim</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Total Interim</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Settlement based on costs</td> </tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
Basis :																	
<input type="checkbox"/> Budget																	
<input type="checkbox"/> Unaudited costs																	
<input type="checkbox"/> Desk audited costs																	
<input type="checkbox"/> Field audited costs																	
<input type="checkbox"/> Medicare - Prospective																	
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Rate Type :																	
<input checked="" type="checkbox"/> Prospective																	
<input type="checkbox"/> Total Prospective																	
<input type="checkbox"/> Prospective Adjusted for New costs																	
<input type="checkbox"/> Interim																	
<input type="checkbox"/> Total Interim																	
<input type="checkbox"/> Settlement based on costs																	

**Distribution:**

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

W.Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For information Only (No Change in rate)





Florida Agency for Health Care Administration

087529500 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice by the Sea

Provider Number : 087529500

1531 W. Palmetto Park Road
Boca Raton, FL 334863395

Date : 08/23/2016

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers
X Hospice Provider
#651 Routine Home Care (1-60)
#651a Routine Home Care (61 +)
#652 Continuous Home Care
#652a Continuous Home Care - SIA
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

227.78 ✓ 09/01/2016

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Palm Beach. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



**Florida Agency for Health Care Administration**  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

087532500 - 2016/09

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

Hospice of the Florida Suncoast

Provider Number : 087532500

5771 Roosevelt Blvd

Date : 08/23/2016

Clearwater, FL 337603770

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
- Hospice Provider
  - #651 Routine Home Care (1-60)
  - #651a Routine Home Care (61 +)
  - #652 Continuous Home Care
  - #652a Continuous Home Care - SIA
  - #655 Inpatient Respite Care
  - #656 General Inpatient Care
  - #658 Room and Board

213.86 ✓ 09/01/2016

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Basis :</th> <th style="width: 50px;"></th> </tr> <tr> <td style="padding: 5px;">_____ Budget</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Unaudited costs</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Desk audited costs</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Field audited costs</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Medicare - Prospective</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> Payment System Rate</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Average Nursing Home Rate</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Pinellas</td> <td></td> </tr> </table>	Basis :		_____ Budget		_____ Unaudited costs		_____ Desk audited costs		_____ Field audited costs		_____ Medicare - Prospective		<input checked="" type="checkbox"/> Payment System Rate		_____ Average Nursing Home Rate		_____ Pinellas		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Rate Type :</th> <th style="width: 50px;"></th> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> Prospective</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Total Prospective</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Prospective Adjusted for New costs</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Interim</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Total Interim</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Settlement based on costs</td> <td></td> </tr> </table>	Rate Type :		<input checked="" type="checkbox"/> Prospective		_____ Total Prospective		_____ Prospective Adjusted for New costs		_____ Interim		_____ Total Interim		_____ Settlement based on costs	
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**Distribution:**

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

W.Rydell Samuel, Administrator

\_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

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**Florida Agency for Health Care Administration**  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

087535000 - 2016/09

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

Hope Hospice & Palliative Care

Provider Number : 087535000

9470 Health Park Circle

Date : 08/23/2016

Ft. Myers, FL 339083617

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

**Rural Health Clinic**

**Swing-Bed Provider**

**Federally Qualified Health Centers**

**X    Hospice Provider**

**#651 Routine Home Care (1-60)**

**#651a Routine Home Care (61 +)**

**#652 Continuous Home Care**

**#652a Continuous Home Care - SIA**

**#655 Inpatient Respite Care**

**#656 General Inpatient Care**

**#658 Room and Board**

223.74 ✓    09/01/2016

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

**Distribution:**

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- Contract Management
- Permanent File
- Program Development:

W.Rydell Samuel, Administrator   
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

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**Florida Agency for Health Care Administration**  
 State of Florida Office of Medicaid Cost Reimbursement planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

087536800 - 2016/09

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

Hospice of Citrus County

Provider Number : 087536800

PO Box 641270

Date : 08/23/2016

Beverly Hills, FL 34464

Fiscal Year End : N/A

Audit Status : N/A

**Provider Type:**

**Current Rate    New Rate    Effective Date**

- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers
- X Hospice Provider**
  - #651 Routine Home Care (1-60)
  - #651a Routine Home Care (61 +)
  - #652 Continuous Home Care
  - #652a Continuous Home Care - SIA
  - #655 Inpatient Respite Care
  - #656 General Inpatient Care
  - #658 Room and Board

206.69 ✓ 09/01/2016

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Basis :</th> <th style="width: 50px;"></th> </tr> <tr> <td style="padding: 5px;">_____ Budget</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Unaudited costs</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Desk audited costs</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Field audited costs</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Medicare - Prospective</td> <td></td> </tr> <tr> <td style="padding: 5px;"><b>X</b> _____ Payment System Rate</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Average Nursing Home Rate</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Citrus</td> <td></td> </tr> </table>	Basis :		_____ Budget		_____ Unaudited costs		_____ Desk audited costs		_____ Field audited costs		_____ Medicare - Prospective		<b>X</b> _____ Payment System Rate		_____ Average Nursing Home Rate		_____ Citrus		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Rate Type :</th> <th style="width: 50px;"></th> </tr> <tr> <td style="padding: 5px;">_____ <b>X</b> Prospective</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Total Prospective</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Prospective Adjusted for New costs</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Interim</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Total Interim</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____ Settlement based on costs</td> <td></td> </tr> </table>	Rate Type :		_____ <b>X</b> Prospective		_____ Total Prospective		_____ Prospective Adjusted for New costs		_____ Interim		_____ Total Interim		_____ Settlement based on costs	
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**Distribution:**

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- Contract Management
- Permanent File
- Program Development:

W.Rydell Samuel, Administrator   
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087537600 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avow Hospice

Provider Number : 087537600

1095 Whippoorwill Lane
Naples, FL 34105

Date : 08/23/2016

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers
X Hospice Provider
#651 Routine Home Care (1-60)
#651a Routine Home Care (61 +)
#652 Continuous Home Care
#652a Continuous Home Care - SIA
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

216.65 ✓ 09/01/2016

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Collier. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087538400 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Okeechobee

Provider Number : 087538400

411 SE 4th Street

Date : 08/23/2016

Okeechobee, FL 34974

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

245.78 255.39 / 09/01/2016

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (X), Average Nursing Home Rate (X), and Okeechobee. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087569400 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice

Provider Number : 087569400

14875 NW 77th Ave

Date : 08/23/2016

Miami Lakes, FL 33014

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

235.78 09/01/2016

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Dade. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

087570800 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulfside Regional Hospice

Provider Number : 087570800

Date : 08/23/2016

6111 Trouble Creek Rd
New Port Richey, FL 34653

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

210.90 09/01/2016

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, Pasco. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)





Florida Agency for Health Care Administration

150000700 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Gold Coast
2101 W. Commercial Blvd
Ft Lauderdale, FL 33309

Provider Number : 150000700
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes categories like Rural Health Clinic, Swing-Bed Provider, Hospice Provider, and specific care codes like #651 Routine Home Care.

Table with columns: Basis, Rate Type. Basis includes Budget, Unaudited costs, Medicare - Prospective, Payment System Rate. Rate Type includes Prospective, Total Prospective, Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

150001500 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice Care of South Fl.
7270 N.W. 12th St., PH#6
Miami, FL 33126

Provider Number : 150001500
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes (#651, #651a, #652, #652a, #655, #656, #658) with rates and dates.

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Dade. Rate Type options include Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

150003100 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Hospital Hospice Care

Provider Number : 150003100

770 W. Granada Blvd

Date : 08/23/2016

Ormond Beach, FL 32174

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

227.25 09/01/2016

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate, and Volusia. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

150009100 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Emerald Coast

Provider Number : 150009100

PO Box 2127

Date : 08/23/2016

Dothan, AL 36302

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

206.21 09/01/2016

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Bay. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

150013900 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number : 150013900
Date : 08/23/2016
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- Rural Health Clinic
Swing-Bed Provider
Federally Qualified Health Centers
X Hospice Provider
#651 Routine Home Care (1-60)
#651a Routine Home Care (61 +)
#652 Continuous Home Care
#652a Continuous Home Care - SIA
#655 Inpatient Respite Care
#656 General Inpatient Care
#658 Room and Board

222.87 09/01/2016

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate, Palm Beach. Rate Type includes X Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

150021000 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Shepherd Hospice, Inc

Provider Number : 150021000

115 South Missouri Ave
Lakeland, FL 33815

Date : 08/23/2016

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)

#651a Routine Home Care (61 +)

#652 Continuous Home Care

#652a Continuous Home Care - SIA

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

204.11 09/01/2016

Table with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, and Polk. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

150022800 - 2016/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.

Provider Number : 150022800

3010 W. Azeele Street
Tampa, FL 33609

Date : 08/23/2016

Fiscal Year End : N/A

Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider (marked with X), and various care codes (#651, #651a, #652, #652a, #655, #656, #658) with a rate of 215.87 and effective date of 09/01/2016.

Form with two sections: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate, Hillsborough. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)