



Florida Agency for Health Care Administration

000141800 - 2017/09

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

Provider Number : 000141800
 Date : 08/31/2017
 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	199.55	09/01/2017

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Distribution:

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

_____ For information Only (No Change in rate)

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

000532400 - 2017/09

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	Provider Number : 000532400
Samaritan Care Hospice	Date : 08/31/2017
1300 North Semoran Blvd., Ste 210	Fiscal Year End : N/A
Orlando, FL 32807	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	202.05	213.33	09/01/2017

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

000602600 - 2017/09

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 : 08/31/2017
 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	216.37	215.40	09/01/2017

<p>Basis :</p> <p>_____ Budget</p> <p>_____ Unaudited costs</p> <p>_____ Desk audited costs</p> <p>_____ Field audited costs</p> <p>_____ Medicare - Prospective</p> <p>X _____ Payment System Rate</p> <p>_____ Average Nursing Home Rate</p> <p style="text-align: center;">Brevard</p>	<p>Rate Type :</p> <p>X _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

001636100 - 2017/09

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
	Date : 08/31/2017
4900 Bayou Blvd., Ste 101	Fiscal Year End : N/A
Pensacola, FL 32503	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	212.80	09/01/2017

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

002782200 - 2017/09

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
	Date : 08/31/2017
5200 Northeast 2nd Avenue	Fiscal Year End : N/A
Miami, FL 32405	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<input checked="" type="checkbox"/> 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	224.16	09/01/2017

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Florida Agency for Health Care Administration

003815300 - 2017/09

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.	Provider Number : 003815300
Heartland Hospice Services - Plantation	Date : 08/31/2017
150 S. Pine Island Road, Suite 200	Fiscal Year End : N/A
Plantation, FL 333242695	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	214.52	210.15	09/01/2017

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

013656100 - 2017/09

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

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

Provider Number : 013656100
 Date : 08/31/2017
 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	206.07	09/01/2017

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

014043700 - 2017/09

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	Provider Number : 014043700
HPH Hospice	Date : 08/31/2017
12107 Majestic Blvd	Fiscal Year End : N/A
Hudson, FL	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care (1-60)			
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#652 Continuous Home Care			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	202.45	208.33	09/01/2017

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

014190000 - 2017/09

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
 200 Lanidex Plz Ste 2101
 Parsippany, NJ 07054-2746

Provider Number : 014190000
 Date : 08/31/2017
 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			
<input checked="" type="checkbox"/> 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	224.16	09/01/2017

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Florida Agency for Health Care Administration

015219700 - 2017/09

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

Compassionate Care Hospice of Central Florida	Provider Number : 015219700
	Date : 08/31/2017
2525 Drane Field Rd Ste 4	Fiscal Year End : N/A
Lakeland, FL 33811	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	205.16	209.41	09/01/2017

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Florida Agency for Health Care Administration

015328000 - 2017/09

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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
	Date : 08/31/2017
1815 Griffin Rd Ste 410	Fiscal Year End : N/A
Dania Beach, FL 33004	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<input checked="" type="checkbox"/> 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	228.88	09/01/2017

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Covenant Hospice, Inc	Provider Number : 015986100
	Date : 08/31/2017
5041 N. 12th	Fiscal Year End : N/A
Pensacola, FL 32504	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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		206.30	09/01/2017

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 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

016254400 - 2017/09

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 Healthcare of Marion County
 Kindred at Home-Hospice
 1300 N Semoran Blvd Ste 210
 Orlando, Fl 32807

Provider Number : 016254400
 Date : 08/31/2017
 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	208.96	213.33	09/01/2017

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Lake & Sumter	Provider Number : 017287500
	Date : 08/31/2017
214 E Washington St Apt C	Fiscal Year End : N/A
Minneola , FL 34715	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	217.22	220.91	09/01/2017

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Florida Agency for Health Care Administration

019255800 - 2017/09

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 Florida Inc.
 Heartland Hospice
 5975 Sunset Drive Suite 301
 South Miami, FL 33143

Provider Number : 019255800
 Date : 08/31/2017
 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	224.16	09/01/2017

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 checked="" type="checkbox"/> Average Nursing Home Rate	
Dade	

Distribution:

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

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C.	Provider Number : 087000500
	Date : 08/31/2017
1111 36th Street	Fiscal Year End : N/A
Vero Beach, FL 32960	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	217.86	09/01/2017

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



Florida Agency for Health Care Administration

087246600 - 2017/09

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

Provider Number : 087246600
 Date : 08/31/2017
 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	231.19	09/01/2017

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

087255500 - 2017/09

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Francis Hospice	Provider Number : 087255500
	Date : 08/31/2017
1250-B Grumman Place	Fiscal Year End : N/A
Titusville, FL 32780	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	212.47	09/01/2017

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	
Brevard	

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

087256300 - 2017/09

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter	Provider Number : 087256300
	Date : 08/31/2017
480 West Central Pkwy	Fiscal Year End : N/A
Altamonte Springs, FL 327143125	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 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	214.58	09/01/2017

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- Permanent File
- Program Development:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087407800 - 2017/09

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

Community Hospice of Northeast	Provider Number : 087407800
	Date : 08/31/2017
4266 Sunbeam Road	Fiscal Year End : N/A
Jacksonville, FL 32257	Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	210.23	09/01/2017

<table border="0"> <tr> <td>Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td>X _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td> Duval</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate		Duval	<table border="0"> <tr> <td>Rate Type :</td> <td></td> </tr> <tr> <td>X _____</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</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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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 - 2017/09

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
	Date : 08/31/2017
1201 SE Indian Street	Fiscal Year End : N/A
Stuart, FL 34997	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	233.80	09/01/2017

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Distribution:

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- Permanent File
- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087516300 - 2017/09

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Table with provider information: Hospice of Palm Beach County, 5300 East Avenue, West Palm Beach, FL 33407. Includes fields for Provider Number, Date, Fiscal Year End, and Audit Status.

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Lists provider types such as Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers, Hospice Provider, and various home care codes.

Table with two columns: Basis and Rate Type. Lists options for Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.).

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

087519800 - 2017/09

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 : 08/31/2017
 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	214.34	214.74	09/01/2017

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

087520100 - 2017/09

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 Marion County	Provider Number : 087520100
	Date : 08/31/2017
P.O. Box 4860	Fiscal Year End : N/A
Ocala, FL 344784860	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	209.50	09/01/2017

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Health First	Provider Number : 087522800
	Date : 08/31/2017
1900 Dairy Road	Fiscal Year End : N/A
West Melbourne, FL 32904	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	211.47	09/01/2017

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W.Rydell Samuel, Administrator

 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087523600 - 2017/09

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 : 08/31/2017
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	214.52	09/01/2017

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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087524400 - 2017/09

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 : 08/31/2017
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	209.66	09/01/2017

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<input type="checkbox"/>	Medicare - Prospective																																
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	Leon																																
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087525200 - 2017/09

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
	Date : 08/31/2017
1319 William Street	Fiscal Year End : N/A
Key West, FL 330404736	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	220.02	09/01/2017

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Lake and Sumter	Provider Number : 087526100
	Date : 08/31/2017
12300 Lane Park Road	Fiscal Year End : N/A
Tavares, FL 32778	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	218.66	09/01/2017

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

087527900 - 2017/09

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
 5955 Rand Blvd
 Sarasota, FL 34238

Provider Number : 087527900
 Date : 08/31/2017
 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	226.70	09/01/2017

<p>Basis :</p> <p>_____ Budget</p> <p>_____ Unaudited costs</p> <p>_____ Desk audited costs</p> <p>_____ Field audited costs</p> <p>_____ Medicare - Prospective</p> <p>X _____ Payment System Rate</p> <p>X _____ Average Nursing Home Rate</p> <p style="text-align: center;">Sarasota</p>	<p>Rate Type :</p> <p>X _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087528700 - 2017/09

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 Treasure Coast	Provider Number : 087528700
	Date : 08/31/2017
1201 SE Indian St	Fiscal Year End : N/A
Stuart, FL 34997	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	220.01	09/01/2017

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

087529500 - 2017/09

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
	Date : 08/31/2017
1531 W. Palmetto Park Road	Fiscal Year End : N/A
Boca Raton, FL 334863395	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	229.25	09/01/2017

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<input type="checkbox"/>	Settlement based on costs																																

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W.Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087532500 - 2017/09

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 Suncoast
 5771 Roosevelt Blvd
 Clearwater, FL 337603770

Provider Number : 087532500
 Date : 08/31/2017
 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	213.86	215.35	09/01/2017

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	
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- Program Development:

W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hope Hospice & Palliative Care
 9470 Health Park Circle
 Ft. Myers, FL 339083617

Provider Number : 087535000
 Date : 08/31/2017
 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	224.37	09/01/2017

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	
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087536800 - 2017/09

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 Citrus County	Provider Number : 087536800
	Date : 08/31/2017
PO Box 641270	Fiscal Year End : N/A
Beverly Hills, FL 34464	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	206.64	09/01/2017

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avow Hospice
 1095 Whippoorwill Lane
 Naples, FL 34105

Provider Number : 087537600
 Date : 08/31/2017
 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	226.50	09/01/2017

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 checked="" type="checkbox"/> Average Nursing Home Rate	
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 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087538400 - 2017/09

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
	Date : 08/31/2017
411 SE 4th Street	Fiscal Year End : N/A
Okeechobee, FL 34974	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	255.39	233.06	09/01/2017

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

087569400 - 2017/09

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
 14875 NW 77th Ave
 Miami Lakes, FL 33014

Provider Number : 087569400
 Date : 08/31/2017
 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	242.26	09/01/2017

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	
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Distribution:

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulfside Regional Hospice	Provider Number : 087570800
	Date : 08/31/2017
6111 Trouble Creek Rd	Fiscal Year End : N/A
New Port Richey, FL 34653	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	217.51	09/01/2017

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



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 : 08/31/2017
Fiscal Year End : N/A
Audit Status : N/A


Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 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	203.10	239.16	09/01/2017

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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice Care of South Fl.	Provider Number : 150001500
	Date : 08/31/2017
7270 N.W. 12th St., PH#6	Fiscal Year End : N/A
Miami, FL 33126	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	232.82	226.04	09/01/2017

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



Florida Agency for Health Care Administration

150003100 - 2017/09

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
 770 W. Granada Blvd
 Ormond Beach, FL 32174


Provider Number : 150003100
 Date : 08/31/2017
 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	225.10	09/01/2017

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<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
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<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	
<input type="checkbox"/> Volusia	

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Emerald Coast
 PO Box 2127
 Dothan, AL 36302

Provider Number : 150009100
 Date : 08/31/2017
 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	207.01	09/01/2017

<table border="0"> <tr> <td>Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td> X _____</td> <td>Payment System Rate</td> </tr> <tr> <td> X _____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Bay</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	X _____	Average Nursing Home Rate		Bay	<table border="0"> <tr> <td>Rate Type :</td> <td></td> </tr> <tr> <td> X _____</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</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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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

150013900 - 2017/09

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 : 08/31/2017
 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	227.33	09/01/2017

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



Florida Agency for Health Care Administration

150021000 - 2017/09

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
	Date : 08/31/2017
115 South Missouri Ave	Fiscal Year End : N/A
Lakeland, FL 33815	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	209.39	09/01/2017

<table border="0"> <tr> <td>Basis :</td> <td></td> </tr> <tr> <td>_____</td> <td>Budget</td> </tr> <tr> <td>_____</td> <td>Unaudited costs</td> </tr> <tr> <td>_____</td> <td>Desk audited costs</td> </tr> <tr> <td>_____</td> <td>Field audited costs</td> </tr> <tr> <td>_____</td> <td>Medicare - Prospective</td> </tr> <tr> <td>X _____</td> <td>Payment System Rate</td> </tr> <tr> <td>_____</td> <td>Average Nursing Home Rate</td> </tr> <tr> <td></td> <td>Polk</td> </tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate		Polk	<table border="0"> <tr> <td>Rate Type :</td> <td></td> </tr> <tr> <td>X _____</td> <td>Prospective</td> </tr> <tr> <td>_____</td> <td>Total Prospective</td> </tr> <tr> <td>_____</td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td>_____</td> <td>Interim</td> </tr> <tr> <td>_____</td> <td>Total Interim</td> </tr> <tr> <td>_____</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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W.Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.	Provider Number : 150022800
	Date : 08/31/2017
3010 W. Azeele Street	Fiscal Year End : N/A
Tampa, FL 33609	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	215.87	216.28	09/01/2017

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