



Florida Agency for Health Care Administration

000141800 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of Florida, Inc.	Provider Number : 000141800
Heartland Home Health Care and Hospice	Date : 10/07/2020
8130 Baymeadows Way W	Fiscal Year End : N/A
Jacksonville, FL 322564409	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)	177.39	181.10	10/01/2020
#651a / H5L Routine Home Care (61 +)	140.20	143.14	10/01/2020
#652 / H52 Continuous Home Care	52.99	54.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.25	13.55	10/01/2020
#655 / H55 Inpatient Respite Care	440.53	450.08	10/01/2020
#656 / H56 General Inpatient Care	936.47	955.77	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Duval	

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Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

000602600 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Central Florida	Provider Number : 000602600
Attn: Angela Santana	Date : 10/07/2020
100 S. Biscayne Blvd	Fiscal Year End : N/A
Miami, FL 33131	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	181.85	183.16	10/01/2020
#651a / H5L Routine Home Care (61 +)	143.72	144.76	10/01/2020
#652 / H52 Continuous Home Care	54.32	54.81	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.58	13.70	10/01/2020
#655 / H55 Inpatient Respite Care	449.07	454.02	10/01/2020
#656 / H56 General Inpatient Care	958.23	965.81	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Brevard	

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Florida Agency for Health Care Administration

001572800 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Health Care Miami-Dade	Provider Number : 001572800
	Date : 10/07/2020
5755 Blue Lagoon Dr	Fiscal Year End : N/A
Miami, FL 33126	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	187.91	191.15	10/01/2020
#651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Dade	

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Florida Agency for Health Care Administration

001636100 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Regency Hospice of NW Florida, Inc.	Provider Number : 001636100
	Date : 10/07/2020
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
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)	172.89	174.86	10/01/2020
#651a / H5L Routine Home Care (61 +)	136.64	138.21	10/01/2020
#652 / H52 Continuous Home Care	51.64	52.33	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.91	13.08	10/01/2020
#655 / H55 Inpatient Respite Care	431.88	438.12	10/01/2020
#656 / H56 General Inpatient Care	914.44	925.31	10/01/2020
#659 Room and Board			

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	
Escambia	

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Florida Agency for Health Care Administration

003815300 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care of Florida III, Inc.	Provider Number : 003815300
Heartland Hospice Services - Plantation	Date : 10/07/2020
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
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)	188.97	192.30	10/01/2020
#651a / H5L Routine Home Care (61 +)	149.35	151.99	10/01/2020
#652 / H52 Continuous Home Care	56.45	57.55	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.11	14.39	10/01/2020
#655 / H55 Inpatient Respite Care	462.71	471.54	10/01/2020
#656 / H56 General Inpatient Care	993.01	1010.45	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Broward	

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

014043700 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando-Pasco Hospice	Provider Number : 014043700
HPH Hospice	Date : 10/07/2020
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 / H51 Routine Home Care (1-60)	179.16	184.61	10/01/2020
#651a / H5L Routine Home Care (61 +)	141.60	145.91	10/01/2020
#652 / H52 Continuous Home Care	53.52	55.25	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.38	13.81	10/01/2020
#655 / H55 Inpatient Respite Care	443.91	456.80	10/01/2020
#656 / H56 General Inpatient Care	945.09	972.90	10/01/2020
#659 Room and Board			

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	
Pasco	

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

014190001 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade and the Florida Keys

11400 Overseas Hwy Ste 203

Marathon, FL 33050

Provider Number : 014190001

Date : 10/07/2020

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)	170.53	175.64	10/01/2020
#651a / H5L Routine Home Care (61 +)	134.78	138.83	10/01/2020
#652 / H52 Continuous Home Care	50.94	52.56	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.73	13.14	10/01/2020
#655 / H55 Inpatient Respite Care	427.37	439.62	10/01/2020
#656 / H56 General Inpatient Care	902.93	929.13	10/01/2020
#659 Room and Board			

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 <input type="checkbox"/> Monroe	Rate Type : <input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New costs <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Settlement based on costs
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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

015219701 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

COMPASSIONATE CARE HOSPICE OF CENTRAL FLORIDA,
INC

Provider Number : 015219701

Date : 10/07/2020

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)		172.09	10/01/2020
#651a / H5L Routine Home Care (61 +)		136.02	10/01/2020
#652 / H52 Continuous Home Care		51.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA		12.88	10/01/2020
#655 / H55 Inpatient Respite Care		432.82	10/01/2020
#656 / H56 General Inpatient Care		911.79	10/01/2020
#659 Room and Board			

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

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Florida Agency for Health Care Administration

015219702 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

COMPASSIONATE CARE HOSPICE OF CENTRAL FLORIDA,
INC

Provider Number : 015219702

Date : 10/07/2020

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)		172.09	10/01/2020
#651a / H5L Routine Home Care (61 +)		136.02	10/01/2020
#652 / H52 Continuous Home Care		51.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA		12.88	10/01/2020
#655 / H55 Inpatient Respite Care		432.82	10/01/2020
#656 / H56 General Inpatient Care		911.79	10/01/2020
#659 Room and Board			

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 <input type="checkbox"/> Polk	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

015328000 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care Broward FL LLC	Provider Number : 015328000
	Date : 10/07/2020
1815 Griffin Rd Ste 410	Fiscal Year End : N/A
Dania Beach, FL 33004	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	188.97	192.30	10/01/2020
#651a / H5L Routine Home Care (61 +)	149.35	151.99	10/01/2020
#652 / H52 Continuous Home Care	56.45	57.55	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.11	14.39	10/01/2020
#655 / H55 Inpatient Respite Care	462.71	471.54	10/01/2020
#656 / H56 General Inpatient Care	993.01	1010.45	10/01/2020
#659 Room and Board			

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	
Broward	

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

015986100 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Covenant Hospice, Inc	Provider Number : 015986100
	Date : 10/07/2020
5041 N. 12th	Fiscal Year End : N/A
Pensacola, FL 32504	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)	172.89	174.86	10/01/2020
#651a / H5L Routine Home Care (61 +)	136.64	138.21	10/01/2020
#652 / H52 Continuous Home Care	51.64	52.33	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.91	13.08	10/01/2020
#655 / H55 Inpatient Respite Care	431.88	438.12	10/01/2020
#656 / H56 General Inpatient Care	914.44	925.31	10/01/2020
#659 Room and Board			

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	
Escambia	

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

016254400 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Healthcare of Marion County	Provider Number : 016254400
Kindred at Home-Hospice	Date : 10/07/2020
1300 N 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 / H51 Routine Home Care (1-60)	177.58	182.40	10/01/2020
#651a / H5L Routine Home Care (61 +)	140.35	144.17	10/01/2020
#652 / H52 Continuous Home Care	53.05	54.59	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.26	13.65	10/01/2020
#655 / H55 Inpatient Respite Care	440.89	452.57	10/01/2020
#656 / H56 General Inpatient Care	937.38	962.13	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Orange	

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Program Development:

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

019255800 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of Florida Inc.	Provider Number : 019255800
Heartland Hospice	Date : 10/07/2020
5975 Sunset Drive Suite 301	Fiscal Year End : N/A
South Miami, FL 33143	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	187.91	191.15	10/01/2020
#651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#659 Room and Board			

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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Program Development:

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

024621400 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care of Tampa	Provider Number : 024621400
	Date : 10/07/2020
1408 N West Shore Blvd Suite 260	Fiscal Year End : N/A
Tampa , FL 33607	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	179.16	184.61	10/01/2020
#651a / H5L Routine Home Care (61 +)	141.60	145.91	10/01/2020
#652 / H52 Continuous Home Care	53.52	55.25	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.38	13.81	10/01/2020
#655 / H55 Inpatient Respite Care	443.91	456.80	10/01/2020
#656 / H56 General Inpatient Care	945.09	972.90	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Hillsborough	

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087000500 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C.	Provider Number : 087000500
	Date : 10/07/2020
1111 36th Street	Fiscal Year End : N/A
Vero Beach, FL 32960	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	167.99	172.09	10/01/2020
#651a / H5L Routine Home Care (61 +)	132.77	136.02	10/01/2020
#652 / H52 Continuous Home Care	50.18	51.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.54	12.88	10/01/2020
#655 / H55 Inpatient Respite Care	422.50	432.82	10/01/2020
#656 / H56 General Inpatient Care	890.51	911.79	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Indian River	

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Florida Agency for Health Care Administration

087246600 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corporation - Dade County	Provider Number : 087246600
Attn: Angela Santana	Date : 10/07/2020
100 S. Biscayne Blvd	Fiscal Year End : N/A
Miami, FL 33131	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)	187.91	186.59	10/01/2020
#651a / H5L Routine Home Care (61 +)	148.52	147.47	10/01/2020
#652 / H52 Continuous Home Care	56.13	55.74	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	13.93	10/01/2020
#655 / H55 Inpatient Respite Care	460.68	458.15	10/01/2020
#656 / H56 General Inpatient Care	987.85	981.37	10/01/2020
#659 Room and Board			

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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Florida Agency for Health Care Administration

087255500 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Francis Hospice	Provider Number : 087255500
	Date : 10/07/2020
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 / H51 Routine Home Care (1-60)	181.85	183.16	10/01/2020
#651a / H5L Routine Home Care (61 +)	143.72	144.76	10/01/2020
#652 / H52 Continuous Home Care	54.32	54.81	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.58	13.70	10/01/2020
#655 / H55 Inpatient Respite Care	449.07	454.02	10/01/2020
#656 / H56 General Inpatient Care	958.23	965.81	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Brevard	

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087256300 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter	Provider Number : 087256300
	Date : 10/07/2020
480 West Central Pkwy	Fiscal Year End : N/A
Altamonte Springs, FL 327143125	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	177.58	182.40	10/01/2020
#651a / H5L Routine Home Care (61 +)	140.35	144.17	10/01/2020
#652 / H52 Continuous Home Care	53.05	54.59	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.26	13.65	10/01/2020
#655 / H55 Inpatient Respite Care	440.89	452.57	10/01/2020
#656 / H56 General Inpatient Care	937.38	962.13	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Seminole	

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Florida Agency for Health Care Administration

087407800 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast	Provider Number : 087407800
	Date : 10/07/2020
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 / H51 Routine Home Care (1-60)	177.39	181.10	10/01/2020
#651a / H5L Routine Home Care (61 +)	140.20	143.14	10/01/2020
#652 / H52 Continuous Home Care	52.99	54.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.25	13.55	10/01/2020
#655 / H55 Inpatient Respite Care	440.53	450.08	10/01/2020
#656 / H56 General Inpatient Care	936.47	955.77	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Duval	

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Florida Agency for Health Care Administration

087514700 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Martin & St. Lucie	Provider Number : 087514700
	Date : 10/07/2020
1201 SE Indian Street	Fiscal Year End : N/A
Stuart, FL 34997	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	182.28	185.51	10/01/2020
#651a / H5L Routine Home Care (61 +)	144.06	146.63	10/01/2020
#652 / H52 Continuous Home Care	54.45	55.52	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.61	13.88	10/01/2020
#655 / H55 Inpatient Respite Care	449.89	458.54	10/01/2020
#656 / H56 General Inpatient Care	960.33	977.32	10/01/2020
#659 Room and Board			

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

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087516300 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Palm Beach County	Provider Number : 087516300
	Date : 10/07/2020
5300 East Avenue	Fiscal Year End : N/A
West Palm Beach, FL 33407	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	183.22	186.91	10/01/2020
#651a / H5L Routine Home Care (61 +)	144.80	147.73	10/01/2020
#652 / H52 Continuous Home Care	54.73	55.94	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.68	13.99	10/01/2020
#655 / H55 Inpatient Respite Care	451.68	461.22	10/01/2020
#656 / H56 General Inpatient Care	964.90	984.15	10/01/2020
#659 Room and Board			

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	
Palm Beach	

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Florida Agency for Health Care Administration

087520100 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Marion County	Provider Number : 087520100
	Date : 10/07/2020
P.O. Box 4860	Fiscal Year End : N/A
Ocala, FL 344784860	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	172.02	179.28	10/01/2020
#651a / H5L Routine Home Care (61 +)	135.95	141.70	10/01/2020
#652 / H52 Continuous Home Care	51.38	53.65	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.84	13.41	10/01/2020
#655 / H55 Inpatient Respite Care	430.22	446.58	10/01/2020
#656 / H56 General Inpatient Care	910.19	946.87	10/01/2020
#659 Room and Board			

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

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087522800 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Health First	Provider Number : 087522800
	Date : 10/07/2020
1900 Dairy Road	Fiscal Year End : N/A
West Melbourne, FL 32904	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	181.85	183.16	10/01/2020
#651a / H5L Routine Home Care (61 +)	143.72	144.76	10/01/2020
#652 / H52 Continuous Home Care	54.32	54.81	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.58	13.70	10/01/2020
#655 / H55 Inpatient Respite Care	449.07	454.02	10/01/2020
#656 / H56 General Inpatient Care	958.23	965.81	10/01/2020
#659 Room and Board			

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Volusia	Provider Number : 087523600
	Date : 10/07/2020
3800 Woodbriar Trail	Fiscal Year End : N/A
Port Orange, FL 32129	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	167.99	173.86	10/01/2020
#651a / H5L Routine Home Care (61 +)	132.77	137.42	10/01/2020
#652 / H52 Continuous Home Care	50.18	52.03	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.54	13.01	10/01/2020
#655 / H55 Inpatient Respite Care	422.50	436.21	10/01/2020
#656 / H56 General Inpatient Care	890.51	920.43	10/01/2020
#659 Room and Board			

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	
Volusia	

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087524400 - 2020/10

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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 : 10/07/2020
1723 Mahan Center Blvd.	Fiscal Year End : N/A
Tallahassee, FL 323085428	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	169.29	174.68	10/01/2020
#651a / H5L Routine Home Care (61 +)	133.79	138.07	10/01/2020
#652 / H52 Continuous Home Care	50.57	52.28	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.64	13.07	10/01/2020
#655 / H55 Inpatient Respite Care	424.99	437.78	10/01/2020
#656 / H56 General Inpatient Care	896.85	924.44	10/01/2020
#659 Room and Board			

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Lake and Sumter	Provider Number : 087526100
	Date : 10/07/2020
12300 Lane Park Road	Fiscal Year End : N/A
Tavares, FL 32778	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	174.13	182.40	10/01/2020
#651a / H5L Routine Home Care (61 +)	137.62	144.17	10/01/2020
#652 / H52 Continuous Home Care	52.01	54.59	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.00	13.65	10/01/2020
#655 / H55 Inpatient Respite Care	432.29	452.57	10/01/2020
#656 / H56 General Inpatient Care	919.11	962.13	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Lake	

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087527900 - 2020/10

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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
	Date : 10/07/2020
5955 Rand Blvd	Fiscal Year End : N/A
Sarasota, FL 34238	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	185.93	189.16	10/01/2020
#651a / H5L Routine Home Care (61 +)	146.95	149.51	10/01/2020
#652 / H52 Continuous Home Care	55.54	56.61	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.88	14.15	10/01/2020
#655 / H55 Inpatient Respite Care	456.89	465.52	10/01/2020
#656 / H56 General Inpatient Care	978.17	995.13	10/01/2020
#659 Room and Board			

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	
Sarasota	

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Florida Agency for Health Care Administration

087528700 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Treasure Coast	Provider Number : 087528700
	Date : 10/07/2020
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 / H51 Routine Home Care (1-60)	182.28	185.51	10/01/2020
#651a / H5L Routine Home Care (61 +)	144.06	146.63	10/01/2020
#652 / H52 Continuous Home Care	54.45	55.52	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.61	13.88	10/01/2020
#655 / H55 Inpatient Respite Care	449.89	458.54	10/01/2020
#656 / H56 General Inpatient Care	960.33	977.32	10/01/2020
#659 Room and Board			

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

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

087529500 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice by the Sea	Provider Number : 087529500
	Date : 10/07/2020
1531 W. Palmetto Park Road	Fiscal Year End : N/A
Boca Raton, FL 334863395	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	183.22	186.91	10/01/2020
#651a / H5L Routine Home Care (61 +)	144.80	147.73	10/01/2020
#652 / H52 Continuous Home Care	54.73	55.94	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.68	13.99	10/01/2020
#655 / H55 Inpatient Respite Care	451.68	461.22	10/01/2020
#656 / H56 General Inpatient Care	964.90	984.15	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Palm Beach	

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Florida Agency for Health Care Administration

087532500 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Suncoast	Provider Number : 087532500
	Date : 10/07/2020
5771 Roosevelt Blvd	Fiscal Year End : N/A
Clearwater, FL 337603770	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	179.16	184.61	10/01/2020
#651a / H5L Routine Home Care (61 +)	141.60	145.91	10/01/2020
#652 / H52 Continuous Home Care	53.52	55.25	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.38	13.81	10/01/2020
#655 / H55 Inpatient Respite Care	443.91	456.80	10/01/2020
#656 / H56 General Inpatient Care	945.09	972.90	10/01/2020
#659 Room and Board			

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

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087535000 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hope Hospice & Palliative Care	Provider Number : 087535000
	Date : 10/07/2020
9470 Health Park Circle	Fiscal Year End : N/A
Ft. Myers, FL 339083617	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	185.42	187.16	10/01/2020
#651a / H5L Routine Home Care (61 +)	146.55	147.93	10/01/2020
#652 / H52 Continuous Home Care	55.39	56.01	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.85	14.00	10/01/2020
#655 / H55 Inpatient Respite Care	455.91	461.69	10/01/2020
#656 / H56 General Inpatient Care	975.69	985.35	10/01/2020
#659 Room and Board			

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avow Hospice	Provider Number : 087537600
	Date : 10/07/2020
1095 Whippoorwill Lane	Fiscal Year End : N/A
Naples, FL 34105	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	176.16	178.70	10/01/2020
#651a / H5L Routine Home Care (61 +)	139.23	141.24	10/01/2020
#652 / H52 Continuous Home Care	52.62	53.48	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.15	13.37	10/01/2020
#655 / H55 Inpatient Respite Care	438.17	445.48	10/01/2020
#656 / H56 General Inpatient Care	930.45	944.06	10/01/2020
#659 Room and Board			

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	
Collier	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice	Provider Number : 087569400
	Date : 10/07/2020
14875 NW 77th Ave	Fiscal Year End : N/A
Miami Lakes, FL 33014	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	187.91	191.15	10/01/2020
#651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Dade	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulfside Regional Hospice	Provider Number : 087570800
	Date : 10/07/2020
6111 Trouble Creek Rd	Fiscal Year End : N/A
New Port Richey, FL 34653	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	179.16	184.61	10/01/2020
#651a / H5L Routine Home Care (61 +)	141.60	145.91	10/01/2020
#652 / H52 Continuous Home Care	53.52	55.25	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.38	13.81	10/01/2020
#655 / H55 Inpatient Respite Care	443.91	456.80	10/01/2020
#656 / H56 General Inpatient Care	945.09	972.90	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Pasco	

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100313200 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District	Provider Number : 100313200
Hospice of Gold Coast Home Health	Date : 10/07/2020
309 SE 18th St	Fiscal Year End : N/A
Ft. Lauderdale, FL 33316	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)	188.97	192.30	10/01/2020
#651a / H5L Routine Home Care (61 +)	149.35	151.99	10/01/2020
#652 / H52 Continuous Home Care	56.45	57.55	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.11	14.39	10/01/2020
#655 / H55 Inpatient Respite Care	462.71	471.54	10/01/2020
#656 / H56 General Inpatient Care	993.01	1010.45	10/01/2020
#659 Room and Board			

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	
Broward	

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100944700 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care of Pinellas County	Provider Number : 100944700
	Date : 10/07/2020
17757 US Highway 19 N STE 175	Fiscal Year End : N/A
Clearwater, FL 33764	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	179.16	184.61	10/01/2020
#651a / H5L Routine Home Care (61 +)	141.60	145.91	10/01/2020
#652 / H52 Continuous Home Care	53.52	55.25	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.38	13.81	10/01/2020
#655 / H55 Inpatient Respite Care	443.91	456.80	10/01/2020
#656 / H56 General Inpatient Care	945.09	972.90	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Hillsborough	

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101809700 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Central Florida, Inc.	Provider Number : 101809700
Compassionate Care Hospice of Central Florida, Inc.	Date : 10/07/2020
2525 Drane Field Rd Ste 4	Fiscal Year End : N/A
Lakeland, FL 33811-1344	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	168.14	172.09	10/01/2020
#651a / H5L Routine Home Care (61 +)	132.88	136.02	10/01/2020
#652 / H52 Continuous Home Care	50.22	51.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.56	12.88	10/01/2020
#655 / H55 Inpatient Respite Care	422.78	432.82	10/01/2020
#656 / H56 General Inpatient Care	891.23	911.79	10/01/2020
#659 Room and Board			

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

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101811100 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Lake & Sumter	Provider Number : 101811100
	Date : 10/07/2020
900 Main St. Ste 208	Fiscal Year End : N/A
The Villages, FL 32159	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	177.58	182.40	10/01/2020
#651a / H5L Routine Home Care (61 +)	140.35	144.17	10/01/2020
#652 / H52 Continuous Home Care	53.05	54.59	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.26	13.65	10/01/2020
#655 / H55 Inpatient Respite Care	440.89	452.57	10/01/2020
#656 / H56 General Inpatient Care	937.38	962.13	10/01/2020
#659 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade and the Florida Keys

460-464 W 51 Place

Hialeah, FL 33012

Provider Number : 101811400

Date : 10/07/2020

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)	187.91	191.15	10/01/2020
#651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#659 Room and Board			

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 <div style="text-align: right;">Dade</div>	Rate Type : <input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New costs <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Settlement based on costs
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice Inc	Provider Number : 103844700
	Date : 10/07/2020
2900 W Cypress Creek Rd, Ste 7	Fiscal Year End : N/A
Ft. Lauderdale, FL 33309	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	188.97	192.30	10/01/2020
#651a / H5L Routine Home Care (61 +)	149.35	151.99	10/01/2020
#652 / H52 Continuous Home Care	56.45	57.55	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.11	14.39	10/01/2020
#655 / H55 Inpatient Respite Care	462.71	471.54	10/01/2020
#656 / H56 General Inpatient Care	993.01	1010.45	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Broward	

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104177600 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Morselife Hospice Institute	Provider Number : 104177600
Palm Beach Hospice by Morselife	Date : 10/07/2020
Attn: Finance Department	Fiscal Year End : N/A
West Palm Beach, FL 33417	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	183.22	182.45	10/01/2020
#651a / H5L Routine Home Care (61 +)	144.80	144.20	10/01/2020
#652 / H52 Continuous Home Care	54.73	54.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.68	13.62	10/01/2020
#655 / H55 Inpatient Respite Care	451.68	450.22	10/01/2020
#656 / H56 General Inpatient Care	964.90	961.18	10/01/2020
#659 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard HMA Hospice	Provider Number : 104213800
Wuesthoff Helath Systems Brevard Hospice	Date : 10/07/2020
PO BOX 51266	Fiscal Year End : N/A
Lafayette, LA 70505-1266	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	181.85	183.16	10/01/2020
#651a / H5L Routine Home Care (61 +)	143.72	144.76	10/01/2020
#652 / H52 Continuous Home Care	54.32	54.81	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.58	13.70	10/01/2020
#655 / H55 Inpatient Respite Care	449.07	454.02	10/01/2020
#656 / H56 General Inpatient Care	958.23	965.81	10/01/2020
#659 Room and Board			

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	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Okeechobee	Provider Number : 105197500
	Date : 10/07/2020
411 SE 4th St	Fiscal Year End : N/A
Okeechobee, FL 34974	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	170.53	175.64	10/01/2020
#651a / H5L Routine Home Care (61 +)	134.78	138.83	10/01/2020
#652 / H52 Continuous Home Care	50.94	52.56	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.73	13.14	10/01/2020
#655 / H55 Inpatient Respite Care	427.37	439.62	10/01/2020
#656 / H56 General Inpatient Care	902.93	929.13	10/01/2020
#659 Room and Board			

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	
Okeechobee	

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

105421900 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bristol Hospice - Miami Dade	Provider Number : 105421900
	Date : 10/07/2020
206 N 2100 W Ste 202	Fiscal Year End : N/A
Salt Lake City,	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	187.91	191.15	10/01/2020
#651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#659 Room and Board			

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

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106026400 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Central Florida Hospice	Provider Number : 106026400
	Date : 10/07/2020
4200 NW 90th Blvd	Fiscal Year End : N/A
Gainesville, FL 32606	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	183.96	186.09	10/01/2020
#651a / H5L Routine Home Care (61 +)	145.40	147.08	10/01/2020
#652 / H52 Continuous Home Care	54.95	55.69	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.74	13.92	10/01/2020
#655 / H55 Inpatient Respite Care	453.12	459.64	10/01/2020
#656 / H56 General Inpatient Care	968.56	980.13	10/01/2020
#659 Room and Board			

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

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106749100 - 2020/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Healthcare of Marion County	Provider Number : 106749100
Kindred Hospice	Date : 10/07/2020
1975 S John Young Pkwy	Fiscal Year End : N/A
Kissimmee, FL 34741	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input type="checkbox"/> Rural Health Clinic			
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 / H51 Routine Home Care (1-60)	177.58	182.40	10/01/2020
#651a / H5L Routine Home Care (61 +)	140.35	144.17	10/01/2020
#652 / H52 Continuous Home Care	53.05	54.59	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.26	13.65	10/01/2020
#655 / H55 Inpatient Respite Care	440.89	452.57	10/01/2020
#656 / H56 General Inpatient Care	937.38	962.13	10/01/2020
#659 Room and Board			

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	
Osceola	

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150001500 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice Care of South Fl.	Provider Number : 150001500
	Date : 10/07/2020
7270 N.W. 12th St., PH#6	Fiscal Year End : N/A
Miami, FL 33126	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	187.91	191.15	10/01/2020
#651a / H5L Routine Home Care (61 +)	148.52	151.08	10/01/2020
#652 / H52 Continuous Home Care	56.13	57.20	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	14.03	14.30	10/01/2020
#655 / H55 Inpatient Respite Care	460.68	469.33	10/01/2020
#656 / H56 General Inpatient Care	987.85	1004.83	10/01/2020
#659 Room and Board			

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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150003100 - 2020/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Hospital Hospice Care	Provider Number : 150003100
	Date : 10/07/2020
770 W. Granada Blvd	Fiscal Year End : N/A
Ormond Beach, FL 32174	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	167.99	173.86	10/01/2020
#651a / H5L Routine Home Care (61 +)	132.77	137.42	10/01/2020
#652 / H52 Continuous Home Care	50.18	52.03	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.54	13.01	10/01/2020
#655 / H55 Inpatient Respite Care	422.50	436.21	10/01/2020
#656 / H56 General Inpatient Care	890.51	920.43	10/01/2020
#659 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Emerald Coast	Provider Number : 150009100
	Date : 10/07/2020
PO Box 2127	Fiscal Year End : N/A
Dothan, AL 36302	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	169.43	176.14	10/01/2020
#651a / H5L Routine Home Care (61 +)	133.91	139.22	10/01/2020
#652 / H52 Continuous Home Care	50.61	52.71	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.65	13.18	10/01/2020
#655 / H55 Inpatient Respite Care	425.27	440.57	10/01/2020
#656 / H56 General Inpatient Care	897.57	931.54	10/01/2020
#659 Room and Board			

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	
Bay	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Florida - Congress Ave	Provider Number : 150013900
Attn: Angela Santana	Date : 10/07/2020
100 S. Biscayne Blvd	Fiscal Year End : N/A
Miami, FL 33131	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	183.22	182.45	10/01/2020
#651a / H5L Routine Home Care (61 +)	144.80	144.20	10/01/2020
#652 / H52 Continuous Home Care	54.73	54.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.68	13.62	10/01/2020
#655 / H55 Inpatient Respite Care	451.68	450.22	10/01/2020
#656 / H56 General Inpatient Care	964.90	961.18	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Palm Beach	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Shepherd Hospice, Inc	Provider Number : 150021000
	Date : 10/07/2020
115 South Missouri Ave	Fiscal Year End : N/A
Lakeland, FL 33815	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	168.14	172.09	10/01/2020
#651a / H5L Routine Home Care (61 +)	132.88	136.02	10/01/2020
#652 / H52 Continuous Home Care	50.22	51.50	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	12.56	12.88	10/01/2020
#655 / H55 Inpatient Respite Care	422.78	432.82	10/01/2020
#656 / H56 General Inpatient Care	891.23	911.79	10/01/2020
#659 Room and Board			

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.	Provider Number : 150022800
	Date : 10/07/2020
3010 W. Azeele Street	Fiscal Year End : N/A
Tampa, FL 33609	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 / H51 Routine Home Care (1-60)	179.16	184.61	10/01/2020
#651a / H5L Routine Home Care (61 +)	141.60	145.91	10/01/2020
#652 / H52 Continuous Home Care	53.52	55.25	10/01/2020
#0551 / 0561 Continuous Home Care - SIA	13.38	13.81	10/01/2020
#655 / H55 Inpatient Respite Care	443.91	456.80	10/01/2020
#656 / H56 General Inpatient Care	945.09	972.90	10/01/2020
#659 Room and Board			

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	
<input type="checkbox"/> Hillsborough	

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