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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

<table>
<thead>
<tr>
<th>Provider Type:</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>Rural Health Clinic</td>
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<td>Swing-Bed Provider</td>
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<tr>
<td>Federally Qualified Health Centers</td>
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<tr>
<td>Hospice Provider</td>
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<tr>
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<tr>
<td>#655 Inpatient Respite Care</td>
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<tr>
<td>#658 Room and Board</td>
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Basis: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate

Rate Type: Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs

Distribution: Fiscal Agent, Contract Management, Permanent File, Program Development:

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)
## Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

**Provider:** Samaritan Care Hospice of Osceola, LLC  
**Address:** 1300 North Semoran Blvd., Ste 210  
**City:** Orlando, FL  
**State:** FL  
**Zip Code:** 32807  
**Provider Number:** 000532400  
**Date:** 10/01/2018  
**Fiscal Year End:** N/A  
**Audit Status:** N/A

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<tr>
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<td>#651a Routine Home Care (61 +)</td>
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<tr>
<td>#652 Continuous Home Care</td>
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<tr>
<td>#652a Continuous Home Care - SIA</td>
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<tr>
<td>#655 Inpatient Respite Care</td>
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<td>#656 General Inpatient Care</td>
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<tr>
<td>#658 Room and Board</td>
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### Basis:
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate
- Orange

### Rate Type:
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

### Distribution:
- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
  - For information Only (No Change in rate)

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

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

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Provider Number: 000602600
Date: 10/01/2018
Fiscal Year End: N/A
Audit Status: N/A

**Basis:**
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate
- Brevard

**Rate Type:**
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

**Distribution:**
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)
### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

**Odyssey Healthcare Miami-Dade**

6161 Blue Lagoon Drive, Suite 170
Miami, FL 33126-2045

| Provider Number | Provider Name | Address | City | State | Zip | Date | Fiscal Year End | Audit Status | Provider Type | Current Rate | New Rate | Effective Date |
|-----------------|---------------|---------|------|-------|-----|------|----------------|--------------|---------------|--------------|-----------|-------------|---------------|
| 0015728-00      | Odyssey HealthCare Miami-Dade | 6161 Blue Lagoon Drive, Suite 170 | Miami | FL | 33126-2045 | 1/10/2018 | N/A | N/A | N/A | Rural Health Clinic | X | 224.16 | 222.43 | 10/01/2018 |
|                |               |         |      |      |     |      |                |              |               | Swing-Bed Provider |         |            |               |
|                |               |         |      |      |     |      |                |              |               | Federally Qualified Health Centers |         |            |               |
|                |               |         |      |      |     |      |                |              |               | Hospice Provider |         |            |               |
|                |               |         |      |      |     |      |                |              |               | #651 Routine Home Care (1-60) | X |            |               |
|                |               |         |      |      |     |      |                |              |               | #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 |         |            |               |

**Basis:**
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate
- Duval

**Rate Type:**
- Budget
- Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

**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
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

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<th>Regency Hospice of NW Florida, Inc.</th>
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Provider Type:
- 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

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<td>Average Nursing Home Rate</td>
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<td>Escambia</td>
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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

212.80 | 223.20 | 10/01/2018
### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

**Seasons Hospice and Palliative Care of Southern FL**

**Provider Number:** 002782200  
**Date:** 10/01/2018  
**Fiscal Year End:** N/A  
**Audit Status:** N/A

**Provider Type:**
- 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

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**Basis:**
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- **X** Payment System Rate
- **X** Average Nursing Home Rate - Dade

**Rate Type:**
- **X** Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

**Distribution:**
- W. Rydell Samuel, Administrator
- Medicaid Cost Reimbursement Analysis

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:  
_______ For information Only (No Change in rate)
## Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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<th>Current Rate</th>
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<th>Effective Date</th>
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<td>Heartland Hospice Services - Plantation</td>
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<td>150 S. Pine Island Road, Suite 200</td>
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<td>Plantation, FL 333242695</td>
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<td>Swing-Bed Provider</td>
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<td>#656 General Inpatient Care</td>
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<td>#658 Room and Board</td>
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### Basis:
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate
- Broward

### Rate Type:
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

### Distribution:
- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
  - For information Only (No Change in rate)

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W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis
Florida Agency for Health Care Administration
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

| Brevard HMA Hospice | Provider Number: 013656100 |
| Wuesthoff Health System Hospice | Date: 10/01/2018 |
| 8060 Spyglass Rd. | Fiscal Year End: N/A |
| Viera, FL 32940 | Audit Status: N/A |

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<th>Current Rate</th>
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<td>Medicare - Prospective</td>
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<td>Average Nursing Home Rate</td>
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<td>Brevard</td>
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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
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 014043700
Date: 10/01/2018
Fiscal Year End: N/A
Audit Status: N/A

Provider Type:

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

<table>
<thead>
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<td>#658 Room and Board</td>
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Basis: Budget
- Audited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type: Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)
### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

**Compassionate Care Hospice of Miami Dade and the Florida Keys**
200 Landex Pkz Ste 2101
Parsippany, NJ 07054-2746

**Provider Number:** 014190000
**Date:** 10/01/2018
**Fiscal Year End:** N/A
**Audit Status:** N/A

**Provider Type:**
- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers
- Hospice Provider

**Current Rate** | **New Rate** | **Effective Date**
--- | --- | ---
#651 Routine Home Care (1-60) | 224.16 | 237.50 | 10/01/2018
#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 |

**Basis:**
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate - Dade

**Rate Type:**
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

**Distribution:**
Fiscal Agent
Contract Management
Permanent File
Program Development:
- For information Only (No Change in rate)

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

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

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

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

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- Permanent File
- Program Development:
  - For information Only (No Change in rate)

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Provider Type:
- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers
- Hospice Provider

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

**Provider Information:**
- **Name:** Odyssey Healthcare of Marion County
- **Address:** 1300 N Semoran Blvd Ste 210, Orlando, FL 32807
- **Provider Number:** 016254400
- **Date:** 10/01/2018
- **Fiscal Year End:** N/A
- **Audit Status:** N/A

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

### Rate Details

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**Distribution:**
- **Fiscal Agent:** W.Rydell Samuel, Administrator
- **Contract Management:**
- **Permanent File:**
- **Program Development:**
  - For information Only (No Change in rate)
## Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

**Provider Number:** 017287500  
**Date:** 10/01/2018  
**Fiscal Year End:** N/A  
**Audit Status:** N/A

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

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**Basis:**
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- Desk audited costs
- Field audited costs
- Medicare - Prospective
  - Payment System Rate
  - Average Nursing Home Rate
  
- Lake

**Rate Type:**
- X Prospective
  - Total Prospective
  - Prospective Adjusted for New costs
  - Interim
  - Total Interim
  - Settlement based on costs

**Distribution:**
- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
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W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis
### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
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W.Rydell Samuel, Administrator

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

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- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate
- Indian River

**Rate Type:**

- Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

---

**Distribution:**

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
  - For information Only (No Change in rate)

**Signature:**

W. Rydell Samuel, Administrator

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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- Payment System Rate
- Average Nursing Home Rate

Rate Type:
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

Distribution:
- W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number: 087255500  
Date: 10/01/2018  
Fiscal Year End: N/A  
Audit Status: N/A

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- Desk audited costs
- Field audited costs
- Medicare - Prospective
- X Payment System Rate
- Average Nursing Home Rate
- Brevard

**Rate Type:**
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

**Distribution:**
- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
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W. Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Provider Type:
- Rural Health Clinic
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  - #652a Continuous Home Care - SIA
  - #655 Inpatient Respite Care
  - #656 General Inpatient Care
  - #658 Room and Board

Basis:
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- X Payment System Rate
- Average Nursing Home Rate
- Seminole

Rate Type:
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)
Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Provider Type:  
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- Swing-Bed Provider  
- Federally Qualified Health Centers  
- Hospice Provider  
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  - #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  

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Basis:
- Budget  
- Unaudited costs  
- Desk audited costs  
- Field audited costs  
- Medicare - Prospective  
- Payment System Rate  
- Average Nursing Home Rate  
- Duval

Rate Type:
- X Prospective  
- Total Prospective  
- Prospective Adjusted for New costs  
- Interim  
- Total Interim  
- Settlement based on costs

Distribution:
Fiscal Agent  
Contract Management  
Permanent File  
Program Development:
______ For Information Only (No Change in rate)

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Hospice of Martin &amp; St. Lucie</td>
<td>Provider Number : 087514700</td>
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<td>1201 SE Indian Street</td>
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<td>Stuart, FL 34997</td>
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</table>

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

### Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate
- Martin

### Rate Type:

- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

### Distribution:

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:

- For information Only (No Change in rate)  

W.Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis
# Survey for Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

<table>
<thead>
<tr>
<th>Hospice of Palm Beach County</th>
<th>Provider Number: 087516300</th>
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<td>5300 East Avenue</td>
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## Provider Type:
- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers
- X Hospice Provider
  - #651 Routine Home Care (1-50)
  - #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

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## Basis:
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- X Payment System Rate
- Average Nursing Home Rate Palm Beach

## Rate Type:
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

## Distribution:
- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
  - For information Only (No Change in rate)

---

W. Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis
**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: 10/01/2018
Fiscal Year End: N/A
Audit Status: N/A

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<td>#651a Routine Home Care (61 +)</td>
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<td>#652 Continuous Home Care</td>
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<td>#652a Continuous Home Care - SIA</td>
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<td>#655 Inpatient Respite Care</td>
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<td>#656 General Inpatient Care</td>
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<td>Field audited costs</td>
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<td>Medicare - Prospective</td>
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<tr>
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<td>X Average Nursing Home Rate Alachua</td>
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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**

**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**

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<tr>
<td>Federally Qualified Health Centers</td>
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<td>#651a Routine Home Care (61 +)</td>
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**Basis:**
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- X Payment System Rate
- Average Nursing Home Rate
- Marion

**Rate Type:**
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

---

**Distribution:**

Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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<tr>
<td>#652a Continuous Home Care - SIA</td>
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<tr>
<td>#655 Inpatient Respite Care</td>
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<tr>
<td>#656 General Inpatient Care</td>
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<td>#658 Room and Board</td>
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Basis:
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate
- Brevard

Rate Type:
- Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

Distribution:
- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
  - For information Only (No Change in rate)

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis
## Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

**Hospice of Volusia**

3800 Woodbriar Trail  
Port Orange, FL  32129

**Provider Number:** 087523600  
**Date:** 10/01/2018  
**Fiscal Year End:** N/A  
**Audit Status:** N/A

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<th>Provider Type</th>
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<td>#655 Inpatient Respite Care</td>
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<td>#656 General Inpatient Care</td>
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<tr>
<td>#658 Room and Board</td>
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### Basis:
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective  
- Payment System Rate  
- Average Nursing Home Rate  
- Volusia

### Rate Type:
- X Prospective  
- Total Prospective  
- Prospective Adjusted for New costs  
- Interim  
- Total Interim  
- Settlement based on costs

### Distribution:
- Fiscal Agent  
- Contract Management  
- Permanent File  
- Program Development:  
  - For Information Only (No Change in rate)

W.Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis
### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

**Big Bend Hospice**

1723 Mahan Center Blvd.
Tallahassee, FL 32308

**Provider Number:** 087524400  
**Date:** 10/01/2018  
**Fiscal Year End:** N/A  
**Audit Status:** N/A

**Effective Date:** 10/01/2018

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

**Hospice of the Florida Keys, Inc.**
1319 William Street
Key West, FL 330404736

**Provider Number:** 087525200  
**Date:** 10/01/2018  
**Fiscal Year End:** N/A  
**Audit Status:** N/A

**Provider Type:**
- 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
  - **X** #658 Room and Board

**Current Rate:** 220.02  
**New Rate:** 234.06  
**Effective Date:** 10/01/2018

**Basis:**
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective  
- **X** Payment System Rate
- **X** Average Nursing Home Rate
- Monroe

**Rate Type:**
- **X** Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

**Distribution:**
- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
  - For information Only (No Change in rate)

**W. Rydell Samuel, Administrator**  
Medicaid Cost Reimbursement Analysis
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

**Hospice of Lake and Sumter**

12300 Lane Park Road  
Tavares, FL 32778

**Provider Number:** 087526100  
**Date:** 10/01/2018  
**Fiscal Year End:** N/A  
**Audit Status:** N/A

**Provider Type:**
- 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**

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**Basis:**
- Budget
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- Desk audited costs
- Field audited costs
- Medicare - Prospective  
- **X** Payment System Rate
- Average Nursing Home Rate  
  - Lake

**Rate Type:**
- **X** Prospective  
- Total Prospective  
- Prospective Adjusted for New costs  
- Interim  
- Total Interim  
- Settlement based on costs

**Distribution:**
- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
  - For information Only (No Change in rate)

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

<table>
<thead>
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<th>Provider Type</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
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<td>Provider Number: 087527900</td>
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Provider Type:
- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers
- Hospice Provider
  - #651 Routine Home Care (1-60)
  - #651a Routine Home Care (61+)
  - #652 Continuous Home Care
  - #652a Continuous Home Care - SIA
  - #655 Inpatient Respite Care
  - #656 General Inpatient Care
  - #658 Room and Board

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Distribution:  
W.Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

Fiscal Agent  
Contract Management  
Permanent File  
Program Development:  
For information Only (No Change in rate)
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Treasure Coast
1201 SE Indian St
Stuart, FL 34997

Provider Number: 087528700
Date: 2018/10
Fiscal Year End: N/A
Audit Status: N/A

Provider Type:
- 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

Current Rate: 220.01
New Rate: 233.68
Effective Date: 10/01/2018

Basis:
- X Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- X Payment System Rate
- Average Nursing Home Rate
- St Lucie

Rate Type:
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
- X For information Only (No Change in rate)

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

<table>
<thead>
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<th>New Rate</th>
<th>Effective Date</th>
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<tr>
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<tr>
<td>1531 W. Palmetto Park Road</td>
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<tr>
<td>Boca Raton, FL 334863395</td>
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<td><strong>New Rate</strong></td>
<td><strong>Effective Date</strong></td>
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<tr>
<td>Rural Health Clinic</td>
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**Basis:**
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

**Rate Type:**
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

**Distribution:**
- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
  - For information Only (No Change in rate)

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

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

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<thead>
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<td>5771 Rosevelt Blvd</td>
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<td>Clearwater, FL 337603770</td>
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<tr>
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<td>#651a Routine Home Care (61+)</td>
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<td>#652a Continuous Home Care - SIA</td>
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<tr>
<td>#655 Inpatient Respite Care</td>
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<tr>
<td>#656 General Inpatient Care</td>
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<td>#658 Room and Board</td>
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**Basis:**
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate
- Pinellas

**Rate Type:**
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

**Distribution:**
- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
  - For information Only (No Change in rate)

**W.Rydell Samuel, Administrator**
**Medicaid Cost Reimbursement Analysis**
## Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

**Provider:** Hope Hospice & Palliative Care  
**Address:** 9470 Health Park Circle, Ft. Myers, FL 339083617  
**Provider Number:** 087535000  
**Date:** 10/01/2018  
**Fiscal Year End:** N/A  
**Audit Status:** N/A

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<td>#652a Continuous Home Care - SIA</td>
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<td>#656 General Inpatient Care</td>
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<td>#658 Room and Board</td>
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<td>228.76</td>
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**Basis:**  
- Budget  
- Unaudited costs  
- Desk audited costs  
- Field audited costs  
- Medicare - Prospective  
- Payment System Rate  
- Average Nursing Home Rate  
- Lee  

**Rate Type:**  
- Prospective  
- Total Prospective  
- Prospective Adjusted for New costs  
- Interim  
- Total Interim  
- Settlement based on costs

**Distribution:**  
- Fiscal Agent  
- Contract Management  
- Permanent File  
- Program Development:  
  - For information Only (No Change in rate)

---

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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<th>Provider Type:</th>
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<tr>
<td>#651a Routine Home Care (61 +)</td>
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<td>#655 Inpatient Respite Care</td>
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<td>#656 General Inpatient Care</td>
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<td>#658 Room and Board</td>
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<td>Field audited costs</td>
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<td>Medicare - Prospective</td>
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<td>X Payment System Rate</td>
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<td>Average Nursing Home Rate</td>
<td>Settlement based on costs</td>
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Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)
Avow Hospice
1095 Whippoorwill Lane
Naples, FL 34105

Provider Number: 087537600
Date: 10/01/2018
Fiscal Year End: N/A
Audit Status: N/A

Provider Type:
- 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

Current Rate: 226.50  New Rate: 230.67  Effective Date: 10/01/2018

Basis:
- X Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- X Payment System Rate
- Average Nursing Home Rate
- Collier

Rate Type:
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
- For information Only (No Change in rate)

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

<table>
<thead>
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<th>Provider Type:</th>
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<th>New Rate</th>
<th>Effective Date</th>
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<td>Hospice of Okeechobee</td>
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<tr>
<td>411 SE 4th Street</td>
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<tr>
<td>Okeechobee, FL 34974</td>
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<td>Audit Status: N/A</td>
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</table>

Provider Type:

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

| #651 Routine Home Care (1-60)          |              |          |                |
| #651a Routine Home Care (61 +)         |              |          |                |
| #652 Continuous Home Care              |              |          |                |
| #652a Continuous Home Care - SIA       |              |          |                |
| #655 Inpatient Respite Care            |              |          |                |
| #656 General Inpatient Care            |              |          |                |
| #658 Room and Board                    | 233.06       | 260.24   | 10/01/2018     |

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate
- Okeechobee

Rate Type:

- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Total Interim
- Interim
- Settlement based on costs

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
  - For information Only (No Change in rate)

W.Rydeii Samuel, Administrator
Medicaid Cost Reimbursement Analysis
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

**Catholic Hospice**  
Provider Number: 087569400  
Date: 10/01/2018  
Fiscal Year End: N/A  
Audit Status: N/A

**Provider Type:**  
- Rural Health Clinic  
- Swing-Bed Provider  
- Federally Qualified Health Centers  
- Hospice Provider

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<tbody>
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**#658 Room and Board**  
Provider Type: Hospice Provider

**Basis:**  
- Budget  
- Unaudited costs  
- Desk audited costs  
- Field audited costs  
- Medicare - Prospective  
- Payment System Rate  
- Average Nursing Home Rate - Dade

**Rate Type:**  
- X Prospective  
- Total Prospective  
- Prospective Adjusted for New costs  
- Interim  
- Total Interim  
- Settlement based on costs

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

For information Only (No Change in rate)

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulfside Regional Hospice
6111 Trouble Creek Rd
New Port Richey, FL 34653

Provider Number: 087570800
Date: 10/01/2018
Fiscal Year End: N/A
Audit Status: N/A

Provider Type:
- 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

<table>
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<tr>
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Basis:
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- X Payment System Rate
- Average Nursing Home Rate
- Pasco

Rate Type:
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
- For information Only (No Change in rate)

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:** 10/01/2018  
**Fiscal Year End:** N/A  
**Audit Status:** N/A

**Provider Type:**

- 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

<table>
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**Basis:**

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- X Payment System Rate
- Average Nursing Home Rate
- Broward

**Rate Type:**

- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

---

**Distribution:**

Fiscal Agent
Contract Management
Permanent File
Program Development:

- For information Only (No Change in rate)

W. Rydell Samuel, Administrator

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Type:
- 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

Provider Number: 150001500
Date: 10/01/2018
Fiscal Year End: N/A
Audit Status: N/A

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Basis:
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- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- X Payment System Rate
- Average Nursing Home Rate
- Dade

Rate Type:
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

Distribution:
- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
  - For Information Only (No Change in rate)

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis
Florida Hospital Hospice Care

770 W. Granada Blvd
Ormond Beach, FL 32174

Provider Number: 150003100
Date: 10/01/2018
Fiscal Year End: N/A
Audit Status: N/A

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

<table>
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<td>Average Nursing Home Rate</td>
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<td>Volusia</td>
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Distribution:
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Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)
### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

**Provider**

- **Hospice of Emerald Coast**
  - PO Box 2127
  - Dothan, AL 36302

**Provider Number**: 150009100

**Date**: 10/01/2018

**Fiscal Year End**: N/A

**Audit Status**: N/A

**Provider Type**

- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers
- **X** Hospice Provider

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
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<tbody>
<tr>
<td>#651</td>
<td>Routine Home Care (1-60)</td>
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</tr>
<tr>
<td>#651a</td>
<td>Routine Home Care (61 +)</td>
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<tr>
<td>#652</td>
<td>Continuous Home Care</td>
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<td>#652a</td>
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<td>#655</td>
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<td>#656</td>
<td>General Inpatient Care</td>
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<td>#658</td>
<td>Room and Board</td>
<td>207.01</td>
<td>220.45</td>
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</table>

#### Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- **X** Payment System Rate
- Average Nursing Home Rate
  - Bay

#### Rate Type:

- **X** Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

### Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
  - For information Only (No Change in rate)

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W. Rydell Samuel, Administrator

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

<table>
<thead>
<tr>
<th>Provider Type:</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
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<tbody>
<tr>
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<td>#656 General Inpatient Care</td>
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<td>#658 Room and Board</td>
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### Basis:
- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- X Payment System Rate
- Average Nursing Home Rate
- Palm Beach

### Rate Type:
- X Prospective
- Total Prospective
- Prospective Adjusted for New costs
- Interim
- Total Interim
- Settlement based on costs

---

**Distribution:**
- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:
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**W.Rydell Samuel, Administrator**

**Medicaid Cost Reimbursement Analysis**
### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

**Provider:**
- Good Shepherd Hospice, Inc
- Provider Number: 150021000
- Address: 115 South Missouri Ave, Lakeland, FL 33815
- Date: 10/01/2018
- Fiscal Year End: N/A
- Audit Status: N/A

**Provider Type:**
- **X** Hospice Provider
- Rural Health Clinic
- Swing-Bed Provider
- Federally Qualified Health Centers

**Services:**
- #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

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<td>Average Nursing Home Rate</td>
<td>Settlement based on costs</td>
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**Distribution:**
- Fiscal Agent: W. Rydell Samuel, Administrator
- Contract Management
- Permanent File
- Program Development:
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Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

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