000141800 - 2015/09

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

Tallahassee, Florida 32308

ICR Manor Care Services of Florida, Inc.  Ieartland Home Health Care and Hospice			Provider Number : 000141800			
			Date : 08/26/2015			
30 <sup>.</sup> Bay	30 Baymeadows Way W			ear End		• •
cksonv	/ille, FL 32	Audit St	atus : N//	<b>A</b>		
ovider	Type:		Curre	nt Rate	New Rate	Effective Date
•		Health clinic	· · · · · · · · · · · · · · · · · · ·		<b>.</b>	· ·
•	Swing	-Bed provider				
٠	Federa	ally Qualified Health Centers				
X	Hospic	ce Provider				
**********	#6	51 Routine Home Care			<u></u>	of a second second
	#6	52 Continuous Home Care				
	#6	55 Inpatient Respite Care	manana			
	#6	56 General Inpatient Care				
	#6	58 Room and Board	8	202.09	200.2	21 / 09/01/2015
		Budget	Χ		ective	
	X	Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  Payment System Rate  Average Nursing Home Rate		Total Prosp Interir	•	d for New costs
	X	Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  Payment System Rate		Total Prosp Interir Total Settle	ective Adjustern Interim ment based or	n costs
Fisc	X  tribution cal Agent	Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  Payment System Rate  Average Nursing Home Rate		Total Prosp Interir Total Settle	ective Adjuste n Interim ment based or	n costs
Fisc Con	<b>tribution</b>	Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective Payment System Rate  Average Nursing Home Rate		Total Prosp Interir Total Settle	ective Adjustern Interim ment based or	n costs

000532400 - 2015/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Sar	naritar	n Care Ho	spice of Osceola, LLC		Provider	Numbe	r : 000532400	
Samaritan Care Hospice				Date : 08/26/2015				
130	00 Nort	th Semora	n Blvd., Ste 210	•	Fiscal Ye	ear End	: N/A	••
Orl	ando, I	FL 32807		;	Audit Sta	tus : N/	Α	
Pro	vider	Type:			Curren	t Rate	New Rate	Effective Date
	***	Rural F	lealth clinic				•	
		Swing-	Bed provider					
		Federa	lly Qualified Health Centers					
	X	Hospic	e Provider			4	ger ette	i de la companya de l
		#65	1 Routine Home Care	the amount of the con-			1. 189813.4	
		#65	2 Continuous Home Care					
	-	#65	5 Inpatient Respite Care		ne )			
		#65	6 General Inpatient Care					
		#65	8 Room and Board			209.95	206.	28 / 09/01/2015
ſ	В	asis :		Rate	Type:			
•			Budget	<b></b>	Х	Prosp	ective	
_			Unaudited costs			Total	Prospective	
_			Desk audited costs			Prosp	ective Adjuste	d for New costs
_			Field audited costs					
_			Medicare - Prospective			Interi	m	
_		X	Payment System Rate			Total	Interim	
_			Average Nursing Home Rate			Settle	ement based o	n costs
				T+	W.Rydell	Samue	I, Administrato	r
				•	Medicaid	Cost R	eimbursement	Analysis
	Dist	ribution:						
	Fisca	al Agent						
	Cont	ract Mana	gement					
	Perm	nanent File	e					
	Prog	ram Deve	lopment:					
		For ir	nformation Only (No Change in rat	e)				

000602600 - 2015/09

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

Tallahassee, Florida 32308

Vitas Healthcare Corp of Central Florida			Provider	Provider Number : 000602600				
Attn: Angela Santana			Date : 08	Date: 08/26/2015				
100 S. Biscayne Blvd			Fiscal Ye	Fiscal Year End : N/A				
Mia	mi, FL 33131	······································	Audit Sta	tus : N/A				
Pro	vider Type:		Curren	t Rate N	ew Rate	Effecti	ve Date	
	Rural	Health clinic				•		
	Swing	g-Bed provider						
	Feder	ally Qualified Health Centers						
	X Hospi	ce Provider	* (			** :		
nn / 1	#6	51 Routine Home Care						
	#6	52 Continuous Home Care						
	#6	55 Inpatient Respite Care	· · · · · · · · · · · · · · · · · · ·					
	#6	56 General Inpatient Care						
	#6	58 Room and Board	•	211.82	209.	81 / 09/	01/2015	
	Basis :  X X	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	Rate Type :	Prospect Interim Total Inte	ospective tive Adjuste erim ent based or	n costs	costs	
	Distribution Fiscal Agent Contract Man Permanent Fi Program Deve	nagement ile	PI		dministrato			
	For	information Only (No Change in rate	) ·					

001572800 - 2015/09

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

Tallahassee, Florida 32308

Odyssey Health Care Miami-Dade	Provider Number : 001572800			
	Date: 08/26/2015			
5755 Blue Lagoon Dr	Fiscal Year End : N/A			
Miami, FL 33126	Audit Status : N/A			
WELLER TO THE REST OF THE PARTY				
Provider Type:	Current Rate New Rate Effective Date			
Rural Health clinic				
Swing-Bed provider				
Federally Qualified Health Centers				
X Hospice Provider	,			
#651 Routine Home Care	;			
#652 Continuous Home Care				
#655 Inpatient Respite Care	•			
#656 General Inpatient Care				
#658 Room and Board	216.20 214.13 09/01/2015			
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			
	W.Rydell Samuel, Administrator			
	Medicaid Cost Reimbursement Analysis			
<u>Distribution:</u>				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				

001636100 - 2015/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Regency Hospice of NW Florida, Inc.			Provider Number : 001636100  Date : 08/26/2015			
4900 Bayou Blvd., Ste 101			Fiscal Year End : N/A			
Pensacola, FL 32503				tatus : N/A		
Prov	rider Type:		Curre	ent Rate New Rate	Effective Date	
	Rural I	Health clinic	* "	15		
	Swing	-Bed provider				
*	Federa	ally Qualified Health Centers				
	X Hospid	ce Provider	X**	"	•	
	#65	51 Routine Home Care			The state of the s	
	#6	52 Continuous Home Care				
	#65	55 Inpatient Respite Care				
	#65	56 General Inpatient Care				
	#65	58 Room and Board	1	204.47 20	01.27 / 09/01/2015	
	Basis :		Rate Type :			
	****	Budget	X	Prospective —		
******		Unaudited costs		Total Prospective		
******		Desk audited costs		Prospective Adjus	sted for New costs	
		Field audited costs				
		Medicare - Prospective		Interim		
	Χ	Payment System Rate		Total Interim		
******		Average Nursing Home Rate		Settlement based	on costs	
			W.Ryde	ell Samuel, Administra	ator	
			Medicai	d Cost Reimburseme	nt Analysis	
	<b>Distribution</b>	<u>:</u>				
	Fiscal Agent					
	Contract Mana	agement				
	Permanent Fil	e				
	Program Deve	elopment:				
	For i	nformation Only (No Change in rate	;)			

002782200 - 2015/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Seasons Hospice and Palliative Care of Southern FL			^}	Provider Number : 002782200  Date : 08/26/2015			
5200 N	lorthoast 2n	d Averue	ž.	Date: 08			
5200 Northeast 2nd Avenue Miami, FL 32405			* * * * * * * * * * * * * * * * * * *	Audit Sta			
	02400		!	i	100 . 14//		
Provid	ler Type:	en en su mangaren en e		Currer	nt Rate	New Rate	Effective Date
	Rural	Health clinic		. ,,			
	Swing	-Bed provider		* *			
	Feder	ally Qualified Health Centers					
X	Hospi	ce Provider				¥ • 1	,
	#6	51 Routine Home Care			*		
	#6	52 Continuous Home Care	\$101 ht 6	em v			
	#6	55 Inpatient Respite Care		3			
	#6	56 General Inpatient Care		····			
	#6	58 Room and Board		3	226.75	225.	21 09/01/2015
	X X	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	Rate	X X	Total   Prosp Interin Total   Settle	n Interim ment based or	
Fi Co Pe	istribution scal Agent ontract Mana ermanent Fil rogram Deve	agement le	H			, Administrato	
	For i	information Only (No Change in rate	·)				

003815300 - 2015/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

HCR Manor	Care of Florida III, Inc.	Provider Number : 003815300
Heartland H	lospice Services - Plantation	Date : 08/26/2015
150 S. Pine	Island Road, Suite 200	Fiscal Year End : N/A
Plantation, I	FL 333242695	Audit Status : N/A
Provider Ty	ype:	Current Rate New Rate Effective Date
•	Rural Health clinic	
	Swing-Bed provider	
	Federally Qualified Health Centers	
1.15 ( 5.15 )	Hospice Provider	
	#651 Routine Home Care	· · · · · · · · · · · · · · · · · · ·
\$ \$4 · · · · · · · · · · · · · · · · · ·	#652 Continuous Home Care	
	#655 Inpatient Respite Care	
	#656 General Inpatient Care	
	#658 Room and Board	213.59 210.00 🗸 09/01/2015
		•
Bas	io .	Poto Tymo
Das	Budget	Rate Type :  X Prospective
***************************************	Unaudited costs	Total Prospective
	Desk audited costs	Prospective Adjusted for New costs
***************************************	Field audited costs	
	Medicare - Prospective	Interim
×	•	Total Interim
	Average Nursing Home Rate	Settlement based on costs
	<del>-</del>	W.Rydell Samuel, Administrator
		Medicaid Cost Reimbursement Analysis
<u>Distril</u>	bution:	
Fiscal	Agent	
Contra	ct Management	
Perma	nent File	
Progra	m Development:	
	For information Only (No Change in	rate)

004244800 - 2015/09

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

Tallahassee, Florida 32308

HCR M	anor Care S	Services of FL II, Inc.	Provide	r Number : 004244800	)	
Heartland Hospice Services (Homestead) 381 N. Krome Ave, Suite 207 Homestead, FL 330306047			Date: 08/26/2015 Fiscal Year End: N/A			
			Provide	er Type:	en e	Curre
	Rural	Health clinic		.3 		
	Swing	g-Bed provider				
	Federa	ally Qualified Health Centres				
X	Hospi	ce Provider				
•	#6	51 Routine Home Care				
	#6	52 Continuous Home Care				
	#6	55 Inpatient Respite Care	**************************************			
	#6	56 General Inpatient Care	•	*		
	#6	58 Room and Board			3.31 09/01/2015	
	Basis :		Rate Type :			
L		 Budget	X	l Prospective		
***************************************		Unaudited costs		Total Prospective		
***************************************		Desk audited costs		— Prospective Adjust	ed for New costs	
		Field audited costs				
		Medicare - Prospective		Interim		
	X	Payment System Rate		Total Interim		
		Average Nursing Home Rate		Settlement based o	on costs	
		<u> </u>	₩.Ryde	Il Samuel, Administrat	or	
			Medicai	d Cost Reimbursemen	nt Analysis	
<u>Di</u>	<u>stribution</u>	<u>ı:</u>				
Fis	scal Agent					
Co	ontract Man	agement				
Pe	rmanent Fi	le				
Pro	ogram Deve	elopment:				
	For i	information Only (No Change in rate	e)			

004579400 - 2015/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Compassionate Care Hospice of Miami Dade, Inc.			Provider Number: 004579400				
Compassionate Care Hospice			Date : 08/26/2015				
600 Hig	ghland Driv	e STE 624	Fiscal Y	ear End : N/A			
Westampton, NJ 080605124			Audit Sta	atus : N/A			
			_	- Company of the second			
Provid	er Type:		Currei	nt Rate Rew Rate	Effective Date		
		Health clinic					
	_	g-Bed provider	•				
		ally Qualified Health Centers					
X	•	ice Provider		: 			
		551 Routine Home Care	*				
		552 Continuous Home Care	* **				
		555 Inpatient Respite Care	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		556 General Inpatient Care	. And when the control of the contro				
	#6	558 Room and Board		203.85: 203.	20 / 09/01/2015		
	Basis :		Rate Type :				
		Budget	×	Prospective			
		Unaudited costs		Total Prospective			
		Desk audited costs		Prospective Adjuste	d for New costs		
		Field audited costs					
		Medicare - Prospective		Interim			
	X	Payment System Rate		Total Interim			
	Х	Average Nursing Home Rate		Settlement based or	n costs		
		POLK					
			W.Rydel	l Samuel, Administrato	r		
			Medicaid	Cost Reimbursement	Analysis		
D	<u>istributior</u>	<u>1:</u>					
Fi	scal Agent						
	ontract Man						
	ermanent F						
Pr	rogram Dev	relopment:					
	For	information Only (No Change in rate)	)				

013656100 - 2015/09

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

Tallahassee, Florida 32308

					management of the second of th	
Brevard HMA Hospice			š	Provider	Number : 013656100	
Wuesthoff Health System Hospice			:	Date: 08	/26/2015	
3060 Spy	yglass Rd	<b>[.</b>	:	Fiscal Year End : N/A		
∕iera, FL	32940			Audit Sta	tus : N/A	
Provider	Type:	784 S. F.		Curren	t Rate New Rate Effective Date	
	Rural	Health clinic				
	Swing	g-Bed provider	0.00			
	Feder	ally Qualified Health Centers				
X	Hospi	ice Provider		\$		
	#6	551 Routine Home Care			se se adam asserti i i i i i i i i i i i i i i i i i i	
	#6	552 Continuous Home Care	** * ***** n	- mary		
	#6	555 Inpatient Respite Care		*		
	#6	556 General Inpatient Care	**************			
	#6	558 Room and Board	• 2		209.81 / 09/01/2015	
	Basis :		Rat	e Type :		
		 Budget		X	_l Prospective	
M-10-11		Unaudited costs		-	Total Prospective	
		Desk audited costs	***************************************	<del></del>	Prospective Adjusted for New costs	
		Field audited costs			_	
	····	Medicare - Prospective	×		_ Interim	
	Х	Payment System Rate			Total Interim	
	X	Average Nursing Home Rate			Settlement based on costs	
		BREVARD	<u></u>		_	
		<del></del>		-W.Rydell	Samuel, Administrator	
			n	Medicaid	Cost Reimbursement Analysis	
Dis	tribution	<u>1:</u>				
Fisc	al Agent					
Con	itract Man	nagement				
Pen	manent Fi	ile				
Prog	gram Dev	relopment:				
	Eo-	information Only (No Change in rate	a)			
		missimation only the ontange in rate	-,			

014043700 - 2015/09

# State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hernando-Pasco Hospice			Provider Number : 014043700				
HPH Hospice 12107 Majestic Blvd Hudson, FL			Date: 08/26/2015				
			Fiscal Year End : N/A				
			Audit Sta	atus : N/A			
Provid	der Type:		Curren	nt Rate New Rate	Effective Date		
		Health clinic					
		g-Bed provider					
		ally Qualified Health Centers	1				
х		ce Provider					
	#6	51 Routine Home Care			Live wife a control of the control o		
	#6	52 Continuous Home Care	West of the Control o				
	#6	55 Inpatient Respite Care					
	#6	56 General Inpatient Care	•				
	#6	58 Room and Board		0.00 201.	32 09/01/2015		
	Basis :		Rate Type :				
		Budget	×	Prospective			
		Unaudited costs		Total Prospective			
		Desk audited costs		Prospective Adjuste	ed for New costs		
		Field audited costs		_			
		Medicare - Prospective		Interim			
	X	Payment System Rate		Total Interim			
		Average Nursing Home Rate —		Settlement based of	n costs		
			W.Rydell	Samuel, Administrato	r		
			.,	Cost Reimbursement			
<u>D</u>	istribution	<u>ı:</u>			-		
F	iscal Agent						
С	ontract Man	agement					
Р	ermanent Fi	ile					
Р	rogram Dev	elopment:					
	For	information Only (No Change in rate)					

014190000 - 2015/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Compassionate Care Hospice of Miami Dade and the Florida Keys		Va. 22	Provider Number : 014190000  Date : 08/26/2015		
200 Lanidex Plz Ste 2101 Parsippany, NJ 07054-2746			Fiscal Ye	ear End : N/A	
				itus : N/A	
Prov	vider Type:		Curren	t Rate New Rate	Effective Date
		Health clinic	2****		
	Swing	-Bed provider			
	Feder	ally Qualified Health Centers	,		
	X Hospi	ce Provider	P333	A Supplied to the second	. Syrece
	#6	51 Routine Home Care		·	
•	#6	52 Continuous Home Care	10 1 mil)		
	#6	55 Inpatient Respite Care	emmerce en		
	#6	56 General Inpatient Care			
		58 Room and Board		225.	21 09/01/2015
				and the second control of the second control	MR 5
	Basis :		Rate Type :		
		Budget	×	Prospective	
		Unaudited costs		Total Prospective	
		Desk audited costs		Prospective Adjuste	d for New costs
		Field audited costs		_	
		Medicare - Prospective		– Interim	
	X	Payment System Rate		Total Interim	
	Х	Average Nursing Home Rate	***************************************	<ul> <li>Settlement based or</li> </ul>	n costs
-		DADE		·····	
	***************************************		W.Rydell	Samuel, Administrator	r
				Cost Reimbursement	
	Distribution	ı:			•
	Fiscal Agent	-			
	Contract Man	agement			
	Permanent Fi				
	Program Dev	elopment:			
	-	·	- \		
	For	information Only (No Change in rate	<del>)</del> )		

015328000 - 2015/09

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

Tallahassee, Florida 32308

Season	s Hospice	& Palliative Care Broward FL LLC	Prov	Provider Number : 015328000					
		· · · · · · · · · · · · · · · · · · ·	Date	Date: 08/26/2015					
1815 G	riffin Rd Ste	e 410	Fisc	al Year End	: N/A				
Dania E	Beach, Fl 3	3004	Audi	t Status : N	<b>′</b> A				
Provide	er Type:		Cu	irrent Rate	New Rate	Effective Date			
	Rural	Health clinic	•		:				
	Swing	<sub>1</sub> -Bed provider							
	Feder	ally Qualified Health Centers	* * ****** * ***** * ****** * ******* *						
<b>X</b>	Hospi	ce Provider			ę.	r i v v vv			
	#6	51 Routine Home Care			**** ** *				
	#6	52 Continuous Home Care	Commence of the Commence of th						
	#6	55 Inpatient Respite Care	- 0 A 0 A						
	#6	56 General Inpatient Care	x xxx						
		58 Room and Board	*****		223.	42 09/01/2015			
	Basis :  X X	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate BROWARD	Rate Type	Prosp Total Prosp Interi Total Settle	m Interim ement based or				
Fis Co Pe	stribution scal Agent entract Man ermanent Fi ogram Dev	agement ile			el, Administrato eimbursement				
	For	information Only (No Change in ra	te)						

087000500 - 2015/09

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

Tallahassee, Florida 32308

Hospice of I.R.C.			Provider Number : 087000500 Date : 08/26/2015				
1111	36th Street		77.77	Fiscal Ye	ear End	: N/A	***
Vero Beach, FL 32960				Audit Sta	atus : N/	A	
Provi	der Type:			Currer	nt Rate	New Rate	Effective Date
		Health clinic		nn white i	** **	, 4	3
	Swing-	-Bed provider					
		Illy Qualified Health Centers	88 1X XIII III -				
>		ce Provider				*	
	#65	51 Routine Home Care					V.Fm.
	#65	52 Continuous Home Care	Q-144, -111-1				
	#65	55 Inpatient Respite Care	w with a	,			
		56 General Inpatient Care		•			
	15.61 11	58 Room and Board	TO AND CONTROL OF THE		204.79	9 200.	76 09/01/2015
	Basis :	]	Rat	e Type :			
		Budget	<u> </u>	X	Prosp	ective	
		Unaudited costs	*****		Total	Prospective	
		Desk audited costs			Prosp	ective Adjuste	d for New costs
		Field audited costs					
***		Medicare - Prospective			 Interir	n	
	X	Payment System Rate			Total	Interim	
		Average Nursing Home Rate			Settle	ment based or	n costs
			P	W.Rydell	Samue	I, Administrato	r
				Medicaid	Cost R	eimbursement	Analysis
<u> </u>	<u>Distribution</u>	<u>.</u>					
F	Fiscal Agent						
(	Contract Mana	agement					
F	Permanent Fil	e					
F	Program Deve	elopment:					
_	For i	nformation Only (No Change in	rate)				

087246600 - 2015/09

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

Tallahassee, Florida 32308

aun: Angela s	Santana	Date : 08/26/2015				
100 S. Biscay	rne Blvd	Fiscal Year End : N/A				
Miami, FL 33	131	Audit Status : N/A				
Provider Typ	e:	Current Rate New Rate Effective Date				
R	ural Health clinic					
S	wing-Bed provider					
F	ederally Qualified Health Centers					
х н	ospice Provider	·				
	#651 Routine Home Care	ennere e e e e e e e e e e e e e e e e e				
	#652 Continuous Home Care					
	#655 Inpatient Respite Care					
	#656 General Inpatient Care					
	#658 Room and Board	226.75 225.21 09/01/2015				
Basis	<del>.    </del>	Rate Type :				
Dasis	Budget	X Prospective				
	Unaudited costs	Total Prospective				
	Desk audited costs	Prospective Adjusted for New costs				
	Field audited costs					
		Interim				
V	Medicare - Prospective	Total Interim				
X	Payment System Rate	Settlement based on costs				
	Average Nursing Home Rate	Settlement based on costs				
		W.Rydell Samuel, Administrator				
Dintrib.	ution:	Medicaid Cost Reimbursement Analysis				
<u>Distribu</u> Fiscal Ag						
,	Management					
	-					
Permane						

087255500 - 2015/09

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

St. Fra	ancis Hospic	<b>e</b>	Provider Number : 087255500						
	A A AA AA BAB II I	TE TE STORY SAME AND A STORY COMMENTS AND A STORY COMMENT AND A STORY COMMENT AND A STORY COMMENT AND A STORY COMM	Date : 08	Date: 08/26/2015					
1250-	B Grumman	Place	Fiscal Ye	ear End : N/A					
Titusv	rille, FL 3278	30	Audit Sta	atus : N/A					
	*********	The second secon		e i i i i i i i i i i i i i i i i i i i					
Provi	der Type:		Currer	it Rate New Rate	Effective Date				
	Rural	Health clinic							
	Swing	g-Bed provider	·						
	Feder	ally Qualified Health Centres	8 82 - V 3		,				
Х	( Hospi	ce Provider		i i					
	#6	51 Routine Home Care							
	#6	52 Continuous Home Care	•						
	#6	55 Inpatient Respite Care							
* *** *	#6	56 General Inpatient Care	· · · · · · · · · · · · · · · · · · ·		_				
	#6	58 Room and Board		208.33 206	09/01/2015				
	Basis :	7	Rate Type :						
L		 Budget	X	☐ Prospective					
-		Unaudited costs		Total Prospective					
		Desk audited costs		<ul> <li>Prospective Adjust</li> </ul>	ed for New costs				
-		Field audited costs	<del></del>						
***************************************		Medicare - Prospective		 Interim					
	X	Payment System Rate		Total Interim					
		Average Nursing Home Rate		Settlement based of	on costs				
				_					
			W.Rydell	Samuel, Administrate	or				
			Medicaid	Cost Reimbursemen	t Analysis				
<u>[</u>	Distribution	<u>ı:</u>							
F	Fiscal Agent								
C	Contract Man	agement							
F	Permanent Fi	ile							
F	Program Dev	elopment:							
	For	information Only (No Change in rate	)						

087256300 - 2015/09

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

Hospice of the Comforter 480 West Central Pkwy		Date : 08	Number : 087256300 8/26/2015 ear End : N/A		
Alta	monte Springs,	FL 327143125	Audit Sta	ntus : N/A	,
Prov	vider Type:		Curren	t Rate New Rate	Effective Date
** * ***	Rural	Health clinic	***		•
	Swing	-Bed provider			
	Federa	ally Qualified Health Centers			
	X Hospic	ce Provider	And the second second		1
	#6:	51 Routine Home Care			
	#6	52 Continuous Home Care			
	#6	55 Inpatient Respite Care			
	#6	56 General Inpatient Care			
	#6:	58 Room and Board	The second secon	215.91 212.2	09/01/2015
Γ	Basis :	7	Rate Type :	1	
L		_J Budget	X	⊒ Prospective	
<del>,</del>		Unaudited costs		Total Prospective	
******		Desk audited costs		<ul> <li>Prospective Adjuste</li> </ul>	d for New costs
		Field audited costs	•	_	
		Medicare - Prospective		— Interim	
	X	Payment System Rate	***************************************	— Total Interim	
		Average Nursing Home Rate		Settlement based or	costs
			—————————————————————————————————————	Samuel, Administrator	
			Medicaid	Cost Reimbursement	Analysis
	Distribution	<u>.</u>			
	Fiscal Agent				
	Contract Mana	agement			
	Permanent Fil	e			
	Program Deve	elopment:			
	For i	nformation Only (No Change in rate	e)		



087407800 - 2015/09

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

Com	munity Hospid	ce of Northeast	Provider	Number : 087407800	)
*** ** # *	MIN A MARK A 444 A MAC T	1 1111 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Date : 08	8/26/2015	
4266	Sunbeam Ro	pad	Fiscal Ye	ear End : N/A	
Jack	sonville, FL 3	2257	Audit Sta	atus : N/A	
Prov	vider Type:	and the second s	Currer	nt Rate New Rate	Effective Date
	Rural	Health clinic	ara di Karamatan di Karamatan Karamatan Karamatan Karamatan Karamatan Karamatan Karamatan Karamatan Karamatan K	title is a metatore is	··· v danm
. 02	Swing	ı-Bed provider			
	Feder	ally Qualified Health Centers	2		
	X Hospi	ce Provider		* * * * * * * * * * * * * * * * * * * *	• den Silver • 3
	#6	51 Routine Home Care			
.,	#6	52 Continuous Home Care	very		
	#6	55 Inpatient Respite Care			
	#6	56 General Inpatient Care	Section 1 2 2 2		
	#6	58 Room and Board		208.54 209	0.06 09/01/2015
Г	Basis :	7	Rate Type :	7	
		Budget	×	Prospective	
		Unaudited costs		Total Prospective	
		Desk audited costs		Prospective Adjust	ed for New costs
		Field audited costs		_	
		Medicare - Prospective		Interim	
	X	Payment System Rate		Total Interim	
_		Average Nursing Home Rate		Settlement based of	on costs
		1	W.Rydell	Samuel, Administrate	or
			- ,	Cost Reimbursemen	
	Distribution	<u>ı:</u>			
	Fiscal Agent				
	Contract Man	agement			
	Permanent Fi	ile			
	Program Dev	elopment:			
	For	information Only (No Change in rate	:)		

087514700 - 2015/09

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

Tallahassee, Florida 32308

Hospice	of Martin	& St. Lucie	Provider Number : 087514700				
		· · · · · · · · · · · · · · · · · · ·	Date : 08	/26/2015	TO STATE OF THE ST	A1,111 1	
1201 SE	Indian St	reet	Fiscal Ye	ear End : N/A	* 95.4	v e	
Stuart, Fl	L 34997		Audit Sta	itus : N/A			
Provider	Type:	er anderer	Curren	t Rate New R	ate f	Effective Date	
. ***	Rural	Health clinic	·	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r vermon e a a a	S <sup>M</sup> ( ) ( )	
	Swing	g-Bed provider					
	Feder	ally Qualified Health Centers					
Х	Hospi	ce Provider		4			
	#6	51 Routine Home Care		COMMUNICATION OF THE STATE OF T			
, to Nilver e e e	#6	52 Continuous Home Care					
	#6	55 Inpatient Respite Care					
	#6	56 General Inpatient Care	· · · · · · · · · · · · · · · · · · ·				
***	#6	58 Room and Board		227.43	227.82	09/01/2015	
	X	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	X	Prospective Total Prospective A Prospective A Interim Total Interim Settlement ba	djusted fo		
Fisc Con	<b>tributior</b> al Agent tract Man manent Fi	agement		Samuel, Admin Cost Reimburse		alysis	
Prog	gram Dev	elopment:					
	For	information Only (No Change in rate	)				

087515500 - 2015/09

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

Hemano	do-Pasco H	lospice, Inc.		Provider	Number : 08751550	00
	12	CONTRACTOR AND		Date : 08	3/26/2015	
12107 N	//ajestic Blv	rd.		Fiscal Ye	ear End : N/A	Access to the Williams
Hudson	, FL 34667	,,		Audit Sta	atus : N/A	
Provide	er Type:	77 mar	, , , , , , , , , , , , , , , , , , , ,	Currer	nt Rate New Rate	Effective Date
	N 444 44	Health clinic	w			
	Swing	-Bed provider				
		ally Qualified Health Centers				
. X	1.1191	ce Provider		**		
		51 Routine Home Care			· · · · · · · · · · · · · · · · ·	
		52 Continuous Home Care		-		
		55 Inpatient Respite Care				
		56 General Inpatient Care	4.4 % 9 866			
1.141		58 Room and Board			206.41 20	05.20 09/01/2015
	Basis :		Rat	e Type :		
		Budget		Х	Prospective	
		Unaudited costs			Total Prospective	
		Desk audited costs			Prospective Adjus	sted for New costs
		Field audited costs				
		Medicare - Prospective			Interim	
	X	Payment System Rate			Total Interim	
		Average Nursing Home Rate			Settlement based	on costs
				W Rydell	Samuel, Administra	ator.
			М		Cost Reimburseme	
Die	stribution			Wiedicaid	oot rombaloome	mic , maryono
	cal Agent	<u></u>				
	ntract Man	agement				
	rmanent Fi	-				
Pro	ogram Deve	elopment:				
	_		4~1			
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087516300 - 2015/09

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

Hospice of Palm B	each County		Number : 087516300 8/26/2015	
5300 East Avenue		:	ear End : N/A	
West Palm Beach,		Audit Sta	atus : N/A	
Provider Type:		Currer	nt Rate New Rate	Effective Date
Rural	Health clinic		wi	
Swing	-Bed provider			
Feder	ally Qualified Health Centers			
X Hospi	ce Provider	Jacobs 2	<u>:</u>	
#6	51 Routine Home Care		* · · · · ·	· · · · · · · · · · · · · · · · · · ·
#6	52 Continuous Home Care	* * * * * * * * *		
#6	55 Inpatient Respite Care	3		
#6	56 General Inpatient Care	1 (60) 444 (9)		
#6	58 Room and Board	)	222.77 221.0	08 / 09/01/2015
Basis :		Rate Type :		
	Budget	X	Prospective	
	Unaudited costs		Total Prospective	
***************************************	Desk audited costs		Prospective Adjuste	d for New costs
***************************************	Field audited costs			
	Medicare - Prospective		Interim —	
X	Payment System Rate		Total Interim	
	Average Nursing Home Rate		Settlement based or —	o costs
	L	<b>%</b> -W.Rydell	Samuel, Administrator	ŗ
		Medicaid	Cost Reimbursement	Analysis
Distribution	<u>ı:</u>			
Fiscal Agent				
Contract Man	agement			
Permanent Fi	le			
Program Deve	elopment:			
For	information Only (No Change in rate	e)		

087517100 - 2015/09

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

Tallahassee, Florida 32308

Cov	venant Hospice,	Inc		Provider Number : 087517100
	****	· · · · · · · · · · · · · · · · · · ·	3	Date : 08/26/2015
504	1 N. 12th	9 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		Fiscal Year End : N/A
Per	nsacola, FL 325	504	· · · · · · · · · · · · · · · · · · ·	Audit Status : N/A
Pro	vider Type:	to a 1 stylen c	4 4 444 4	Current Rate New Rate Effective Date
	Rural I	Health clinic	2 2 Augs	
	Swing	-Bed provider		
	Federa	ally Qualified Health Centers	· · · · · · · · · · · · · · · · · · ·	
	X Hospid	ce Provider		
	#6	51 Routine Home Care	4 *************************************	,
	#65	52 Continuous Home Care	, ,,,,,	
	#6	55 Inpatient Respite Care		
	#65	56 General Inpatient Care	,	£
	#65	58 Room and Board	.,	207.69 206.03 09/01/2015
- - - - - -	Basis :	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate		Prospective Total Prospective Prospective Adjusted for New costs  Interim Total Interim Settlement based on costs
	Distribution Fiscal Agent Contract Mana Permanent Fil Program Deve	agement e	Pr	W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis
	_	nformation Only (No Change in ra	ate)	

087519800 - 2015/09

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

Tallahassee, Florida 32308

North Central Florida Hospice					Provider Number : 087519800					
Attn: Revenue Accounting Manager			:	Date : 08/26/2015						
4200 NW 90th Blvd					Fiscal Year End : N/A					
Ga	Gainesville, FL 326063809				Audit Sta	atus : N/	A			
Pro	ovider T	ype:			Curren	nt Rate	New Rate	Effective Date		
		Rural	Health clinic		* *			<sup>3</sup> ••		
		Swing	-Bed provider		•					
		Federa	ally Qualified Health Centers							
	X	Hospi	ce Provider	. *		***	* ***	¥		
		#6	51 Routine Home Care					<i></i>		
		#6	52 Continuous Home Care		- - -					
		#6	55 Inpatient Respite Care							
		#6	56 General Inpatient Care							
		#6	58 Room and Board		<u> </u>	216.37	211.	31 09/01/2015		
		x	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate		X X	Total Prosp Interir Total Settle	m Interim ement based or			
	Fiscal Contra Perma	anent Fil am Deve	agement le elopment:	A			I, Administrato eimbursement			
		For i	information Only (No Change in rate	e)						

087520100 - 2015/09

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

Tallahassee, Florida 32308

Hospice	of Marion	County	Provider Number : 087520100					
	,	10,333		Date: 08/26/2015				
P.O. Bo	x 4860	- M !		Fiscal Ye	ear End : N/A			
Ocala, F	L 344784	860		Audit Sta	atus : N/A	····		
Drovido	Tumos				nt Rate New Rate	Effective Date		
riovide	r Type:	Health clinic		Currer	IL Rale	Effective Date		
		The state of the same was a second of the same of		S. Company of the Com				
	,	-Bed provider						
		ally Qualified Health Centers	401		n was			
X		ce Provider		······································		Same, and a second		
	4 40.040.000	51 Routine Home Care		;				
	#6	52 Continuous Home Care						
	#6	55 Inpatient Respite Care						
	#6	56 General Inpatient Care		:	W			
	#6	58 Room and Board			211.75 207.	85 09/01/2015		
	Basis :		□ R	ate Type :				
		 Budget		X	 Prospective			
***************************************		Unaudited costs			Total Prospective			
-		Desk audited costs	•		Prospective Adjuste	d for New costs		
-		Field audited costs				d for ivew costs		
***************************************					—			
	V	Medicare - Prospective			Interim — Total Interim			
***************************************	X	Payment System Rate						
		Average Nursing Home Rate			Settlement based or —	i costs		
		<u> </u>	F	W.Rydell	Samuel, Administrator			
			•	Medicaid	Cost Reimbursement	Analysis		
<u>Di</u>	stribution	<u>ı:</u>						
Fis	cal Agent							
Co	ntract Man	agement						
Pe	rmanent Fi	ile						
Pro	ogram Dev	elopment:						
	<b></b>	information Only (No Observe to contr	- \					
	ror	information Only (No Change in rate	31					



087522800 - 2015/09

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

Tallahassee, Florida 32308

Hospice of Health First			Provider Number : 087522800						
111 4 1	1 * 2 · · · · · · · · · · · · · · · · · ·	The section was seen to see the section of the sect		Date : 08/26/2015					
1900 D	airy Road	u e e e e e e e e e e e e e e e e e e e		Fiscal Year End : N/A					
West M	1elbourne, F	FL 32904			atus : N/A				
Provid	er Type:	/ w	,		nt Rate New Rate	Effective Date			
	Rural	Health clinic		3					
	Swing	j-Bed provider							
Federally Qualified Health Centers		A 1111 1115 11							
<b>X</b>	Hospi	ce Provider	****		3 · · · · · · · · · · · · · · · · · · ·	Section 1995			
	#6	51 Routine Home Care	· N	90 × 1118/11 184	10 1000 VI 11 VI 1				
97.71	#6	52 Continuous Home Care	**** / **** /						
	#6	55 Inpatient Respite Care		*					
	#656 General Inpatient Care		10.01	•					
	#6	58 Room and Board			219.74 21	8.62 09/01/2015			
	Basis :	Budget Unaudited costs Desk audited costs Field audited costs	Rate	e Type :	Prospective Total Prospective Prospective Adjus	sted for New costs			
		Medicare - Prospective			— Interim				
	X	Payment System Rate			Total Interim				
		Average Nursing Home Rate			Settlement based	on costs			
Fi:	istribution scal Agent ontract Man ermanent Fi	agement	A		I Samuel, Administra I Cost Reimburseme				
Pr	ogram Dev	elopment:							
-	For	information Only (No Change in rate	<b>a</b> )						

087523600 - 2015/09

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

Tallahassee, Florida 32308

Hospice	of Volusia	es este management de la companya de	Provider	Provider Number : 087523600					
COLD STREET, AND		The state of the s	Date : 08	Date : 08/26/2015					
3800 Wo	odbriar T	rail	Fiscal Ye	Fiscal Year End : N/A					
Port Ora	nge, FL 3	32129	Audit Sta	atus : N/A	and William Programmer Control of the Control of th				
Provide		Activities (Marie Control of Marie Control of Control o		nt Rate New Rate	Effective Date				
	Rural	Health clinic	\$	,,,,,					
	Swing	g-Bed provider	·						
	Federally Qualified Health Centers		**************************************						
X	Hospi	ice Provider	\$						
Nesser e	#6	51 Routine Home Care	1						
	#6	52 Continuous Home Care							
PW M 1	#6	55 Inpatient Respite Care	* * *						
	#6	56 General Inpatient Care	and the second						
	#6	58 Room and Board		208.83 21	3.26 / 09/01/2015				
	<b>,</b>	<u> </u>							
E	Basis :	7	Rate Type :						
		Budget	×	Prospective					
		Unaudited costs		Total Prospective					
		Desk audited costs		Prospective Adjus	ted for New costs				
		Field audited costs							
		Medicare - Prospective		Interim					
	X	Payment System Rate		Total Interim					
		Average Nursing Home Rate		Settlement based	on costs				
-			→ W Pydail	Samuel Administra	tor				
			₽V	Samuel, Administra Cost Reimbursemer					
Die	tribution	١٠	Medicaid	Cost Neimbursemen	it Allalysis				
	cal Agent	<u>ı.</u>							
	ntract Man	agement							
	manent Fi								
		elopment:							
		information Only (No Change in rate	e)						

087524400 - 2015/09

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

Big Bend	d Hospice	es som construction and some construction	Provider Number : 087524400				
**			Date : 08/26/2015				
1723 Ma	han Cente	er Blvd.	Fiscal Year End : N/A				
Tallahas	see, FL 3	23085428	Audit Status : N/A				
		The state of the s					
Provide	r Type:		Current Rate New Rate Effective Date				
	Rural	Health clinic					
	Swing	-Bed provider	\$				
	Federa	ally Qualified Health Centers					
X	Hospi	ce Provider					
	#6	51 Routine Home Care	Manager and the second				
y	#6	52 Continuous Home Care	recount of the same				
•	#6	55 Inpatient Respite Care					
	#6	56 General Inpatient Care	er men				
	#6	58 Room and Board	214.31 211.75 09/01/2015				
E	Basis :	BudgetUnaudited costs	Rate Type :  X Prospective  Total Prospective				
		Desk audited costs Field audited costs	Prospective Adjusted for New costs				
		Medicare - Prospective	Interim				
	Х	Payment System Rate	Total Interim				
		Average Nursing Home Rate -	Settlement based on costs				
			——————————————————————————————————————				
			Medicaid Cost Reimbursement Analysis				
<u>Dis</u>	tribution	<u>:</u>					
Fisc	al Agent						
Con	itract Man	agement					
Pen	manent Fi	le					
Prog	gram Deve	elopment:					
	For i	information Only (No Change in rate)					

087525200 - 2015/09

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

Tallahassee, Florida 32308

spice of the Florida Keys, Inc.			Provider Number : 087525200			
	The state of the second section is a section of the second section of the second section is a section of the second section of the second section sect	D	ate : 08/26/2015	**** *** * ****** * * ***		
19 William Stre	et	F	scal Year End : N/A			
ey West, FL 330	0404736	Α	udit Status : N/A			
			entres de la companya de la company La companya de la co			
ovider Type:			Current Rate New Rate Ef	fective Date		
Rural	Health clinic	a ya anaya wa ya a sa a				
Swin	g-Bed provider					
Fede	rally Qualified Health Centers		The Arrange Control of the Control o	***		
X Hosp	ice Provider					
#(	651 Routine Home Care	,				
#6	652 Continuous Home Care					
#6	655 Inpatient Respite Care					
#(	656 General Inpatient Care					
#(	658 Room and Board		227.62 216.05	09/01/201		
Basis :		Rate T				
Basis :	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	Rate T				
	Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  Payment System Rate	* X	Prospective  Total Prospective  Prospective Adjusted for I	s		
	Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  Payment System Rate  Average Nursing Home Rate	* X	Prospective Total Prospective Prospective Adjusted for I  Interim Total Interim Settlement based on cost  Rydell Samuel, Administrator	s		
X	Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective Payment System Rate  Average Nursing Home Rate	* X	Prospective Total Prospective Prospective Adjusted for I  Interim Total Interim Settlement based on cost  Rydell Samuel, Administrator	s		
X	Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective Payment System Rate  Average Nursing Home Rate	* X	Prospective Total Prospective Prospective Adjusted for I  Interim Total Interim Settlement based on cost  Rydell Samuel, Administrator	s		
X  Distribution Fiscal Agent	Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective Payment System Rate  Average Nursing Home Rate	* X	Prospective Total Prospective Prospective Adjusted for I  Interim Total Interim Settlement based on cost  Rydell Samuel, Administrator	s		



087526100 - 2015/09

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

Tallahassee, Florida 32308

Hospice	lospice of Lake and Sumter			Provider Number : 087526100				
e 'm		and the second s		Date: 08	3/26/2015			
12300 La	ane Park F	Road	:	Fiscal Ye	ear End : N/A			
Tavares,	FL 32778		:	Audit Sta	atus : N/A			
W		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				عراب المحادث		
Provide		, and the second		Currer	nt Rate New Rate	Effective Date		
		Health clinic						
		-Bed provider						
- m = 104		ally Qualified Health Centers		10 mg	of a second	www II		
X	· · · · · · · · · · · · · · · · · · ·	ce Provider			\$	i mare and a second		
san ee sa geer ee	#6	51 Routine Home Care	1167 7492					
t <sub>e</sub> wet	#6	52 Continuous Home Care						
***	#6	55 Inpatient Respite Care		•				
	#6	56 General Inpatient Care						
	#6	58 Room and Board		:	211.03 209.5	09/01/2015		
	X	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate		X	Prospective Total Prospective Prospective Adjusted Interim Total Interim Settlement based on			
Fisc Cor Pen	tribution cal Agent ntract Man manent Fil gram Deve	agement le	B		Samuel, Administrator Cost Reimbursement			
	-	information Only (No Change in rate)	)					

087527900 - 2015/09

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

Tallahassee, Florida 32308

		The state of the s							
Tidewell	idewell Hospice & Palliative Care			Provider Number : 087527900					
				Date : 08/26/2015					
5955 Ra	nd Blvd	e - 12 e - 16		Fiscal Ye	ear End	: N/A			
Sarasota	, FL 3423	88	:	Audit Sta	atus : N/	'A	•		
* ******		· · · · · · · · · · · · · · · · · · ·							
Provider	Type:		٠.	Curren	t Rate	New Rate	Effective Date		
	Rural I	Health clinic	* -						
	Swing	-Bed provider							
	Federa	ally Qualified Health Centers							
X	Hospid	ce Provider					AA		
**	#6	51 Routine Home Care		1 1000					
	#6:	52 Continuous Home Care		3					
•	#6	55 Inpatient Respite Care		"					
	#6	56 General Inpatient Care							
	#6	58 Room and Board		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	225.38	3 224.	09/01/2015		
	X	Budget Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  Payment System Rate  Average Nursing Home Rate		X	Total Prosp Interior		d for New costs		
	(	UNA GUIA	<u></u>	W.Rvdell	Samue	l, Administrator			
			Ю			eimbursement			
Dis	tribution	:					· · · · · · · · · · · · · · · · · · ·		
	al Agent	-							
	ntract Mana	agement							
	manent Fil	_							
Pro	gram Deve	elopment:							
	<u> </u>		,						
	For i	nformation Only (No Change in rate	<del>)</del> )						

087528700 - 2015/09

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

Tallahassee, Florida 32308

Hospice (	Hospice of the Treasure Coast			Provider Number : 087528700					
ya çı ganı i i i i i ingi			Date : 08	3/26/2015					
1201 SE	Indian St	omen en e	Fiscal Ye	ear End : N/A					
Stuart, Fl	L 34997		Audit Sta	atus : N/A	and the second s				
Provider	Type:		Currer	nt Rate New Rate	Effective Date				
	Rural	Health clinic							
	Swing	g-Bed provider							
	Feder	ally Qualified Health Centers							
X	Hospi	ce Provider	,,						
	#6	51 Routine Home Care			a = Abdocade				
	#6	52 Continuous Home Care	÷						
	#6	55 Inpatient Respite Care	8						
	#6	56 General Inpatient Care	W - 21 5 W (11 1 25 1 25 1 1 25 1 1						
	#6	58 Room and Board		217.90 2	15.84 / 09/01/2015				
В	Basis :	٦   ١	Rate Type :	7					
		l L Budget	X	 Prospective					
		Unaudited costs		Total Prospective					
		Desk audited costs			sted for New costs				
		Field audited costs		<b>-</b> ' '					
		Medicare - Prospective		— Interim					
	X	Payment System Rate	······	— Total Interim					
		Average Nursing Home Rate	<b></b>	— Settlement based	I on costs				
	·······								
			W.Rydell	Samuel, Administra	ator				
			L.4	Cost Reimburseme					
Dis	tribution	1:			·				
	al Agent	_							
	tract Man	agement							
	manent Fi								
Prog	gram Dev	elopment:							
Prog		elopment: information Only (No Change in rate)							

087529500 - 2015/09

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

Tallahassee, Florida 32308

Hospice	by the Se	a	Provider Number : 087529500					
	*** ** * * * *		Date : 08/26/2015					
1531 W	. Palmetto	Park Road	Fiscal Ye	ear End : N/A	yes,			
Boca Ra	aton, FL 3	34863395	Audit Sta	itus : N/A				
Provide	r Type:	and the second s	Curren	t Rate New	Rate Effe	ctive Date		
	Rural	Health clinic						
	Swing	g-Bed provider	en Con					
	Feder	ally Qualified Health Centers	,					
X	Hospi	ce Provider		:				
. 40.17.	#6	51 Routine Home Care		t e materiale con	d consider a matter consider			
Fr. 36-2	#6	52 Continuous Home Care	The second of th					
	#6	55 Inpatient Respite Care	*					
**** *** **	#6	56 General Inpatient Care						
	#6	58 Room and Board		221.78	222.02 🗸 (	9/01/2015		
	Basis :	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	Rate Type :	Interim Total Interim Settlement b	Adjusted for Ne	w costs		
Die	<u>stributior</u>	n·		Samuel, Admir	nistrator sement Analysis	<u> </u>		
	cal Agent	<u></u>						
	ntract Man	agement						
	rmanent Fi							
Pro	ogram Dev	elopment:						
	For	information Only (No Change in rate	<del>;</del> )					

087532500 - 2015/09

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

Hospice of the Florida Suncoast					Provider Number : 087532500					
			· · · · · · · · · · · · · · · · · · ·		Date: 08	3/26/201	5	2 N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	* *****	
577	1 Rosev	elt Blvd	· · · · · · · · · · · · · · · · · · ·		Fiscal Ye	ear End	: N/A		V	
Cle	arwater,	FL 337	7603770		Audit Sta	atus : N//	<b>A</b>			
Pro	vider Ty	pe:		c- 3 494cc	Currer	nt Rate	New Rate	e E	iffective Date	
		Rural I	Health clinic			•				
		Swing	-Bed provider	e. 6.fg						
		Federa	ally Qualified Health Centers		9					
	X	Hospid	ce Provider				* · · · · · · · · · · · · · · · · · · ·	. w		
		#65	51 Routine Home Care			11170	4.94.7 A	1 1 (1900)		
	* * ********	#65	52 Continuous Home Care							
44		#65	55 Inpatient Respite Care	** * *						
H1 #1		#65	56 General Inpatient Care	11,000						
		#65	58 Room and Board	•		214.35	5, 2	211.76~	09/01/2015	
			· · · · · · · · · · · · · · · · · · ·	, «»	4 مد می <sub>ن</sub> د					
Г	Basi		٦	Pote	Type:	_				
L	DdS		Budget	Kate	X	_ ⊟ Prosp	ective			
-			Unaudited costs	···		`	Prospectiv	Δ	Ì	
-			Desk audited costs	•		-	•		New costs	
-			Field audited costs			1 103p	couve Maje	23.CG 101	New costs	
-		······	Medicare - Prospective			 Interin	n			
	х		Payment System Rate				Interim			
-			Average Nursing Home Rate				ment base	d on cos	ete .	
-	·····		- Average reasons from react				ment base	a on ooc	,,,,	
				7	W.Rydell	Samuel	, Administi	rator		
				••			eimbursem		lysis	
	Distrib	ution	• •							
	Fiscal A		-							
	Contrac	ct Mana	agement							
	Permar	nent Fil	e							
	Program	n Deve	elopment:							
		For i	nformation Only (No Change in rate	:)						

087535000 - 2015/09

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

Tallahassee, Florida 32308

Hope Ho	spice & P	alliative Care	Provider Number : 087535000					
			Date : 08/26/2015					
9470 Hea	alth Park (	Circle	Fiscal Year End : N/A					
Ft. Myers	, FL 339	083617	Audit Sta	atus : N/A	And the second s			
Provider	Tyne		Currer	nt Rate New Rate	Effective Date			
TOVIGE		Health clinic		it itate Hew Itate	Elicotive Date			
		-Bed provider						
	_	ally Qualified Health Centers						
X		ce Provider		·	· emer · · · · ·			
	#6	51 Routine Home Care		and the manifest of the second	THE STATE OF THE S			
	#6	52 Continuous Home Care						
	#6	55 Inpatient Respite Care						
	#6	56 General Inpatient Care						
	#6	58 Room and Board		217.26 218	.50 09/01/2015			
	X	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	Rate Type :	Prospective Total Prospective Prospective Adjuste Interim Total Interim Settlement based o				
Fisc Con Perr	tribution al Agent tract Man manent Fi	agement le	1.4	Samuel, Administrato				
——————————————————————————————————————		elopment: information Only (No Change in rate	e)					

087536800 - 2015/09

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

Tallahassee, Florida 32308

Hospice of Citrus County			Provider Number : 087536800							
					Date : 08/26/2015					
PC	Box 6	41270	THE STATE OF THE PROPERTY OF T		Fiscal Ye	ear En	d : N/A			· '
Ве	verly H	ills, FL 3	4464		Audit Sta	atus : I	N/A			
				· · ·						*******
Pre	ovider				Currer	nt Rate	e New R	ate	Effe	ective Date
		Rural	Health clinic							
		Swing	-Bed provider							
		Federa	ally Qualified Health Centers							4 4
	<b>X</b>	Hospi	ce Provider							
		#6	51 Routine Home Care							
		#6	52 Continuous Home Care		*					
		#6	55 Inpatient Respite Care		1					
		#6	56 General Inpatient Care		· 					
		#6	58 Room and Board			202.	55	206.1	13/	09/01/2015
		X	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate		X X	Tota Pros  Inte	spective al Prospec spective A rim al Interim	djusted		ew costs
	Fisca Cont Perm	nanent Fi	agement	P			uel, Admini Reimburse			is
			information Only (No Change in rate	e)						

087537600 - 2015/09

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

Tallahassee, Florida 32308

Avow	v Hospice		Provider Number : 087537600					
* *			Date : 08/26/2015					
1095	Whippoorwil	I Lane	Fiscal Year End : N/A					
Naple	es, FL 34105			atus : N/A				
Prov	ider Type:			nt Rate New Rate	Effective Date			
		Health clinic						
		g-Bed provider						
	***	rally Qualified Health Centers						
,	**	ice Provider						
		351 Routine Home Care	111111111444 \$	and a second				
H	#6	552 Continuous Home Care	JI 8 8 2200 5 3					
	 #6	555 Inpatient Respite Care	***************************************					
	#6	556 General Inpatient Care	Made terr					
	#6	558 Room and Board	- max ware	222.93 218.86 / 09/01/20				
				· ». «.				
Г				¬				
L	Basis :		Rate Type :					
		Budget	X	Prospective				
_		Unaudited costs		Total Prospective				
		Desk audited costs		Prospective Adjusted	d for New costs			
******		Field audited costs						
	V	Medicare - Prospective		Interim — Total Interim				
_	X	Payment System Rate  Average Nursing Home Rete			. conto			
_		Average Nursing Home Rate		Settlement based or	COSIS			
·····			- W5.4"	0				
			1.4	Samuel, Administrator				
	Distribution	<b>.</b>	Medicaid	Cost Reimbursement	Analysis			
	Distribution Fiscal Agent	<u>(I.</u>						
	Contract Mar	nagement						
	Permanent F	•						
	Program Dev							
	_	·						
	For	information Only (No Change in rate)						

087538400 - 2015/09

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

Tallahassee, Florida 32308

Hospice of Okeechobee			Provider Number: 087538400					
		er i w e e e e e e e e e e e e e e e e e e	Date : 08/26/2015					
411 SE	4th Street	***	Fiscal Year End : N/A					
Okeech	obee, FL	34974	Audit St	atus : N/A				
	The second section of the section of	· · · · · · · · · · · · · · · · · · ·	**************************************		14.0.2			
Provide	er Type:	w . a 15 19998 A 1 5 .	Currei	nt Rate New Rat	e Effective Date			
111111111111111111111111111111111111111	Rural	Health clinic	· · · · · · · · · · · · · · · · · · ·					
	Swing	<sub>J</sub> -Bed provider						
	Feder	ally Qualified Health Centers						
X	Hospi	ce Provider	i					
	#6	51 Routine Home Care						
,	#6	52 Continuous Home Care						
,,,	#6	55 Inpatient Respite Care	5					
* * * * *	#6	56 General Inpatient Care	3					
2 (111100000	#6	58 Room and Board		245.78	251.89 🗸 09/01/2015			
	X	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	X	Prospective Total Prospective Prospective Adjum Interim Total Interim Settlement base	usted for New costs			
			<b>⊉</b> W.Rydel	l Samuel, Administ	rator			
				Cost Reimbursem				
Fis Co Pe	stribution scal Agent entract Man rmanent Fi ogram Deve	agement le elopment:						
	For	information Only (No Change in rate	e)					

087569400 - 2015/09

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

Tallahassee, Florida 32308

Catholic Hospice	•	Provider	Provider Number: 087569400					
, , , , , , , , , , , , , , , , , , , ,		Date : 08	Date: 08/26/2015					
14875 NW 77th	Ave	Fiscal Ye	Fiscal Year End : N/A					
Miami Lakes, FL	. 33014	Audit Sta	atus : N/A					
Provider Type:		Curre	nt Rate New Rate	Effective Date				
	al Health clinic	· · · · · · · · · · · · · · · · · · ·		omen in the second of the seco				
Swi	ng-Bed provider							
	erally Qualified Health Centers	. The second sec						
	pice Provider		3	:				
· · · · · · · · · · · · · · · · · · ·	#651 Routine Home Care							
	#652 Continuous Home Care	···· · · · · · · · · · · · · · · · · ·						
	#655 Inpatient Respite Care	· · · · · · · · · · · · · · · · · · ·						
. ,	#656 General Inpatient Care							
	#658 Room and Board	······································	234.92 23	3.65 / 09/01/2015				
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 Adjus Interim Total Interim Settlement based					
			Samuel, Administra					
Distribution	on:							
Fiscal Ager	nt							
Contract Ma	anagement							
Permanent	File							
Program De	evelopment:							
Fo	or information Only (No Change in rate	э)						

087570800 - 2015/09

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

Tallahassee, Florida 32308

Gulfside	Regional	Hospice	Provider Number : 087570800							
		THE STATE OF THE S	Date	: 08/26/2015		4 1 1				
6111 Tr	ouble Cree			Fiscal Year End : N/A						
New Po	rt Richey, I		Audi	t Status : N/A						
Provide	er Type:		, ) . : <b>Cu</b>	rrent Rate New	v Rate ⊨ E	ffective Date				
	Rural	Health clinic	2 - 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	· · · · · · · · · · · · · · · · · · ·						
	Swing	J-Bed provider								
		ally Qualified Health Centers								
<b>X</b>	Hospi	ce Provider								
	#6	51 Routine Home Care		95.5						
	#6	52 Continuous Home Care	5 4 - 444 <sub>6</sub> 4 4							
	#6	55 Inpatient Respite Care	***							
	#6	56 General Inpatient Care								
		58 Room and Board		206.93	201.21	09/01/2015				
	Basis :	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	X X	Prospective Total Prosp Prospective Interim Total Interin Settlement	e Adjusted for m based on cos					
Fis Co Pe	stribution cal Agent ntract Man rmanent Fi ogram Dev	agement le	• •	rdell Samuel, Adm		ysis				
	For	information Only (No Change in rate	)							

150000700 - 2015/09

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

Tallahassee, Florida 32308

Hos	spice o	Hospice of Gold Coast			Provider Number : 150000700					
				Date : 08/26/2015 Fiscal Year End : N/A						
210	)1 W. C	Commerci	ial Blvd							
Ft L	auder	dale, FL	33309	Audit Sta	atus : N/A					
Dra	vider <sup>.</sup>	Tunn			t Data	Now Poto	Effective Date			
FIC	vider		Health clinic	Currer	it Rate	New Rate	Enective Date			
				- marina and						
			-Bed provider	· · · · · · · · · · · · · · · · · · ·						
	o		ally Qualified Health Centers				: #***			
	Х		ce Provider		,					
			51 Routine Home Care							
			52 Continuous Home Care							
			55 Inpatient Respite Care							
			56 General Inpatient Care		,					
	Q Q	#65	58 Room and Board	4	217.97	214.4	40 09/01/2015			
	Ва	asis :		Rate Type :						
_			Budget	X	Prospe —	ective				
			Unaudited costs		Total P	rospective				
_			Desk audited costs		Prospe	ctive Adjuste	d for New costs			
			Field audited costs							
_			Medicare - Prospective		Interim					
		X	Payment System Rate		Total Ir	nterim				
_			Average Nursing Home Rate		Settlen	nent based or	n costs			
				₩.Rydell	Samuel,	Administrator				
				1 '		mbursement				
	Dist	ribution	• •				•			
	,	ıl Agent	<del>-</del>							
	Conti	ract Mana	agement							
	Perm	anent Fil	е							
	Prog	ram Deve	elopment:							
		Ear i	nformation Only (No Change in rate							
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150001500 - 2015/09

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

Tallahassee, Florida 32308

Hos	pice Care of S	South FI.	Provider	Number :	150001500				
	F1 174 11591	TIGAMI	Date : 08	3/26/2015					
727	0 N.W. 12th S	t., PH#6	Fiscal Ye	ear End : N	N/A				
Mia	mi, FL 33126		Audit Sta	atus : N/A					
Pro	vider Type:	MA CS S S S S S S S S S S S S S S S S S S	Curren	Current Rate New Rate Effective Date					
	Rural	Health clinic	the second second	2000° - 1		er w			
	Swing	g-Bed provider							
	Feder	rally Qualified Health Centers	***						
	X Hosp	ice Provider	2			+ -4. }			
	#6	551 Routine Home Care			•	i			
	#6	552 Continuous Home Care							
	#6	555 Inpatient Respite Care							
	#6	656 General Inpatient Care	· · · · · · · · · · · · · · · · · · ·						
	#6	558 Room and Board		244.87	244.8	09/01/2015			
		***				ŧ			
_				_					
	Basis :		Rate Type :	_					
_		Budget —	X	Prospect					
		Unaudited costs —		_	rospective				
		Desk audited costs		Prosper	ctive Adjusted	for New costs			
_	···.	Field audited costs							
		Medicare - Prospective	<b>4</b> 000000000000000000000000000000000000	Interim 					
_	X	Payment System Rate		Total In —					
_		Average Nursing Home Rate		Settlem —	ent based on	costs			
			W.Rydell	Samuel	Administrator				
					mbursement /				
	Distribution	n·	,,,oa.oa.a	333111311		,			
	Fiscal Agent	<u></u>							
	Contract Mar	nagement							
	Permanent F	_							
	Program Dev								
	_								
	For	information Only (No Change in rate)	)						

150003100 - 2015/09

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

Tallahassee, Florida 32308

Florida Hospital Hospice Care		Provider Number : 150003100							
		V	Date : 08	Date : 08/26/2015 Fiscal Year End : N/A					
770 W. C	Granada E	Blvd	Fiscal Ye						
Ormond	Beach, Fl	L 32174	Audit Sta	itus : N/A					
Provider	ovider Type:		Current Rate New Rate Effective Date						
	Rural	Health clinic	en e	, and a second of the second o	en was				
2 12 24 2 1	Swing	g-Bed provider							
	Feder	ally Qualified Health Centers	*****						
X	Hospi	ice Provider	\$	en j					
	#6	51 Routine Home Care	A CONTRACTOR OF THE CONTRACTOR		er vitaliser in the second				
	#6	52 Continuous Home Care	******						
	#6	55 Inpatient Respite Care	;						
	#6	56 General Inpatient Care							
<u>,</u>	#6	58 Room and Board		227.07 225	22 / 09/01/2015				
	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 Adjuste Interim Total Interim Settlement based o	n costs				
Fisc Con Perr	tribution cal Agent ntract Man manent Fi gram Dev	agement		Samuel, Administrato Cost Reimbursement					
	For	information Only (No Change in rate	)						

150009100 - 2015/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Hospice of Emerald Coast	Provider Number : 150009100					
	Date: 08/26/2015					
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	Section 1 to the section of the sect					
Swing-Bed provider						
Federally Qualified Health Centers						
X Hospice Provider	ordered to the second of the s					
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board	207.79 208.09 09/01/2015					
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					
X Average Nursing Home Rate	Settlement based on costs					
BAY						
	W.Rydell Samuel, Administrator					
	Medicaid Cost Reimbursement Analysis					
<u>Distribution:</u>						
Fiscal Agent						
Contract Management						
Permanent File						
Program Development:						

150013900 - 2015/09

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

Tallahassee, Florida 32308

Vitas Healthcare Corp of Florida - Congress Ave	Provider Number : 150013900  Date : 08/26/2015  Fiscal Year End : N/A					
Attn: Angela Santana						
100 S. Biscayne Blvd						
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	Note that the second of the se					
X Hospice Provider						
	E Commence of the Commence of					
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care	S and the second					
#658 Room and Board	225.22 225.21 09/01/2015					
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					
X Average Nursing Home Rate	Settlement based on costs					
DADE						
	W.Rydell Samuel, Administrator					
	Medicaid Cost Reimbursement Analysis					
<u>Distribution:</u>						
Fiscal Agent						
Contract Management						
Permanent File						
Program Development:						
For information Only (No Change in ra	ate)					

150021000 - 2015/09

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

Tallahassee, Florida 32308

Good Shepherd Hospice, Inc				Provider Number : 150021000					
	*****	1 1 1 1 WAR WANTER		Date: 08	3/26/201	5	\$		
115 South	Missour	ri Ave	1	Fiscal Ye	ear End :	: N/A	***************************************		
Lakeland,	FL 338	15		Audit Sta	atus : N/A	4			
Provider Type:						:2	e e egennana e e e e e e e e e e e e e e e e e		
Provider	rovider Type:  Rural Health clinic			Current Rate New Rate Effective D					
		No. 1 The Control of		4					
		g-Bed provider							
	. '> '> '> '> '> '> '> '> '> '> '> '> '>	ally Qualified Health Centers	c o v o homeo			***	1		
X					w.t				
		51 Routine Home Care	.w. 1 * *** 1						
		52 Continuous Home Care		أ					
		55 Inpatient Respite Care							
	#6	56 General Inpatient Care				· · · · · · · · · · · · · · · · · · ·	And the second of the second o		
	#6	58 Room and Board	WW 1 275 - 5 4	*	207.18	206	.44 / 09/01/2015		
							1		
Ва	asis :	7	Rat	e Type :	1				
		Budget	L	X	—I Prosp∈	ective			
		Unaudited costs	•		— Total I	Prospective			
		Desk audited costs	•		 Prosp	ective Adjuste	ed for New costs		
		Field audited costs	••••						
		Medicare - Prospective	•		 Interin	n			
	Χ	Payment System Rate			Total	Interim			
		Average Nursing Home Rate			Settle	ment based o	n costs		
				,					
			T	W.Rydell	Samuel	, Administrato	or		
				Medicaid	Cost Re	eimbursement	Analysis		
	ribution	<u>ı:</u>							
	l Agent								
		agement 							
	anent Fi								
Prog	ram Dev	elopment:							
	For	information Only (No Change in rat	te)						

150022800 - 2015/09

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

Tallahassee, Florida 32308

LifePath Hospice, Inc.			Provider Number : 150022800						
			Date : 08/26/2015						
3010	W. Azeele S	treet	Fiscal Ye	Fiscal Year End : N/A					
Tamp	a, FL 33609		Audit Sta	atus : N/A		,,,,,, ,			
Provi	der Type:		Currer	nt Rate New	/ Rate	Effective Date			
	Rural	Health clinic	;		1 11 MAIN 1				
	Swing	g-Bed provider							
		ally Qualified Health Centers							
)		ce Provider			9 9	1			
	#6	51 Routine Home Care	e e e e e e e e e e e e e e e e e e e	s					
	#6	52 Continuous Home Care							
٠	#6	55 Inpatient Respite Care	*						
	#6	56 General Inpatient Care							
	#6	58 Room and Board	114 1W 1V	214.60	212.7	09/01/2015			
	Basis:	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	Rate Type :	Prospective Total Prosp Prospective Interim Total Interin Settlement	ective Adjusted	d for New costs			
( (	Distribution Fiscal Agent Contract Man Permanent Fi Program Dev	nagement ile	W.Rydell Medicaid	Samuel, Adm Cost Reimbu					
_	For	information Only (No Change in rate	<del>:</del> )						