

000141800 - 2017/09

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

Tallahassee, Florida 32308

HC	R Manor Care Services of Florida, Inc.		Provider Number : 000141800						
Не	artland Home I	Health Care and Hospice		Date: 0	8/31/201	7			
81	30 Baymeadow	vs Way W		Fiscal Y	ear End	: N/A			
Ja	cksonville, FL	322564409		Audit St	atus : N/	'A			
Pr	ovider Type:			Curren	t Rate	New Rate	Effective Date		
	Rural	Health Clinic							
	Swin	g-Bed Provider							
	Fede	rally Qualified Health Centers							
	X Hosp	ice Provider							
	#(	651 Routine Home Care (1-60)							
	#6	651a Routine Home Care (61 +)							
	#6	652 Continuous Home Care							
	#6	652a Continuous Home Care - SIA							
	#6	655 Inpatient Respite Care							
	#6	656 General Inpatient Care							
	#658 Room and Board				193.07	199.55	09/01/2017		
	Basis :		Rate	Type :	1				
'		J Budget	<u> </u>	X					
•		 Unaudited costs							
·		Desk audited costs			– Prosp	ective Adjusted f	or New costs		
		Field audited costs			_				
		Medicare - Prospective			— Interin	า			
	Χ	Payment System Rate			Total Interim				
		Average Nursing Home Rate			_ Settle	ment based on c	osts		
		 Duval			_				
	Distributio	 <u>n:</u>	V	V.Rvdell \$	Samuel.	Administrator			
	Fiscal Agent		_	-		mbursement Ana	alysis		
	Contract Mai	nagement					•		
	Permanent F	File							
	Program Dev	velopment:							
	For	information Only (No Change in rate)	<b>\</b>						



000532400 - 2017/09

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

Tallahassee, Florida 32308

Sai	amaritan Care Hospice of Osceola, LLC			Provider Number : 000532400					
	maritan Care H	·		Date: 08/31/2017					
		oran Blvd., Ste 210			ear End				
	ando, FL 328	·		Audit Status : N/A					
Pro	ovider Type:			Currer	nt Rate	New Rate	Effective Date		
	Rura	l Health Clinic							
	Swin	g-Bed Provider							
	Fede	erally Qualified Health Centers							
	X Hosp	pice Provider							
	#	651 Routine Home Care (1-60)							
	#	651a Routine Home Care (61 +)							
	#	652 Continuous Home Care							
	#	652a Continuous Home Care - SIA							
	#	655 Inpatient Respite Care							
	#	656 General Inpatient Care							
	#	658 Room and Board			202.05	213.33	09/01/2017		
	Basis :		Rate	Type :	7				
		Budget		Χ	⊐ Prosp	ective			
-		Unaudited costs			 Total	Prospective			
-		Desk audited costs			— Prosp	ective Adjusted f	or New costs		
-		Field audited costs							
-		Medicare - Prospective			_ Interin	n			
	Χ	Payment System Rate			Total Interim				
-	Х	Average Nursing Home Rate			Settle	ment based on c	osts		
_		Orange			_				
	Distributio	<u>)n:</u>	\	N.Rydell	Samuel,	Administrator			
	Fiscal Agent	t	_	W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
	Contract Ma	nagement					-		
	Permanent I	File							
	Program De	velopment:							
	Fo	r information Only (No Change in rate)							



000602600 - 2017/09

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	Numbe	r : 000602600		
Attn: Angela Santana		Date : 08	3/31/201	7		
100 S. Biscayne Blvd		Fiscal Ye	ear End	: N/A		
Miami, FL 33131		Audit Sta	atus : N/	Ά		
Provider Type:		Current	Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider						
Federally Qualified Health C	Centers					
X Hospice Provider						
#651 Routine Home Care	e (1-60)					
#651a Routine Home Ca	ıre (61 +)					
#652 Continuous Home	Care					
#652a Continuous Home	e Care - SIA					
#655 Inpatient Respite C	Care					
#656 General Inpatient C	Care					
#658 Room and Board			216.37	215.40	09/01/2017	
Basis :	Rate	туре :	7			
Budget		Х	Prospe	ective		
Unaudited costs			Total F	Prospective		
Desk audited costs			- Prospe	ective Adjusted f	or New costs	
Field audited costs			_			
Medicare - Prospecti	ive		- Interim	า		
X Payment System Ra	ite		Total I	nterim		
Average Nursing Ho	me Rate		Settler	ment based on c	osts	
Brevard	i		_			
<u>Distribution:</u>		W.Rydell Samuel, Administrator				
Fiscal Agent	_	-		mbursement Ana	alysis	
Contract Management						
Permanent File						
Program Development:						
For information Only (No C	hange in rate)					



001636100 - 2017/09

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

Tallahassee, Florida 32308

00 Bayou Blvd., Ste 101 nsacola, FL 32503		Date : 08/	- ' '				
		Fiscal Va					
nsacola, FL 32503		Fiscal Year End : N/A					
	,	Audit Status : N/A					
ovider Type:		Current	Rate	New Rate	Effective Date		
Rural Health Clinic							
Swing-Bed Provider							
Federally Qualified Health Centers							
X Hospice Provider							
#651 Routine Home Care (1-60)							
#651a Routine Home Care (61 +)							
#652 Continuous Home Care							
#652a Continuous Home Care - SIA							
#655 Inpatient Respite Care							
#656 General Inpatient Care							
#658 Room and Board		2	207.99	212.80	09/01/2017		
Basis:	Rate T	ype :					
Budget	X		Prospe	ective			
Unaudited costs			Total F	Prospective			
Desk audited costs		Prospective Adjusted for New costs					
Field audited costs							
Medicare - Prospective			Interim	1			
X Payment System Rate		Total Interim					
X Average Nursing Home Rate		Settlement based on costs					
Escambia							
Distribution:		W.Rydell Samuel, Administrator					
Fiscal Agent	Medicaid Cost Reimbursement Analysis						
Contract Management					-		
Permanent File							
Program Development:							



002782200 - 2017/09

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

Tallahassee, Florida 32308

Seas	easons Hospice and Palliative Care of Southern FL		Provide	r Numbe	Provider Number : 002782200				
				Date: 0	8/31/201	17			
5200	Northeast 2n	nd Avenue		Fiscal Y	ear End	: N/A			
Mian	ni, FL 32405			Audit Status : N/A					
Prov	rider Type:			Curren	t Rate	New Rate	Effective Date		
	Rural	Health Clinic							
	Swing	g-Bed Provider							
	Feder	ally Qualified Health Centers							
	X Hospi	ice Provider							
	#6	51 Routine Home Care (1-60)							
	#6	551a Routine Home Care (61 +)							
	#6	52 Continuous Home Care							
	#6	52a Continuous Home Care - SIA							
	#6	555 Inpatient Respite Care							
	#6	556 General Inpatient Care							
	#658 Room and Board				225.70	224.16	09/01/2017		
Г	Basis :		Rate	Type :	7				
<u> </u>		l Budget	<u> </u>	X	⊐ Prosp	ective			
		— Unaudited costs			– Total I	Prospective			
		Desk audited costs			– Prosp	ective Adjusted f	or New costs		
_		Field audited costs			_				
_		— Medicare - Prospective			– Interin	n			
	Χ	Payment System Rate			– Total I	Interim			
	Х	— Average Nursing Home Rate	<u> </u>		- Settle	ment based on c	osts		
		 Dade			_				
	Distribution	 <u>1:</u>		W.Rydell S	Samuel,	Administrator			
	Fiscal Agent		_			mbursement Ana			
	Contract Mar	nagement							
	Permanent F	ile							
	Program Dev	relopment:							
	For	information Only (No Change in rate)	)						



003815300 - 2017/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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

HCR Manor Care of Florida III, Inc.		Provider	Numbe	er : 003815300	)	
Heartland Hospice Services - Plantation		Date : 0	8/31/20	17		
150 S. Pine Island Road, Suite 200		Fiscal Y	ear End	: N/A		
Plantation, FL 333242695		Audit Sta	atus : N	/A		
Provider Type:		Curren	t Rate	New Rate	Effective Da	ate
Rural Health Clinic						
Swing-Bed Provider						
Federally Qualified Health Centers						
X Hospice Provider						
#651 Routine Home Care (1-60)					·	
#651a Routine Home Care (61 +)						
#652 Continuous Home Care						
#652a Continuous Home Care - SIA						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board			214.52	2 210.	15 09/01/20	)17
Basis:	Rate	Type :	7			
Budget		Х	Prosp	ective		
Unaudited costs			_ Total	Prospective		
Desk audited costs			Prospective Adjusted 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	
Broward						
<u>Distribution:</u>	V	V.Rydell S	Samuel,	Administrator		
Fiscal Agent	N	/ledicaid (	Cost Re	imbursement A	Analysis	—
Contract Management					-	
Permanent File						
Program Development:						

\_ For information Only (No Change in rate)



013656100 - 2017/09

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

Tallahassee, Florida 32308

Brevard HN	MA Hos	pice		Provide	r Numbe	er : 013656100		
Wuesthoff	Health :	System Hospice		Date: 08/31/2017				
8060 Spyg	lass Rd			Fiscal Y	ear End	: N/A		
Viera, FL 3	32940			Audit Status : N/A				
Provider T	уре:			Curren	t Rate	New Rate	Effective Date	
	Rural	Health Clinic						
	Swing	g-Bed Provider						
	Feder	ally Qualified Health Centers						
X	Hospi	ice Provider						
	#6	51 Routine Home Care (1-60)						
	#6	51a Routine Home Care (61 +)						
	#652 Continuous Home Care							
	#6	52a Continuous Home Care - SIA						
	#6	55 Inpatient Respite Care						
	#6	56 General Inpatient Care						
	#6	58 Room and Board			207.10	206.07	09/01/2017	
Ba	sis :		Rate	Type :	7			
L		 Budget		X	⊐ Prosp	ective		
		Unaudited costs			– Total I	Prospective		
		Desk audited costs			– Prosp	ective Adjusted f	or New costs	
		Field audited costs			_			
		Medicare - Prospective			– Interin	n		
	X	Payment System Rate			– Total I	Interim		
		Average Nursing Home Rate			Settle	ment based on c	osts	
		 Brevard			_			
Distr	ibutior	<u>ı:</u>		N.Rydell S	Samuel,	Administrator		
Fiscal	Agent		_			mbursement Ana		
Contra	act Mar	nagement						
Perma	anent F	ile						
Progra	am Dev	relopment:						
	For	information Only (No Change in rate)	)					



014043700 - 2017/09

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			Date: 08/31/2017				
12107 Majestio	c Blvd		Fiscal Ye	ar End	: N/A		
Hudson, FL			Audit Stat	tus : N/	'A		
Provider Type	<b>2</b> :		Current	Rate	New Rate	Effective Date	
Rı	ural Health Clinic						
Sv	ving-Bed Provider						
Fe	derally Qualified Health Centers						
X Ho	ospice Provider						
	#651 Routine Home Care (1-60)						
	#651a Routine Home Care (61 +)						
	#652 Continuous Home Care						
	#652a Continuous Home Care - S	SIA					
	#655 Inpatient Respite Care						
	#656 General Inpatient Care						
		2	202.45	208.33	09/01/2017		
Basis	:	Rate	Type :				
	Budget	<u> </u>	Χ	Prosp	ective		
	Unaudited costs			Total I	Prospective		
	Desk audited costs			Prosp	ective Adjusted f	or New costs	
	Field audited costs			•			
	Medicare - Prospective			Interin	n		
X	Payment System Rate			Total I	nterim		
	Average Nursing Home Rate			Settle	ment based on c	osts	
	Pasco						
<u>Distribu</u>	tion:		W.Rydell Sa	amuel,	Administrator		
Fiscal Ag	ent	_			mbursement Ana	/ \	
Contract l	Management					•	
Permane	nt File						
Program	Development:						
	For information Only (No Change in	rate)					



014190000 - 2017/09

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

		Medicald Neillibursement Fer Di	em Nates it	JI INOII-IIIS	stitutioi	iai Fiovideis			
	•	Care Hospice of Miami Dade and the F	Florida	Provide	Provider Number : 014190000				
Ke	ys			Date: 0	8/31/20 <sup>-</sup>	17			
20	0 Lanidex Plz	Sto 2101		Fiscal Y	ear End	: N/A			
	rsippany, NJ(			Audit St	atus : N	/A			
га	isippariy, No	07034-2740							
Pr	ovider Type:			Curren	t Rate	New Rate	<b>Effective Date</b>		
	Rura	l Health Clinic							
	Swir	ng-Bed Provider							
	Fede	erally Qualified Health Centers							
	X Hos	pice Provider							
	#	651 Routine Home Care (1-60)							
	#	651a Routine Home Care (61 +)							
	#652 Continuous Home Care								
#652a Continuous Home Care - SIA									
	#	655 Inpatient Respite Care							
	#	656 General Inpatient Care							
	#	658 Room and Board			224.57	224.	16 09/01/2017		
	Basis :		Rate	e Type :	7				
		I Budget	<u> </u>	X	_l Prosp	ective			
		Unaudited costs	<del></del>		_ `	Prospective			
,		 Desk audited costs	<u></u>		– Prosp	ective Adjuste	d for New costs		
		Field audited costs			_				
		Medicare - Prospective			_ Interir	n			
	Х	Payment System Rate			_ Total	Interim			
,	Х	Average Nursing Home Rate			_ Settle	ment based or	n costs		
		 Dade							
	Distribution	<u> </u>	<u> </u>	W.Rvdell S	Samuel.	Administrator			
	Fiscal Agen	t	_			imbursement A	<i>t</i> ∿ Analysis		
	Contract Ma	anagement					,		
	Permanent	File							
	Program De	evelopment:							
	Fo	or information Only (No Change in rate	·)						



015219700 - 2017/09

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

		Medicaid Reimbursement Per Di	em Rates fo	<u>r Non-Ins</u>	titution	<u>al Providers</u>	
Со	mpassionate C	are Hospice of Central Florida		Provider	· Numbe	r : 015219700	
				Date: 08	8/31/201	7	
25	25 Drane Field	Rd Ste 4		Fiscal Y	ear End	: N/A	
Lal	keland, Fl 338	11		Audit Sta	atus : N/	A	
Pre	ovider Type:			Curren	t Rate	New Rate	Effective Date
	Rural	Health Clinic					
	Swin	g-Bed Provider					
	Fede	rally Qualified Health Centers					
	X Hosp	ice Provider					
	#6	651 Routine Home Care (1-60)					
	#6	551a Routine Home Care (61 +)					
	#6	552 Continuous Home Care					
#652a Continuous Home Care - SIA							
	#6	655 Inpatient Respite Care					
	#6	556 General Inpatient Care					
	#6	658 Room and Board			205.16	209.41	09/01/2017
	Basis :		Rate	Туре :	7		
,		Budget		Х	⊐ Prosp∈	ective	
•		Unaudited costs			– Total F	Prospective	
		Desk audited costs			– Prospe	ective Adjusted f	or New costs
•		Field audited costs			_		
•		Medicare - Prospective			Interim	1	
	Χ	Payment System Rate			Total I	nterim	
	Х	Average Nursing Home Rate			Settler	ment based on c	osts
•		Polk			_		
	Distribution	<u>n:</u>	v	V.Rydell S	Samuel,	Administrator	
	Fiscal Agent		_	-		mbursement Ana	alysis
	Contract Mar	nagement					-
	Permanent F	File					
	Program Dev	velopment:					
	For	information Only (No Change in rate	e)				



015328000 - 2017/09

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

Tallahassee, Florida 32308

Seasons Hosp	ice & Palliative Care Broward FL LLC		Provider	Numbe	r : 015328000		
			Date : 08	3/31/201	17		
1815 Griffin Ro	d Ste 410		Fiscal Ye	ear End	: N/A		
Dania Beach, I	FI 33004		Audit Sta	atus : N/	'A		
Provider Type	<b>e:</b>		Current	t Rate	New Rate	Effective Date	
Rı	ıral Health Clinic						
Sv	ving-Bed Provider						
Fe	derally Qualified Health Centers						
Х Но	ospice Provider						
	#651 Routine Home Care (1-60)						
	#651a Routine Home Care (61 +)						
	#652 Continuous Home Care						
	#652a Continuous Home Care - S	iA					
	#655 Inpatient Respite Care						
	#656 General Inpatient Care						
			219.65	228.88	09/01/2017		
Basis	:	Rate	Туре :	]			
	Budget		Х	Prosp	ective		
	Unaudited costs			Total I	Prospective		
	Desk audited costs			Prosp	ective Adjusted f	or New costs	
	Field audited costs			_			
	Medicare - Prospective			_ Interin	n		
X	Payment System Rate			Total I	nterim		
X	Average Nursing Home Rate			Settle	ment based on c	osts	
	Broward			_			
<u>Distribu</u>	Distribution:		W.Rydell Samuel, Administrator				
Fiscal Age	ent	_	Medicaid Cost Reimbursement Analysis				
Contract I	Management						
Permaner	nt File						
Program	Development:						
	For information Only (No Change in r	rate)					



015986100 - 2017/09

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

Tallahassee, Florida 32308

ovenant Hospic	Je, IIIC		Provider Number: 015986100					
			Date: 08/31/2017					
041 N. 12th			Fiscal Y	ear End	: N/A			
ensacola, FL 3	2504		Audit Status : N/A					
rovider Type:			Curren	t Rate	New Rate	Effective Date		
Rura	al Health Clinic							
Swir	ng-Bed Provider							
Fede	erally Qualified Health Centers							
X Hos	pice Provider							
#	651 Routine Home Care (1-60)							
#	651a Routine Home Care (61 +)							
#	652 Continuous Home Care							
#	652a Continuous Home Care - SIA							
#	655 Inpatient Respite Care							
#	656 General Inpatient Care							
#	658 Room and Board				206.30	09/01/2017		
Basis :		Rate	Type :	7				
	Budget		Х	Prosp	ective			
	Unaudited costs			_ Total	Prospective			
	Desk audited costs			Prosp	ective Adjusted f	or New costs		
	Field audited costs							
	Medicare - Prospective			Interin	n			
X	Payment System Rate			Total	Interim			
	Average Nursing Home Rate Escambia			Settle –	ment based on c	osts		
Distribution	on:	<u> </u>	W.Rydell Samuel, Administrator					
Fiscal Agen	t	<u></u>	/ledicaid (	Cost Re	imbursement Ana	alysis		
Contract Ma	anagement							
Permanent	File							
Program De	evelopment:							
	or information Only (No Change in rate							



016254400 - 2017/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Od	lyssey Healthca	re of Marion County		Provider Number : 016254400					
Kir	ndred at Home-l	Hospice		Date : 0	8/31/201	17			
13	00 N Semoran I	Blvd Ste 210		Fiscal Y	ear End	: N/A			
Orl	ando, Fl 32807	7		Audit Status : N/A					
Pre	ovider Type:			Currer	nt Rate	New Rate	Effective Date		
	Rural	Health Clinic							
	Swing	g-Bed Provider							
	Feder	ally Qualified Health Centers							
	X Hosp	ice Provider							
	#6	#651 Routine Home Care (1-60)							
	#651a Routine Home Care (61 +)								
	#6	52 Continuous Home Care							
	#6	52a Continuous Home Care - SIA							
	#6	555 Inpatient Respite Care							
	#656 General Inpatient Care								
	#6	558 Room and Board			208.96	213.33	09/01/2017		
_	Basis :		Rate	туре :	7				
,		Budget		Χ	 Prosp∈	ective			
•		Unaudited costs			Total I	Prospective			
•		Desk audited costs			Prosp	ective Adjusted f	or New costs		
		Field audited costs			_				
•		Medicare - Prospective			Interim				
	Х	Payment System Rate			Total Interim				
	Х	Average Nursing Home Rate			Settle	ment based on c	osts		
		Orange							
	<u>Distribution:</u>		\	W.Rydell Samuel, Administrator					
	Fiscal Agent Contract Management			Medicaid Cost Reimbursement Analysis					
	Permanent F	ïle							
	Program Dev	velopment:							
	For	information Only (No Change in rate)							



017287500 - 2017/09

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

		Medicaid Reimbursement Per Di	em Rates fo	<u>r Non-Ins</u>	titution	<u>al Providers</u>			
Со	mpassionate C	are Hospice of Lake & Sumter		Provider	· Numbe	r : 017287500			
				Date: 08/31/2017					
21	4 E Washingto	n St Apt C		Fiscal Ye	ear End	: N/A			
Mir	nneola , Fl 347	15		Audit Status : N/A					
Pro	ovider Type:			Curren	t Rate	New Rate	Effective Date		
	Rural	l Health Clinic							
	Swin	g-Bed Provider							
	Fede	rally Qualified Health Centers							
	X Hosp	ice Provider							
	#6	651 Routine Home Care (1-60)							
	#651a Routine Home Care (61 +)								
	#6	652 Continuous Home Care							
	#6	652a Continuous Home Care - SIA							
	#6	655 Inpatient Respite Care							
	#6	656 General Inpatient Care							
	#6	658 Room and Board			217.22	220.91	09/01/2017		
	Basis :		Rate	Type :	7				
'		Budget		Х	⊐ Prosp∈	ective			
•		Unaudited costs			– Total F	Prospective			
•		Desk audited costs			– Prospe	ective Adjusted f	or New costs		
•		Field audited costs			_				
•		Medicare - Prospective			_ Interim	ı			
	X	Payment System Rate			Total I	nterim			
•	Х	Average Nursing Home Rate			Settler	ment based on c	osts		
•		Lake			_				
	Distribution	<u>n:</u>	v	V.Rydell S	Samuel,	Administrator			
	Fiscal Agent		_	-		mbursement Ana	alysis		
	Contract Mar	nagement					-		
	Permanent F	File							
	Program Dev	velopment:							
	For	information Only (No Change in rate	e)						



019255800 - 2017/09

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

Tallahassee, Florida 32308

НС	ICR Manor Care Services of Florida Inc.			Provider Number: 019255800					
	artland Ho				8/31/20				
		Drive Suite 301			ear End				
		FL 33143		Audit Status : N/A					
							T		
Pro	ovider Typ			Curren	nt Rate	New Rate	Effective Date		
		Rural Health Clinic							
		Swing-Bed Provider							
		ederally Qualified Health Centers							
	Х	lospice Provider							
		#651 Routine Home Care (1-60)							
	#651a Routine Home Care (61 +) #652 Continuous Home Care								
	#652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care								
		#658 Room and Board			224.57	224.16	09/01/2017		
ſ	Basis	s:	Rate	Type :	7				
ָ		Budget		Х	Prospective				
-		Unaudited costs			Total Prospective				
-		Desk audited costs			– Prosp	ective Adjusted	for New costs		
-		Field audited costs			_				
-		Medicare - Prospective			— Interin	n			
	Х	Payment System Rate			 Total Interim				
-	Х	Average Nursing Home Rate			– Settle	ment based on o	costs		
-		 Dade			_				
	<u>Distribution:</u>		<u> </u>	W.Rydell Samuel, Administrator					
	Fiscal Agent			Medicaid Cost Reimbursement Analysis					
	Contrac	t Management							
	Perman	ent File							
	Program	Development:							
	For information Only (No Change in rate)								



087000500 - 2017/09

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

Tallahassee, Florida 32308

/ero Beach, FL 32960 Audit Status : N/A	ospice of I.R.C.			Provider Number : 087000500						
rovider 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  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  Rate Type:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Indian River  Piscal Agent  Contract Management  Permanent File  Rural Rate New Rate  Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date				Date: 08/31/2017						
Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers  X Hospice Provider #651 Routine Home Care (61 +) #652 Continuous Home Care #658 Room and Board  Basis: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Indian River  Distribution: Fiscal Agent Contract Management Permanent File  Effective Date  Ffective Date  #652	111 36th Street			Fiscal Year End : N/A						
Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers  X Hospice Provider  #651 Routine Home Care (61 +) #652 Continuous Home Care #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 Indian River  Piscal Agent Contract Management Permanent File  Refet 1400  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	ero Beach, FL 3	2960		Audit Status : N/A						
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 #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  206.89  217.86  09/01/2017     Rate Type:   X Prospective     Unaudited costs   Total Prospective     Desk audited costs   Prospective Adjusted for New costs     Medicare - Prospective   Interim     X Payment System Rate   Settlement based on costs     Distribution:   Fiscal Agent   W.Rydell Samuel, Administrator   Medicaid Cost Reimbursement Analysis     Distribution:   Medicaid Cost Reimbursement Analysis     Medicaid Cost Reimbursement Analysis   Medicaid Cost Reimbursement Analysis     Distribution:   Di	rovider Type:			Current	Rate	New Rate	Effective Date			
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  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  206.89 217.86 09/01/2017   Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate Indian River  Medicaid Cost Reimbursement Analysis  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	Rural	Health Clinic								
X Hospice Provider  #651 Routine Home Care (1-60)  #651a Routine Home Care (61 +)  #652 Continuous Home Care  #652a Continuous Home Care - SIA  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  206.89 217.86 09/01/2017     Basis:	Swin	g-Bed 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 #658 Room and Board      Basis :	Fede	rally Qualified Health Centers								
#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 :	X Hosp	ice Provider								
#652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  206.89  217.86  09/01/2017    Basis:	#6	551 Routine Home Care (1-60)								
#652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board     Basis :	#6	651a Routine Home Care (61 +)								
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  206.89  217.86  09/01/2017  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Indian River  Distribution: Fiscal Agent  Contract Management Permanent File	#6	52 Continuous Home Care								
#656 General Inpatient Care  #658 Room and Board  206.89  217.86  09/01/2017    Basis:	#6	52a Continuous Home Care - SIA								
#658 Room and Board  206.89 217.86 09/01/2017    Basis :	#6									
Basis:  Unaudited costs Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Indian River  Distribution: Fiscal Agent Contract Management Permanent File  Rate Type: X Prospective Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	#6	656 General Inpatient Care								
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Indian River  Distribution: Fiscal Agent Contract Management Permanent File  X Prospective Total Prospective Prospective Adjusted for New costs  Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	#6	658 Room and Board			206.89	217.86	09/01/2017			
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Indian River  Distribution: Fiscal Agent Contract Management Permanent File  Total Prospective Prospective Adjusted for New costs Prospective Adjusted for New costs  Prospective Adjusted for New costs  Prospective Adjusted for New costs  Prospective Adjusted for New costs  Whelicaid Interim  Well Samuel, Administrator Medicaid Cost Reimbursement Analysis	Basis:		Rate	Type :	1					
Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Indian River  Distribution: Fiscal Agent Contract Management Permanent File  Prospective Adjusted for New costs  Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Budget		Х	Prosp	ective				
Field audited costs  Medicare - Prospective  Payment System Rate  Average Nursing Home Rate  Indian River   Medicare - Prospective  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis  Contract Management  Permanent File		Unaudited costs			Total	Prospective				
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Indian River  Distribution: Fiscal Agent Contract Management Permanent File  Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Desk audited costs			Prosp	ective Adjusted f	for New costs			
X Payment System Rate Average Nursing Home Rate Indian River  Distribution: Fiscal Agent Contract Management Permanent File  Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Field audited costs			-					
Average Nursing Home Rate Indian River  Distribution: Fiscal Agent Contract Management Permanent File  Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Medicare - Prospective			Interir	n				
Distribution: Fiscal Agent Contract Management Permanent File  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	X	Payment System Rate		Total Interim						
Distribution:  Fiscal Agent Contract Management Permanent File  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Average Nursing Home Rate			Settle	ment based on c	costs			
Fiscal Agent Medicaid Cost Reimbursement Analysis  Contract Management  Permanent File		Indian River								
Fiscal Agent Medicaid Cost Reimbursement Analysis  Contract Management  Permanent File	<u>Distributio</u>	<u>n:</u>	<u> </u>	N.Rydell S	amuel,	Administrator	 			
Contract Management  Permanent File	Fiscal Agent	Fiscal Agent								
	Contract Mar	nagement					-			
Program Development:	Permanent F	ïle								
	Program Dev	Program Development:								



087246600 - 2017/09

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

Tallahassee, Florida 32308

Vit	tas Healthcare Corporation - Dade County		Provider Number : 087246600						
Att	n: Angela Santa	ana		Date: 08/31/2017					
10	OS. Biscayne E	Blvd		Fiscal Y	ear End	: N/A			
Mia	ami, FL 33131			Audit Status : N/A					
Pre	ovider Type:			Curren	t Rate	New Rate	Effective Date		
	Rural	Health Clinic							
	Swing	g-Bed Provider							
	Feder	rally Qualified Health Centers							
	X Hosp	ice Provider							
	#6	551 Routine Home Care (1-60)							
	#651a Routine Home Care (61 +)								
	#6	552 Continuous Home Care							
	#6	552a Continuous Home Care - SIA							
	#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board								
					233.85	231.19	09/01/2017		
	Basis :		Rate	Type :	7				
		Budget		Χ	⊐ Prosp	ective			
•		Unaudited costs			_ Total	Prospective			
•		Desk audited costs			– Prosp	ective Adjusted f	or New costs		
•		Field audited costs			_				
•		Medicare - Prospective			_ Interin	n			
	Х	Payment System Rate			_ Total	Interim			
		Average Nursing Home Rate			Settle	ment based on c	osts		
•		 Dade							
	Distribution	l <u>n:</u>	V	V.Rydell \$	Samuel.	Administrator			
	Fiscal Agent			Medicaid Cost Reimbursement Analysis					
	Contract Mar	nagement					•		
	Permanent File								
	Program Dev	velopment:							
	For information Only (No Change in rate)								



087255500 - 2017/09

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

Tallahassee, Florida 32308

. Francis Hospice		Provider Number : 087255500						
			Date: 08/31/2017					
250-B Grummar	Place		Fiscal Year End : N/A					
itusville, FL 327	80		Audit Status : N/A					
rovider Type:			Current	Rate	New Rate	Effective Date		
Rura	l Health Clinic							
Swin	g-Bed Provider							
Fede	rally Qualified Health Centers							
X Hosp	ice Provider							
#	651 Routine Home Care (1-60)							
#	651a Routine Home Care (61 +)							
#	652 Continuous Home Care							
#	652a Continuous Home Care - SIA							
#								
#(	656 General Inpatient Care							
#(	658 Room and Board			208.91	212.47	09/01/2017		
Basis :		Rate	Type :	]				
	Budget		Х	Prosp	ective			
	Unaudited costs			Total	Prospective			
	Desk audited costs			Prosp	ective Adjusted f	for New costs		
	Field audited costs			•				
	Medicare - Prospective			Interir	n			
X	Payment System Rate			Total	Interim			
	Average Nursing Home Rate			Settle	ment based on c	costs		
	Brevard							
Distributio	<u>n:</u>	<u> </u>	W.Rydell Samuel, Administrator					
Fiscal Agent		_	Medicaid Cost Reimbursement Analysis					
Contract Ma	nagement							
Permanent F	File							
Program De	Program Development: For information Only (No Change in rate)							
Foi								



087256300 - 2017/09

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

Tallahassee, Florida 32308

ospice of the Comforter			Provider Number : 087256300						
			Date: 08/31/2017						
80 West Central	Pkwy		Fiscal Ye	ear End	: N/A				
Itamonte Spring	s, FL 327143125		Audit Status : N/A						
rovider Type:			Curren	t Rate	New Rate	Effective Date			
Rura	l Health Clinic								
Swin	g-Bed Provider								
Fede	rally Qualified Health Centers								
X Hosp	oice Provider								
#	651 Routine Home Care (1-60)								
#	651a Routine Home Care (61 +)								
#	652 Continuous Home Care								
#	652a Continuous Home Care - SIA								
#									
#	656 General Inpatient Care								
#	658 Room and Board			211.28	214.58	09/01/2017			
Basis :		Rate	Type :	7					
	 Budget		Х	Prosp	ective				
	Unaudited costs			Total	Prospective				
	Desk audited costs			Prosp	ective Adjusted f	or New costs			
	Field audited costs								
	Medicare - Prospective			Interin	n				
X	Payment System Rate		Total Interim						
	Average Nursing Home Rate			Settle	ment based on c	costs			
	Seminole								
Distributio	<u>vn:</u>	<u>Ι</u> ν	W.Rydell Samuel, Administrator						
Fiscal Agent	Fiscal Agent			Medicaid Cost Reimbursement Analysis					
Contract Ma	nagement								
Permanent F	File								
Program De	Program Development:								
Fo	)								



087407800 - 2017/09

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

		<u> </u>	m ratoo ro	1110111111	<u> </u>	<u> </u>		
Со	mmunity Hospi	ce of Northeast		Provider Number : 087407800				
				Date : 0	8/31/201	17		
42	66 Sunbeam Ro	pad		Fiscal Y	ear End	: N/A		
Ja	cksonville, FL 3	32257		Audit St	atus : N/	'A		
Pr	ovider Type:			Curren	t Rate	New Rate	Effective Date	
	Rural	Health Clinic						
	Swing	g-Bed Provider						
	Feder	ally Qualified Health Centers						
	X Hospi	ice Provider						
	#6	51 Routine Home Care (1-60)						
	#6	51a Routine Home Care (61 +)						
	#6	52 Continuous Home Care						
	#6	52a Continuous Home Care - SIA						
	#6	55 Inpatient Respite Care						
	#6	56 General Inpatient Care						
	#6	58 Room and Board			210.02	210.23	09/01/2017	
	Basis :		Rate	Type :	7			
		 Budget	<u> </u>	X	⊐ Prosp∈	ective		
		Unaudited costs			– Total F	Prospective		
		Desk audited costs			– Prospe	ective Adjusted	for New costs	
		Field audited costs			_			
		Medicare - Prospective			_ Interin	า		
	Χ	Payment System Rate			– Total I	nterim		
		Average Nursing Home Rate			Settler	ment based on o	costs	
		 Duval			_			
	Distribution	<u>ı:</u>	\	N.Rvdell S	Samuel.	Administrator		
	Fiscal Agent		_	-		mbursement An	alysis	
	Contract Management						•	
	Permanent F	ile						
	Program Dev	relopment:						
	Eor	information Only (No Change in rate)						



087514700 - 2017/09

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

Tallahassee, Florida 32308

ospice of Martin & St. Lucie		Provider Number : 08/514/00					
		Date: 08/31/2017					
201 SE Indian Street		Fiscal Ye	ar End	: N/A			
uart, FL 34997		Audit Status : N/A					
ovider Type:		Current	Rate	New Rate	Effective Date		
Rural Health Clinic							
Swing-Bed Provider							
Federally Qualified Health Centers							
X Hospice Provider							
#651 Routine Home Care (1-60)							
#651a Routine Home Care (61 +)							
#652 Continuous Home Care							
#652a Continuous Home Care - SIA							
#655 Inpatient Respite Care							
#656 General Inpatient Care							
#658 Room and Board			231.57	233.80	09/01/2017		
Basis:	Rate	Type :	]				
Budget		Х	Prosp	ective			
Unaudited costs			Total I	Prospective			
Desk audited costs		Prospective Adjusted for New costs					
Field audited costs			_				
Medicare - Prospective			Interin	n			
X Payment System Rate			Total I	Interim			
Average Nursing Home Rate			Settle	ment based on c	costs		
Martin			_				
<u>Distribution:</u>	V	V.Rvdell S	amuel,	Administrator			
	W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis						
Fiscal Agent	N	nedicald C					
Fiscal Agent Contract Management	N	nedicaid C	000 100				
	N	nedicald C	oot ito				



087516300 - 2017/09

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

Tallahassee, Florida 32308

spice of Palm Beach County			Provider Number : 087516300					
			Date: 08/31/2017					
300 East Avenu	e		Fiscal Year End : N/A					
est Palm Beach	h, FL 33407		Audit Status : N/A					
rovider Type:			Curren	t Rate	New Rate	Effective Date		
Rura	Il Health Clinic							
Swin	ng-Bed Provider							
Fede	erally Qualified Health Centers							
X Hosp	oice Provider							
#	651 Routine Home Care (1-60)							
#	651a Routine Home Care (61 +)							
#	652 Continuous Home Care							
#	652a Continuous Home Care - SIA							
#	#655 Inpatient Respite Care							
#	656 General Inpatient Care							
#	658 Room and Board			224.51	1 228.48	09/01/2017		
Basis :		Rate	Type :					
	Budget		Х	Prosp	ective			
	Unaudited costs			Total	Prospective			
	Desk audited costs			Prosp	ective Adjusted f	or New costs		
	Field audited costs			_				
	Medicare - Prospective			Interir	n			
X	Payment System Rate		Total Interim					
	Average Nursing Home Rate			Settle	ment based on c	costs		
	Palm Beach							
Distributio	<u>on:</u>	L\	V.Rydell S	Samuel,	Administrator			
Fiscal Agent	t	_	Medicaid Cost Reimbursement Analysis					
Contract Ma	anagement					•		
Permanent I	File							
Program De	Program Development:							
Fo	)							



087519800 - 2017/09

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

Tallahassee, Florida 32308

North Control Florida Hagnica		Provider Number : 087510800					
North Central Florida Hospice		Provider Number : 087519800					
Attn: Revenue Accounting Manager		Date : 08/3	1/201	7			
4200 NW 90th Blvd		Fiscal Year	End	: N/A			
Gainesville, FL 326063809		Audit Status	s : N/	A			
Provider Type:		Current R	ate	New Rate	Effective Date		
Rural Health Clinic							
Swing-Bed Provider							
Federally Qualified Health Centers							
X Hospice Provider							
#651 Routine Home Care (1-60)							
#651a Routine Home Care (61 +	)						
#652 Continuous Home Care							
#652a Continuous Home Care -	SIA						
#655 Inpatient Respite Care							
#656 General Inpatient Care							
#658 Room and Board		21	4.34	214.74	09/01/2017		
Basis:	Rate	Type :					
Budget			rospe	ective			
Unaudited costs		Т	otal F	Prospective			
Desk audited costs		P	rospe	ective Adjusted f	or New costs		
Field audited costs							
Medicare - Prospective		Ir	 Interim				
X Payment System Rate		Т	Total Interim				
X Average Nursing Home Rate		s	ettler	ment based on c	osts		
Alachua							
<u>Distribution:</u>	\	V.Rydell San	nuel,	Administrator	 		
Fiscal Agent	_	Medicaid Cost Reimbursement Analysis					
Contract Management					•		
Permanent File							
Program Development:							
For information Only (No Change in	rate)						



087520100 - 2017/09

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

Tallahassee, Florida 32308

ospice of Marion County			Provider Number : 087520100					
			Date: 08/31/2017					
O. Box 4860			Fiscal Ye	ear End	: N/A			
ocala, FL 344784	1860		Audit Status : N/A					
rovider Type:			Curren	t Rate	New Rate	Effective Date		
Rural	Health Clinic							
Swing	g-Bed Provider							
Feder	ally Qualified Health Centers							
X Hospi	ice Provider							
#6	551 Routine Home Care (1-60)							
#6	651a Routine Home Care (61 +)							
#6	552 Continuous Home Care							
#6								
	355 Inpatient Respite Care							
#6								
#6	558 Room and Board			209.55	209.50	09/01/2017		
Basis :		Rate	Туре :					
	Budget		Х	_ Prosp	ective			
	Unaudited costs			Total	Prospective			
	Desk audited costs			Prosp	ective Adjusted f	for New costs		
	Field audited costs			_				
	Medicare - Prospective			Interir –	n			
X	Payment System Rate		Total Interim					
	Average Nursing Home Rate			Settle	ment based on c	costs		
	Marion							
Distribution	<u>n:</u>	\\	W.Rydell Samuel, Administrator					
Fiscal Agent		_	Medicaid Cost Reimbursement Analysis					
Contract Mar	nagement							
Permanent F	ïle							
Program Dev	Program Development:							
For	١							



087522800 - 2017/09

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

Tallahassee, Florida 32308

ospice of Health	n First		Provider	Numbe	er: 087522800		
			Date: 08/31/2017				
900 Dairy Road			Fiscal Year End : N/A				
est Melbourne,	FL 32904		Audit Sta	atus : N	/A		
rovider Type:			Current	Rate	New Rate	Effective Date	
Rura	l Health Clinic						
Swin	g-Bed Provider						
Fede	rally Qualified Health Centers						
X Hosp	oice Provider						
#	651 Routine Home Care (1-60)						
#	651a Routine Home Care (61 +)						
#	652 Continuous Home Care						
#	652a Continuous Home Care - SIA						
#	#655 Inpatient Respite Care						
#	656 General Inpatient Care						
#	658 Room and Board		211.90 211.47 09/01/201				
Basis :		Rate	Туре :	]			
	Budget		Х	Prosp	ective		
	Unaudited costs			Total	Prospective		
	Desk audited costs			Prosp	ective Adjusted f	for New costs	
	Field audited costs						
	Medicare - Prospective			Interir	n		
X	Payment System Rate		Total Interim				
	Average Nursing Home Rate			Settle	ment based on o	costs	
	Brevard						
Distributio	<u>vn:</u>	l\	W.Rydell S	Samuel,	Administrator		
Fiscal Agent	t	_			imbursement An	alysis	
Contract Ma	nagement						
Permanent F	File						
Program De	velopment:						
Fo	r information Only (No Change in rate	)					



087523600 - 2017/09

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

Tallahassee, Florida 32308

Date : 08/31/2017	lospice of Volus	ia		Provider	Numbe	er: 087523600		
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  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  Rate Type:  Budget  Unaudited costs  Unaudited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Volusia  Pistribution:  Fiscal Agent  Contract Management  Permanent File  Rate Inpatient Site of Current Rate  Current Rate  Refective Date  Effective Date  Fifective Date  Fifective Date  Fifective Date  Effective Date  Fifective Date  Fifetal Date  Fifetal Date  Fifetal Date  Fifetal Date  Fifet				Date : 08	Date: 08/31/2017			
Provider Type:  Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  X Hospice Provider  #651 Routine Home Care (61 +)  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  Rate Type:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Volusia  Pistribution:  Fiscal Agent Contract Management Permanent File  Current Rate  New Rate  Effective Date  #652	800 Woodbriar	Trail		Fiscal Ye	Fiscal Year End : N/A			
Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers  X Hospice Provider  #651 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  Prospective Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Volusia  Pistribution: Fiscal Agent Contract Management Permanent File	Port Orange, FL	32129		Audit Sta	atus : N	/A		
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 #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  214.92 214.52 09/01/2017     Basis:	rovider Type:			Curren	t Rate	New Rate	Effective Date	
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  #658 Room and Board  214.92  214.52  09/01/2017     Basis:	Rura	Il Health Clinic						
X Hospice Provider  #651 Routine Home Care (1-60)  #651a Routine Home Care (61 +)  #652 Continuous Home Care  #652a Continuous Home Care - SIA  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  214.92  214.52  O9/01/2017     Rate Type:   X Prospective   Total Prospective   Desk audited costs   Field audited costs   Field audited costs   Medicare - Prospective   X Payment System Rate   Average Nursing Home Rate   Volusia    Distribution:   Fiscal Agent	Swir	g-Bed 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 #658 Room and Board  214.92  214.52  9/01/2017  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Volusia  Piscal Agent  Contract Management Permanent File  #651 Routine Home Care (1-60) #652 Continuous Home Care (61 +) #652 Continuous Home Care (81 +) #653 Routinuous Home Care (81 +) #654 Routinuous Home Care (81 +) #655 Routinuous Home Care (81 +) #658 Routinuous Home Care (81 +	Fede	erally Qualified Health Centers						
#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 Type :	X Hos	pice Provider						
#652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  214.92 214.52 09/01/2017    Basis:	#	651 Routine Home Care (1-60)						
#652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  214.92  214.52  99/01/2017    Basis:	#	651a Routine Home Care (61 +)						
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  214.92  214.52  09/01/2017    Basis:	#	#652 Continuous Home Care						
#656 General Inpatient Care  #658 Room and Board  214.92  214.52  09/01/2017    Basis:	#	652a Continuous Home Care - SIA						
#658 Room and Board  214.92 214.52 09/01/2017    Basis :	#	#655 Inpatient Respite Care						
Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Volusia  Distribution:  Fiscal Agent  Contract Management  Permanent File  Rate Type:  X Prospective  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	#	656 General Inpatient Care						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Volusia  Distribution: Fiscal Agent Contract Management Permanent File  X Prospective Total Prospective Prospective Adjusted for New costs  Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	#	658 Room and Board			214.92	214.52	09/01/2017	
Unaudited costs  Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Volusia  Distribution: Fiscal Agent Contract Management Permanent File  Total Prospective Prospective Adjusted for New costs  Winterim  Settlement based on costs  Winterim  Winterim  Winterim  Settlement based on costs  Medicaid Cost Reimbursement Analysis	Basis :		Rate	туре :	7			
Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Volusia  Distribution: Fiscal Agent Contract Management Permanent File  Prospective Adjusted for New costs  Interim Settlement Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Budget		Х	Prosp	ective		
Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Volusia  Distribution: Fiscal Agent Contract Management Permanent File  Field audited costs  Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis		Unaudited costs			Total	Prospective		
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Volusia  Distribution: Fiscal Agent Contract Management Permanent File  Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Desk audited costs			Prosp	ective Adjusted f	or New costs	
X Payment System Rate Average Nursing Home Rate Volusia  Distribution: Fiscal Agent Contract Management Permanent File  Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Field audited costs						
Average Nursing Home Rate Volusia  Distribution: Fiscal Agent Contract Management Permanent File  Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Medicare - Prospective			Interir	n		
Distribution:  Fiscal Agent Contract Management Permanent File  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	Χ	Payment System Rate		Total Interim				
Distribution:  Fiscal Agent Contract Management Permanent File  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Average Nursing Home Rate			Settle	ment based on c	costs	
Fiscal Agent Medicaid Cost Reimbursement Analysis  Contract Management  Permanent File		Volusia						
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File	Distributio	<u>on:</u>	1	N.Rydell S	Samuel,	Administrator		
Permanent File	Fiscal Agen	t	_				/ 1	
	Contract Ma	nagement						
Program Development:	Permanent	File						
	Program De	velopment:						



087524400 - 2017/09

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

Tallahassee, Florida 32308

Date: 08/31/2017 Fiscal Year End: N/A Audit Status: N/A Provider Type:  Current Rate   New Rate   Effective Date Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X   Hospice Provider #651 Routine Home Care (1-60) #651a Routine Home Care (61+) #652 Continuous Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  Provider Type:  State Type:  Desk audited costs Field audited costs Medicare - Prospective X   Payment System Rate Average Nursing Home Rate Leon  Distribution: Fiscal Agent Contract Management Permanent File Program Development:  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	Big Bend Hospice	2		Provider	Numbe	er: 087524400		
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  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  Rate Type:  Desk audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate Leon  Distribution: Fiscal Agent  Contract Management Permanent File  Rural Rate New Rate  Effective Date  Effective Date  Effective Date  Current Rate  Rate Verage  Rate Type:  X Prospective  X Prospective  Audit Status : N/A  Current Rate  Rate New Rate  Effective Date  Fifective Date  Effective Date  Fifective Date  Effective Date  Effective Date  Fifective Date  Fifect				Date: 08/31/2017				
Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers  X Hospice Provider #651 Routine Home Care (61 +) #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  Rate Type:  Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Leon  Current Rate New Rate Effective Date  Fiscal Agent Only Rate  Leon  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	723 Mahan Cen	ter Blvd.		Fiscal Year End : N/A				
Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers  X Hospice Provider  #651 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  Prospective Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Leon  Pistribution: Fiscal Agent Contract Management Permanent File	allahassee, FL	323085428		Audit Sta	tus : N	/A		
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 #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  213.01 209.66 09/01/2017     Basis:	Provider Type:			Current	Rate	New Rate	Effective Date	
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  #658 Room and Board  213.01  209.66  09/01/2017     Basis:	Rura	l Health Clinic						
X Hospice Provider  #651 Routine Home Care (1-60)  #651a Routine Home Care (61 +)  #652 Continuous Home Care  #652a Continuous Home Care - SIA  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  213.01  209.66  09/01/2017     Rate Type:	Swin	g-Bed 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 #658 Room and Board  213.01  209.66  09/01/2017     Basis:	Fede	rally Qualified Health Centers						
#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 Type :	X Hosp	ice Provider						
#652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  213.01  209.66  09/01/2017    Basis:	#	#651 Routine Home Care (1-60)						
#652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  213.01  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate Leon  Distribution: Fiscal Agent  Contract Management  Permanent File  #658 Room and Board  213.01  209.66  09/01/2017  X Prospective  X Prospective  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	#	651a Routine Home Care (61 +)						
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  213.01  209.66  09/01/2017    Basis:	#	#652 Continuous Home Care						
#656 General Inpatient Care  #658 Room and Board  213.01  209.66  09/01/2017    Basis:	#	652a Continuous Home Care - SIA						
#658 Room and Board  213.01  209.66  09/01/2017    Basis :	#	655 Inpatient Respite Care						
Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Leon  Distribution: Fiscal Agent  Contract Management  Permanent File  Rate Type:  X Prospective  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	#	#656 General Inpatient Care						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Leon  Distribution: Fiscal Agent Contract Management Permanent File  X Prospective Total Prospective Prospective Adjusted for New costs  Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	#	658 Room and Board		213.01 209.66 09/01/201				
Unaudited costs  Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Leon  Distribution: Fiscal Agent Contract Management Permanent File  Total Prospective Prospective Adjusted for New costs  Prospective Adjusted for New costs  Prospective Adjusted for New costs  Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	Basis :		Rate	Type :	]			
Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Leon  Distribution: Fiscal Agent Contract Management Permanent File  Prospective Adjusted for New costs  Interim Settlement Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		 Budget	<u> </u>	Х	Prosp	ective		
Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Leon  Distribution: Fiscal Agent  Contract Management  Permanent File  Field audited costs  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis		Unaudited costs			Total	Prospective		
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Leon  Distribution: Fiscal Agent Contract Management Permanent File  Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Desk audited costs			Prosp	ective Adjusted f	or New costs	
X Payment System Rate Average Nursing Home Rate Leon  Distribution: Fiscal Agent Contract Management Permanent File  Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Field audited costs			_			
Average Nursing Home Rate Leon  Distribution: Fiscal Agent Contract Management Permanent File  Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Medicare - Prospective			Interir	n		
Distribution:  Fiscal Agent Contract Management Permanent File  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	X	Payment System Rate		Total Interim				
Fiscal Agent Medicaid Cost Reimbursement Analysis  Contract Management  Permanent File		<u> </u>			Settle -	ment based on c	osts	
Contract Management  Permanent File	Distributio	<u>n:</u>	1	W.Rydell S	amuel,	Administrator		
Permanent File	Fiscal Agent		Ī	Medicaid C	ost Re	imbursement Ana	alysis	
	Contract Ma	nagement						
Program Development:	Permanent F	File						
	Program De	velopment:						



087525200 - 2017/09

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

Tallahassee, Florida 32308

ospice of the Florida Keys, Inc.		Provider Number: 08/525200				
		Date: 08/31/2017				
319 William Street		Fiscal Ye	ear End	: N/A		
ey West, FL 330404736		Audit Sta	atus : N	/A		
rovider Type:		Current	t Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider						
Federally Qualified Health Centers						
X Hospice Provider						
#651 Routine Home Care (1-60)						
#651a Routine Home Care (61 +)						
#652 Continuous Home Care						
#652a Continuous Home Care - SIA						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board			213.25	220.02	09/01/2017	
Basis:	Rate	Type :	]			
Budget		X	_ Prosp	ective		
Unaudited costs		Total Prospective				
Desk audited costs			Prosp	ective Adjusted f	or New costs	
Field audited costs			_			
Medicare - Prospective		Interim				
X Payment System Rate		Total Interim				
X Average Nursing Home Rate  Monroe			Settle	ment based on c	osts	
<u>Distribution:</u>	W	V Rvdell S	Samuel	Administrator		
Fiscal Agent		Medicaid Cost Reimbursement Analysis				
Contract Management	,,	. 5 0.0010			, 0.0	
Permanent File						
Program Development:						



087526100 - 2017/09

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

Tallahassee, Florida 32308

Audit Status  ovider 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  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  21  Basis:  Budget  Unaudited costs  Field audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate	Provider Number : 087526100				
ovider 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 - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  21  Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake  Distribution: W.Rydell Sam	Date: 08/31/2017				
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 #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  21  Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake  Distribution: W.Rydell Sam	Fiscal Year End : N/A				
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  21  Basis:  Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake  Distribution:  W.Rydell Sam	: N/A				
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  21  Basis:  Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake  Distribution: W.Rydell Sam	ite New Rate	Effective Date			
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  21  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Lake  Distribution:  W.Rydell Sam	<u> </u>	·			
#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 X Payment System Rate Average Nursing Home Rate Lake  Distribution: W.Rydell Sam					
#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  21  Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake  Distribution: W.Rydell Sam					
#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 X Payment System Rate Average Nursing Home Rate Lake  Distribution:  W.Rydell Sam					
#652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  21  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Lake  Distribution:  W.Rydell Sam					
#652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  21  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Lake  Distribution:  W.Rydell Sam					
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  21  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Lake  Distribution:  W.Rydell Sam					
#656 General Inpatient Care  #658 Room and Board  21  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Lake  Distribution:  W.Rydell Sam					
#658 Room and Board  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Lake  Distribution:  W.Rydell Sam					
Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Lake  Distribution:  W.Rydell Sam					
Budget X P Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Lake  Distribution: W.Rydell Sam	6.54 2	18.66 09/01/2017			
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Lake  Distribution:  W.Rydell Sam					
Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Lake  Distribution:  W.Rydell Sam	ospective				
Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Lake  Distribution:  W.Rydell Sam	otal Prospective	<b>;</b>			
Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Lake  Distribution:  W.Rydell Sam	ospective Adju	sted for New costs			
X Payment System Rate To Average Nursing Home Rate Lake  Distribution:  W.Rydell Sam					
Average Nursing Home Rate  Lake  Distribution:  W.Rydell Sam	terim				
Lake  Distribution:  W.Rydell Sam	Total Interim				
Distribution: W.Rydell Sam	ettlement based	d on costs			
F: 1.0	-1 A.I				
Medicaid Cos		/ ٧			
Contract Management	Keimbursemei	nt Analysis			
Permanent File					
Program Development:					
For information Only (No Change in rate)					



087527900 - 2017/09

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

Tallahassee, Florida 32308

idowon i loopio	ewell Hospice & Palliative Care		Provider Number : 087527900			
			Date: 08/31/2017			
955 Rand Blvd			Fiscal Yea	ar End	: N/A	
Sarasota, FL 34	1238		Audit Stat	us : N/	А	
Provider Type:			Current	Rate	New Rate	Effective Date
Rur	al Health Clinic					
Swi	ng-Bed Provider					
Fed	lerally Qualified Health Centers					
X Hos	spice 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		2	222.70	226.70	09/01/2017
Basis :		Rate	Туре :			
	Budget	;	X	Prospe	ective	
	Unaudited costs			Total F	Prospective	
	Desk audited costs			Prospe	ective Adjusted f	or New costs
	Field audited costs	-				
	Medicare - Prospective		-	Interim		
	Medicare - Prospective			IIILEIIII	I	
X	Payment System Rate				nterim	
X	•			Total I		osts
	Payment System Rate  Average Nursing Home Rate  Sarasota			Total I Settler	nterim ment based on c	
Х	Payment System Rate  Average Nursing Home Rate  Sarasota  on:		/.Rydell Sa	Total I Settler	nterim	R
X  Distributi Fiscal Age	Payment System Rate  Average Nursing Home Rate  Sarasota  on:		/.Rydell Sa	Total I Settler	nterim ment based on c Administrator	R
X  Distributi Fiscal Age	Payment System Rate Average Nursing Home Rate Sarasota  on: nt anagement		/.Rydell Sa	Total I Settler	nterim ment based on c Administrator	R



087528700 - 2017/09

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

Tallahassee, Florida 32308

lospice of the T	reasure Coast		Provider Number : 087528700				
			Date : 08	3/31/20	17		
201 SE Indian S	St		Fiscal Year End : N/A				
Stuart, FL 34997	7		Audit Sta	atus : N	/A		
rovider Type:			Curren	t Rate	New Rate	Effective Date	
Rura	al Health Clinic						
Swir	ng-Bed Provider						
Fede	erally Qualified Health Centers						
X Hos	pice Provider						
#	#651 Routine Home Care (1-60)						
#	#651a Routine Home Care (61 +)						
#	#652 Continuous Home Care						
#	#652a Continuous Home Care - SIA  #655 Inpatient Respite Care  #656 General Inpatient Care						
#							
#	#658 Room and Board			216.90	220.01	09/01/2017	
Basis :		Rate	Type :				
	Budget		Х	Prosp	ective		
	Unaudited costs			Total	Prospective		
	Desk audited costs			Prosp	ective Adjusted t	for New costs	
	Field audited costs			_			
	Medicare - Prospective			Interin –	n		
X	Payment System Rate			_	Interim		
X	Average Nursing Home Rate St Lucie			Settle -	ment based on c	costs	
Distribution	<u>on:</u>	V	V.Rydell S	Samuel,	Administrator		
Fiscal Agen	t	<u> </u>	Medicaid C	Cost Rei	mbursement An	alysis	
Contract Ma	anagement						
Permanent	File						
Program De	evelopment:						
Fo	or information Only (No Change in rate)	)					



087529500 - 2017/09

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

			Medicaid Reimbursement Per Di	<u>iem Rates for</u>	Non-Ins	titution	ial Providers			
Но	spice by	the Sea			Provider	Provider Number : 087529500				
					Date : 0	Date: 08/31/2017				
15	31 W. P	almetto P	ark Road		Fiscal Y	ear End	: N/A			
Во	ca Rato	n, FL 334	1863395		Audit Sta	atus : N	/A			
Pro	ovider T	уре:			Curren	t Rate	New Rate	Effective Date		
		Rural H	ealth Clinic							
		Swing-l	Bed Provider							
		Federal	ly Qualified Health Centers							
	X	Hospic	e Provider							
		#65	1 Routine Home Care (1-60)							
		#65	1a Routine Home Care (61 +)							
		#65	2 Continuous Home Care							
		#65	2a Continuous Home Care - SIA							
		#65	5 Inpatient Respite Care							
		#65	6 General Inpatient Care							
		#65	8 Room and Board			227.78	229.2	09/01/2017		
	Ва	sis :	]	Rate	Type :	7				
,			Budget	-	X	Prosp	ective			
•			Unaudited costs			_ Total	Prospective			
•			Desk audited costs			Prosp	ective Adjusted	d for New costs		
			Field audited costs							
			Medicare - Prospective			Interir	n			
		X	Payment System Rate			Total	Interim			
			Average Nursing Home Rate			Settle	ment based on	costs		
•			Palm Beach			_				
	Distr	ibution:			V.Rydell S	Samuel,	Administrator			
	Fiscal	l Agent		_			imbursement A	′∖ .nalysis		
	Contr	act Mana	gement					•		
	Perma	anent File	•							
	Progr	am Devel	opment:							

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



087532500 - 2017/09

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

Tallahassee, Florida 32308

Date: 08/31/2017 Fiscal Year End: N/A Audit Status: N/A Provider Type:  Current Rate New Rate Effective Date Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider #651 Routine Home Care (1-60) #651a Routine Home Care (61 +) #652 Continuous Home Care #652 Continuous Home Care #658 Room and Board  Provider Type:  Summary Type:  Medicaid Cost Reimbursement Analysis  Medicaid Cost Reimbursement Analysis	lospice of the F	lorida Suncoast		Provider Number : 087532500				
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  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  Rate Type:  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Pinellas  Piscal Agent  Contract Management  Permanent File  Provider Type:  Current Rate New Rate  Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date   Effective Date    Effective Date    Effective Date    Effective Date				Date : 08	3/31/20	17		
Provider Type:  Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  X Hospice Provider  #651 Routine Home Care (1-60)  #652 Continuous Home Care  #652 Continuous Home Care  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  213.86  215.35  O9/01/2017   Basis:  Rate Type:  X Prospective  Total Prospective  Prospective Adjusted for New costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Pinellas  Distribution:  Fiscal Agent  Contract Management  Permanent File	771 Rosevelt B	lvd		Fiscal Ye	Fiscal Year End : N/A			
Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers  X Hospice Provider  #651 Routine Home Care (61 +) #652 Continuous Home Care #652a Continuous Home Care #656 General Inpatient Care #658 Room and Board  Prospective  Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Pinellas  Pistribution: Fiscal Agent Contract Management Permanent File	Clearwater, FL	337603770		Audit Sta	atus : N	/A		
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 #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  213.86  215.35  09/01/2017     Rate Type:   X Prospective     Unaudited costs   Total Prospective     Desk audited costs   Prospective Adjusted for New costs     Average Nursing Home Rate   Pinellas     Distribution: Fiscal Agent   W.Rydell Samuel, Administrator   Medicaid Cost Reimbursement Analysis     W.Rydell Samuel, Administrator   Medicaid Cost Reimbursement Analysis     Medicaid Cost Reimbursement Analysis     Contract Management   Permanent File	Provider Type:			Curren	t Rate	New Rate	Effective Date	
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  #658 Room and Board  213.86  215.35  09/01/2017     Rate Type:	Rura	al Health Clinic						
X Hospice Provider  #651 Routine Home Care (1-60)  #651a Routine Home Care (61 +)  #652 Continuous Home Care  #652a Continuous Home Care - SIA  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board  213.86  215.35  09/01/2017     Rate Type:   X Prospective   Total Prospective   Desk audited costs   Prospective Adjusted for New costs     Medicare - Prospective   Interim     X Payment System Rate   Settlement based on costs     Distribution: Fiscal Agent   W.Rydell Samuel, Administrator     Fiscal Agent   Medicaid Cost Reimbursement Analysis     Contract Management   Permanent File	Swii	ng-Bed Provider						
#651 Routine Home Care (1-60) #651a Routine Home Care (61 +) #652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  213.86  215.35   Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Pinellas  Piscal Agent  Contract Management Permanent File  #651 Routine Home Care (1-60) #652 Continuous Home Care (61 +) #652 Continuous Home Care (81 +) #653 Routinuous Home Care (81 +) #654 Routinuous Home Care (81 +) #655 Routinuous Home Care (81 +) #652 Continuous Home Care (81 +) #652 Continuous Home Care (81 +) #652 Routinuous Home Care (81 +) #653 Routinuous Home Care (81 +) #655 Routinuous Home Care (81 +) #655 Routinu	Fed	erally Qualified Health Centers						
#651a Routine Home Care (61 +) #652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  213.86	X Hos	pice Provider						
#652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  213.86  215.35  09/01/2017     Basis:	#	#651 Routine Home Care (1-60)						
#652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  213.86  215.35  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Pinellas  Piscal Agent  Contract Management Permanent File  #658 Room and Board  213.86  215.35  09/01/2017  X Prospective  Total Prospective  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	#	#651a Routine Home Care (61 +)						
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  213.86  215.35  09/01/2017    Basis:	‡	#652 Continuous Home Care						
#656 General Inpatient Care  #658 Room and Board  213.86  215.35  09/01/2017    Basis:	‡	#652a Continuous Home Care - SIA						
#658 Room and Board  213.86  215.35  09/01/2017    Basis :	‡	#655 Inpatient Respite Care						
Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Pinellas  Piscal Agent  Contract Management  Permanent File  Rate Type:  X Prospective  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis	7	#656 General Inpatient Care						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  X Prospective Total Prospective Prospective Adjusted for New costs  Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	#	#658 Room and Board			213.86	215.35	09/01/2017	
Unaudited costs  Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  Total Prospective Prospective Adjusted for New costs  Settlemin  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	Basis :		Rate	Туре :				
Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  Prospective Adjusted for New costs  Interim Settlement Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Budget		Х	Prosp	ective		
Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  Field audited costs  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis		Unaudited costs			Total	Prospective		
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Desk audited costs			Prosp	ective Adjusted f	for New costs	
X Payment System Rate Average Nursing Home Rate Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Field audited costs						
Average Nursing Home Rate Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Medicare - Prospective			Interin	n		
Pinellas  Distribution: Fiscal Agent Contract Management Permanent File  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	X	Payment System Rate		Total Interim				
Distribution:  Fiscal Agent Contract Management Permanent File  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Average Nursing Home Rate			Settle	ment based on c	costs	
Fiscal Agent Medicaid Cost Reimbursement Analysis  Contract Management  Permanent File		Pinellas						
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File	<u>Distribution</u>	<u>on:</u>		W.Rydell S	Samuel,	Administrator		
Permanent File	Fiscal Ager	nt	_				/ \	
	Contract Ma	anagement						
Program Development:	Permanent	File						
	Program De	evelopment:						



087535000 - 2017/09

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

Tallahassee, Florida 32308

ppe Hospice & Palliative Care		Provider Number : 087535000				
		Date: 08/31/2017				
70 Health Park Circle		Fiscal Year End : N/A				
. Myers, FL 339083617		Audit Sta	atus : N	/A		
ovider Type:		Current	Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider						
Federally Qualified Health Centers						
X Hospice Provider						
#651 Routine Home Care (1-60)						
#651a Routine Home Care (61 +)						
#652 Continuous Home Care						
#652a Continuous Home Care - SIA						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board			223.74	224.37	09/01/2017	
Basis:	Rate	Type :	]			
Budget		Х	Prosp	ective		
Unaudited costs			Total I	Prospective		
Desk audited costs			Prosp	ective Adjusted f	for New costs	
Field audited costs			_			
Medicare - Prospective			Interin	n		
X Payment System Rate		Total Interim				
Average Nursing Home Rate			Settle	ment based on o	costs	
Lee						
				Δdministrator		
<u>Distribution:</u>	V	V.Rydell S	samuel,	Administrator		
<u>Distribution:</u> Fiscal Agent	_	-		mbursement An	/ 1	
	_	-			/ •	
Fiscal Agent	_	-			/ 1	



087536800 - 2017/09

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

Tallahassee, Florida 32308

ospice of Citrus County		Provider Number : 087536800				
		Date : 08	3/31/20	17		
O Box 641270		Fiscal Year End : N/A				
everly Hills, FL 34464		Audit Sta	atus : N	/A		
ovider Type:		Curren	t Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider						
Federally Qualified Health Centers						
X Hospice Provider						
#651 Routine Home Care (1-60)						
#651a Routine Home Care (61 +)						
#652 Continuous Home Care						
#652a Continuous Home Care - SIA						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board			206.69	206.64	09/01/2017	
Basis:	Rate	Type :				
Budget		Х	Prosp	ective		
Unaudited costs			Total	Prospective		
Desk audited costs			Prosp	ective Adjusted f	or New costs	
Field audited costs						
Medicare - Prospective			Interin	n		
X Payment System Rate		Total Interim				
Average Nursing Home Rate			Settle	ment based on o	osts	
Citrus						
<u>Distribution:</u>	V	V.Rydell S	Samuel,	Administrator		
Fiscal Agent	_	-		imbursement An	alysis	
Contract Management						
Contract management						
Permanent File						



087537600 - 2017/09

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

Tallahassee, Florida 32308

vow Hospice			Provider	Provider Number : 087537600			
			Date : 08	8/31/20	17		
095 Whippoorw	ill Lane		Fiscal Year End : N/A				
laples, FL 3410	)5		Audit Sta	atus : N	/A		
rovider Type:			Curren	t Rate	New Rate	Effective Date	
Rura	ll Health Clinic						
Swir	ng-Bed Provider						
Fede	erally Qualified Health Centers						
X Hos	oice Provider						
#	651 Routine Home Care (1-60)						
#	651a Routine Home Care (61 +)						
#	#652 Continuous Home Care #652a Continuous Home Care - SIA						
#							
#	655 Inpatient Respite Care						
#656 General Inpatient Care							
#	658 Room and Board			216.65	226.50	09/01/2017	
Basis :		Rate	Type:				
	Budget		X	Prosp	ective		
	Unaudited costs			Total	Prospective		
	Desk audited costs			Prosp	ective Adjusted f	or New costs	
	Field audited costs			_			
	Medicare - Prospective			Interir	n		
X	Payment System Rate	,	Total Interim				
X	Average Nursing Home Rate Collier			Settle -	ment based on c	osts	
Distribution	<u> </u> <u>                                   </u>	V	V.Rydell S	Samuel,	Administrator		
Fiscal Agen	t	<u></u>	/ledicaid C	Cost Re	imbursement Ana	alysis	
Contract Ma	anagement						
Permanent	File						
Program De	evelopment:						
Fo	or information Only (No Change in rate)						



087538400 - 2017/09

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

Tallahassee, Florida 32308

Hospice of	Hospice of Okeechobee			Provider Number : 087538400			
			Date: 08/31/2017				
411 SE 4th	411 SE 4th Street			Fiscal Y	ear End	: N/A	
Okeechob	ee, FL	34974		Audit St	atus : N	/A	
Provider 1	Provider Type:			Curren	t Rate	New Rate	Effective Date
	Rural	Health Clinic					
	Swing	g-Bed Provider					
	Feder	rally Qualified Health Centers					
Х	Hosp	ice Provider					
	#6	551 Routine Home Care (1-60)					
	#6	651a Routine Home Care (61 +)					
	#6	552 Continuous Home Care					
	#6	552a Continuous Home Care - SIA					
	#6	555 Inpatient Respite Care					
	#6	556 General Inpatient Care					
	#6	658 Room and Board			255.39	233.06	09/01/2017
Ва	asis :		Rate	Type :	7		
L		Budget		X	⊐ Prosp	ective	
		Unaudited costs			– Total I	Prospective	
		Desk audited costs			– Prosp	ective Adjusted f	or New costs
		Field audited costs			_		
		Medicare - Prospective			– Interin	n	
	Χ	Payment System Rate			– Total I	Interim	
	Х	Average Nursing Home Rate			Settle	ment based on c	osts
		Okeechobee					
Distr	ributio			W.Rydell S	Samuel,	Administrator	
Fisca	l Agent		_			mbursement Ana	
Contr	ract Mar	nagement					
Perm	anent F	ile					
Progr	ram Dev	velopment:					
	For	information Only (No Change in rate)					



087569400 - 2017/09

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

Tallahassee, Florida 32308

Miami Lakes, FL 33014  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  #655 Inpatient Respite Care  #656 General Inpatient Care  #658 Room and Board   Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective	e: 08/31/20 <sup>2</sup> al Year End it Status: No	: N/A /A New Rate	Effective Date  09/01/2017
Audiami Lakes, FL 33014  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  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective	it Status : N	New Rate	
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 #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective	rrent Rate	New Rate	
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  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective			
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  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective	235.78	3 242.26	09/01/2017
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  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective	235.78	3 242.26	09/01/2017
#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	235.78	3 242.26	09/01/2017
#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	235.78	3 242.26	09/01/2017
#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	235.78	3 242.26	09/01/2017
#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	235.78	3 242.26	09/01/2017
#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	235.78	3 242.26	09/01/2017
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective	235.78	242.26	09/01/2017
#656 General Inpatient Care #658 Room and Board  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective	235.78	242.26	09/01/2017
#658 Room and Board  Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective	235.78	242.26	09/01/2017
Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective	235.78	242.26	09/01/2017
Budget X Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective			
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective	<b>:</b>		
Desk audited costs  Field audited costs  Medicare - Prospective	Prosp	ective	
Field audited costs  Medicare - Prospective	Total I	Prospective	
Medicare - Prospective	Prosp	ective Adjusted f	for New costs
•			
	Interin	n	
X Payment System Rate	Total	Interim	
Average Nursing Home Rate  Dade	Settle	ment based on c	costs
<u>Distribution:</u> W.Rvo	lell Samuel.	Administrator	
		imbursement Ana	_ <u>/</u> ∨ alysis
Contract Management			•
Permanent File			
Program Development:			



087570800 - 2017/09

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

fulfside Regional Hospice		Provider Number : 08/5/0800					
			Date : 08/	/31/201	17		
3111 Trouble Creek Rd			Fiscal Year End : N/A				
New Port Richey, FL	34653	Audit Status : N/A					
rovider Type:		Current	Rate	New Rate	Effective Date		
Rural H	ealth Clinic						
Swing-F	Bed Provider						
Federal	ly Qualified Health Centers						
X Hospice Provider							
#651	#651 Routine Home Care (1-60)						
#651	#651a Routine Home Care (61 +)						
#652	2 Continuous Home Care						
#652	2a Continuous Home Care - SIA						
#65	5 Inpatient Respite Care						
#656	6 General Inpatient Care						
#658 Room and Board			210.90 217.51 09/01/20				
Basis :		Rate	Туре :				
	Budget		X	Prosp	ective		
	Unaudited costs			Total I	Prospective		
	Desk audited costs			Prosp	ective Adjusted f	or New costs	
	Field audited costs						
	Medicare - Prospective			Interin	n		
X	Payment System Rate			Total I	nterim		
	Average Nursing Home Rate			Settle	ment based on c	osts	
	Pasco						
<u>Distribution:</u>		V	W.Rydell Sa	amuel,	Administrator		
		<u> </u>	Medicaid Co	ost Rei	mbursement Ana	alysis	
Fiscal Agent							
Fiscal Agent Contract Manag	gement						
_							



150000700 - 2017/09

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

Tallahassee, Florida 32308

ospice of Gold Coast		Provider Number : 150000700				
		Date : 08	3/31/20	17		
101 W. Commercial Blvd			Fiscal Year End : N/A			
Lauderdale, FL 33309	Audit Status : N/A					
ovider Type:		Curren	t Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider						
Federally Qualified Health Centers						
X Hospice Provider						
#651 Routine Home Care (1-60)						
#651a Routine Home Care (61 +)						
#652 Continuous Home Care						
#652a Continuous Home Care - SIA						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board		203.10 239.16 09/01/201				
Basis:	Rate	Type :				
Budget		X	Prosp	ective		
Unaudited costs			_ Total	Prospective		
Desk audited costs			Prosp	ective Adjusted f	or New costs	
Field audited costs			_			
Medicare - Prospective			Interin	n		
X Payment System Rate			Total	Interim		
Average Nursing Home Rate			Settle	ment based on c	osts	
Broward						
<u>Distribution:</u>	V	V.Rydell S	Samuel,	Administrator		
Fiscal Agent	_	-		imbursement Ana	alysis	
Contract Management						
Contract Management						
Permanent File						



150001500 - 2017/09

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

		Micalcala Relinbursement i er bie	iii itates ie	<u> </u>	Stitution	ai i i ovidei 3		
Hospice Care of South FI.			Provide	Provider Number : 150001500				
			Date : 0	Date: 08/31/2017				
72	70 N.W. 12th St	., PH#6		Fiscal Y	ear End	: N/A		
Mi	ami, FL 33126			Audit St	tatus : N	/A		
Pr	ovider Type:			Currer	nt 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 (1-60)						
	#6	51a Routine Home Care (61 +)						
	#6	52 Continuous Home Care						
	#6	52a Continuous Home Care - SIA						
	#6	55 Inpatient Respite Care						
	#6	56 General Inpatient Care						
	#6	58 Room and Board			232.82	226.04	09/01/2017	
	Basis :		Rate	Type :	7			
		Budget	L	Х	 Prosp	ective		
		Unaudited costs			Total I	Prospective		
		Desk audited costs			— Prosp	ective Adjusted f	for New costs	
		Field audited costs						
		Medicare - Prospective			_ Interin	n		
	Χ	Payment System Rate			Total I	Interim		
		Average Nursing Home Rate			Settle	ment based on o	costs	
		Dade						
	Distribution	<u>.</u> <u>I:</u>	\	W.Rydell :	Samuel.	Administrator		
	Fiscal Agent		_			mbursement An	 alysis	
	Contract Man	agement					•	
	Permanent Fi	le						
	Program Dev	elopment:						
	For	information Only (No Change in rate)						



150003100 - 2017/09

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

Tallahassee, Florida 32308

lorida Hospital Hospice Care		Provider Number: 150003100				
			Date : 08	3/31/20	17	
70 W. Granada Blvd			Fiscal Year End : N/A			
rmond Beach, F	L 32174		Audit Status : N/A			
rovider Type:	ovider Type:		Current	Rate	New Rate	Effective Date
Rural	Health Clinic					
Swin	g-Bed Provider					
Fede	rally Qualified Health Centers					
X Hosp	X Hospice Provider #651 Routine Home Care (1-60)					
#(						
#(	#651a Routine Home Care (61 +)					
#(	652 Continuous Home Care					
#6	652a Continuous Home Care - SIA					
#6	655 Inpatient Respite Care					
#(	656 General Inpatient Care					
#658 Room and Board				227.25	225.10	09/01/2017
Basis :		Rate	Туре :	1		
	Budget		Х	Prosp	ective	
	Unaudited costs			Total	Prospective	
	Desk audited costs			Prosp	ective Adjusted f	for New costs
	Field audited costs					
	Medicare - Prospective			Interin	n	
X	Payment System Rate		Total Interim			
	Average Nursing Home Rate			Settle	ment based on c	costs
	Volusia					
Distributio	<u>n:</u>	\	N.Rydell S	amuel,	Administrator	
Fiscal Agent		_			imbursement An	/ •
Contract Mai	nagement					-
Permanent F	File					
Program Dev	velopment:					
For	information Only (No Change in rate)	)				
	·					



150009100 - 2017/09

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	/31/201	17	
PO Box 2127			Fiscal Year End : N/A			
than, AL 36302			Audit Sta	tus : N	'A	
rovider Type:		Current	Rate	New Rate	Effective Date	
Rural Hea	Ith Clinic					
Swing-Bed	d Provider					
Federally	Qualified Health Centers					
X Hospice P	Provider					
#651 R	Routine Home Care (1-60)					
#651a	Routine Home Care (61 +)					
#652 C	Continuous Home Care					
#652a	Continuous Home Care - SIA					
#655 Ir	npatient Respite Care					
#656 G	Seneral Inpatient Care					
#658 R	Room and Board			206.21	207.01	09/01/2017
Basis :		Rate	Type :	]		
 Bı	udget		X	ן Prosp	ective	
Uı	naudited costs			- Total I	Prospective	
D	esk audited costs	<u> </u>		- Prosp	ective Adjusted f	or New costs
Fi	eld audited costs			-		
M	edicare - Prospective	•		- Interin	n	
X Pa	ayment System Rate			Total I	nterim	
X Av	verage Nursing Home Rate			Settle	ment based on c	osts
	Вау			-		
Distribution:			V.Rvdell S	amuel.	Administrator	
Fiscal Agent						_ <u>/'</u> \alvsis
Contract Manager	ment					,
Permanent File						
Program Develop	ment:					
Distribution: Fiscal Agent Contract Manager Permanent File Program Develope	Bay			amuel,	Administrator mbursement Ana	K



150013900 - 2017/09

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						
Attn: Ange	Attn: Angela Santana			Date : 0	Date: 08/31/2017			
100 S. Bisc	cayne B	lvd		Fiscal Y	ear End	: N/A		
Miami, FL	33131			Audit St	atus : N	/A		
Provider Type:		Curren	t Rate	New Rate	Effective Date			
	Rural	Health Clinic						
	Swing	-Bed Provider						
	Feder	ally Qualified Health Centers						
Х	Hospi	ce Provider						
	#6	51 Routine Home Care (1-60)						
	#6	51a Routine Home Care (61 +)						
	#6	52 Continuous Home Care						
	#6	52a Continuous Home Care - SIA						
	#6	55 Inpatient Respite Care						
	#6	56 General Inpatient Care						
	#6	58 Room and Board			222.87	227.33	09/01/2017	
Ва	sis :	7	Rate	Type :	7			
		l Budget	L	X	⊐ Prosp	ective		
		Unaudited costs			– Total	Prospective		
		 Desk audited costs			– Prosp	ective Adjusted f	or New costs	
		— Field audited costs			_			
		— Medicare - Prospective			– Interin	n		
	Χ	Payment System Rate			_ Total	Interim		
-		Average Nursing Home Rate			_ Settle	ment based on c	osts	
		Palm Beach			_			
Distr	ibutior		V	V.Rydell S	Samuel,	Administrator		
Fisca	l Agent		_	-		imbursement Ana		
Contr	act Man	agement					•	
Perm	anent Fi	ile						
Progr	am Dev	elopment:						
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150021000 - 2017/09

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			
		Date : 08	3/31/201	7	
115 South Missouri Ave		Fiscal Year End : N/A			
Lakeland, FL 33815		Audit Sta	atus : N/	Ά	
rovider Type:		Current	Rate	New Rate	Effective Date
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care (1-60)					
#651a Routine Home Care (61 +)					
#652 Continuous Home Care					
#652a Continuous Home Care - SIA					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board			204.11	209.39	09/01/2017
Basis:	Rate	Туре :	7		
Budget		Х	Prospe	ective	
Unaudited costs			Total F	Prospective	
Desk audited costs			Prospe	ective Adjusted f	or New costs
Field audited costs			_		
Medicare - Prospective			_ Interim	า	
X Payment System Rate			Total I	nterim	
Average Nursing Home Rate	-		Settler	ment based on c	osts
Polk			_		
<u>Distribution:</u>	1	W.Rydell S	Samuel,	Administrator	
Fiscal Agent	<u> </u>	Medicaid C	ost Rei	mbursement Ana	alysis
Contract Management					
Permanent File					
Program Development:					
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150022800 - 2017/09

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

Tallahassee, Florida 32308

fePath Hospice, Inc.			Provider Number : 150022800				
			Date : 08	3/31/20	17		
010 W. Azeele S	10 W. Azeele Street			Fiscal Year End : N/A			
ampa, FL 3360	9		Audit Sta	udit Status : N/A			
rovider Type:			Current	Rate	New Rate	Effective Date	
Rura	I Health Clinic						
Swin	g-Bed Provider						
Fede	rally Qualified Health Centers						
X Hosp	X Hospice Provider						
#	651 Routine Home Care (1-60)						
#651a Routine Home Care (61 +)							
#	#652 Continuous Home Care						
#	652a Continuous Home Care - SIA						
#	655 Inpatient Respite Care						
#656 General Inpatient Care							
#658 Room and Board				215.87	216.28	09/01/2017	
Basis :		Rate	Туре :				
	Budget		Х	Prosp	ective		
	Unaudited costs			Total	Prospective		
	Desk audited costs			Prosp	ective Adjusted f	for New costs	
	Field audited costs						
	Medicare - Prospective			Interir	n		
X	Payment System Rate			Total	Interim		
	Average Nursing Home Rate			Settle	ment based on c	costs	
	Hillsborough						
Distributio	<u>n:</u>	1	W.Rydell S	amuel,	Administrator		
Fiscal Agent		_			imbursement An	_ <u>/</u> ∨ alysis	
Contract Ma	nagement					-	
Permanent F	File						
Program De	velopment:						
Fo	r information Only (No Change in rate	<del>)</del> )					