

000141800 - 2019/10

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 H	lealth Care and Hospice		Date : 10	Date: 10/01/2019			
813	30 Baymeadow	s Way W		Fiscal Ye	ear End	: N/A		
Jac	cksonville, FL 3	22564409		Audit Sta	atus : N/	Ά		
Pro	ovider Type:			Curren	t Rate	New Rate	Effective Date	
	Rural	Health Clinic						
	Swing	g-Bed Provider						
	Feder	ally Qualified Health Centers						
	X Hospi	ce Provider						
	#6	51 Routine Home Care (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						
#658 Room and Board					198.98	204.34	10/01/2019	
	Basis :		Rate	Type :	1			
		Budget		X	⊐ Prosp∈	ective		
•		Unaudited costs			Total Prospective			
•		Desk audited costs			Prospe	ective Adjusted f	or New costs	
•		Field audited costs			_			
•		Medicare - Prospective			_ Interim	า		
	Χ	Payment System Rate			Total I	nterim		
•		Average Nursing Home Rate			Settler	ment based on c	osts	
•		 Duval			_			
	Distribution	<u>1:</u>	l V	V.Rydell S	Samuel,	Administrator		
	Fiscal Agent		_			mbursement Ana	alysis	
	Contract Man	nagement					-	
	Permanent F	ile						
	Program Dev	relopment:						
	For	information Only (No Change in rate)					



000602600 - 2019/10

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

Tallahassee, Florida 32308

Vitas Health	ncare C	Corp of Central Florida	Vitas Healthcare Corp of Central Florida			Provider Number : 000602600			
Attn: Angela	a Santa	ına		Date: 1	0/01/20	19			
100 S. Bisc	ayne B	lvd		Fiscal Y	ear End	: N/A			
Miami, FL	33131			Audit St	atus : N	/A			
Provider Ty	уре:			Curren	t Rate	New Rate	Effective Date		
	Rural	Health Clinic							
	Swing	-Bed Provider							
	Federa	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			211.79	213.41	10/01/2019		
Bas	sis :		Rate	Type :	7				
		 Budget		Χ	⊐ Prosp	ective			
		Unaudited costs	<u> </u>		– Total	Prospective			
		Desk audited costs			– Prosp	ective Adjusted	for New costs		
		— Field audited costs			_				
		Medicare - Prospective			_ Interir	n			
>	<	Payment System Rate			_ Total	Interim			
		Average Nursing Home Rate			Settle	ment based on o	costs		
		 Brevard			_				
<u>Distri</u>	bution	<u>ı:</u>	V	V.Rydell S	Samuel,	Administrator			
Fiscal	Agent		_			imbursement An			
Contra	ct Man	agement					•		
Perma	nent Fi	le							
Progra	m Dev	elopment:							
	For	information Only (No Change in rate))						



001572800 - 2019/10

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

Tallahassee, Florida 32308

Odyssey Healthcare Miami-Dade	Provider Number : 001572800					
		Date : 10	0/01/201	19		
6161 Blue Lagoon Drive, Suite 170		Fiscal Ye	ear End	: N/A		
Miami, FL 33126-2045		Audit Sta	atus : N/	'A		
Provider 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			210.93	212.87	10/01/2019	
Basis:	Rate	Туре :	1			
Budget	,	X	⊐ Prosp	ective		
Unaudited costs			– Total I	Prospective		
Desk audited costs			Prosp	ective Adjusted	for New costs	
Field audited costs			_			
Medicare - Prospective			_ Interin	n		
X Payment System Rate			Total I	nterim		
Average Nursing Home Rate			Settle	ment based on	costs	
Broward			_			
<u>Distribution:</u>	W	'.Rydell S	Samuel,	Administrator		
Fiscal Agent				mbursement Ar	nalysis	
Contract Management					•	
Permanent File						
Program Development:						
For information Only (No Change in rate)						



001636100 - 2019/10

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

Tallahassee, Florida 32308

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	Effective Date
Provider Type: Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider #651 Routine Home Care (1-60) #652a Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Audit Status: N/A	Effective Date
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 #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Current Rate New Rate Effective Remaid Respite Care #1000	Effective Date
Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider #651 Routine Home Care (1-60) #651a Routine Home Care (61 +) #652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 214.14 213.94 10/0	Effective Date
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 214.14 213.94 10/0	
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 214.14 213.94 10/0	
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 214.14 213.94 10/0	
#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 214.14 213.94 10/0	
#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 214.14 213.94 10/0	
#652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 214.14 213.94 10/0	
#652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 214.14 213.94 10/0	
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 214.14 213.94 10/0	
#656 General Inpatient Care #658 Room and Board 214.14 213.94 10/0	
#658 Room and Board 214.14 213.94 10/0	
Basis : Rate Type :	10/01/2019
Budget X Prospective	
Unaudited costs Total Prospective	
Desk audited costs Prospective Adjusted for New c	New costs
Field audited costs	
Medicare - Prospective Interim	
X Payment System Rate Total Interim	
X Average Nursing Home Rate Settlement based on costs	sts
Escambia	
<u>Distribution:</u> W.Rvdell Samuel, Administrator	
<u>Distribution:</u> W.Rydell Samuel, Administrator	 F
Fiscal Agent W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	/sis
	ysis
Fiscal Agent Medicaid Cost Reimbursement Analysis	F /sis
Fiscal Agent Contract Management Medicaid Cost Reimbursement Analysis	ysis



002782200 - 2019/10

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

Tallahassee, Florida 32308

Seasons Hospic	easons Hospice and Palliative Care of Southern FL			Provider Number : 002782200					
			Date : 1	0/01/201	19				
5200 Northeast	2nd Avenue		Fiscal Y	ear End	: N/A				
Miami, FL 3240	5		Audit St	tatus : N/A					
Provider Type:			Curren	t Rate	New Rate	Effective Date			
Rur	al Health Clinic								
Swi	ng-Bed Provider								
Fed	erally 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	1							
	#655 Inpatient Respite Care								
;	#656 General Inpatient Care								
;			226.34	230.41	10/01/2019				
Basis:		Rate	Type :	7					
	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 I	Interim				
X	Average Nursing Home Rate Dade			Settlei –	ment based on c	costs			
	-		W.Rydell S	Samuel,	Administrator				
<u>Distributi</u>			W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis						
	nt	N	viedicaid (SOSI KEI	mbarsement An	,			
Fiscal Ager	nt anagement	ľ	viedicaid (JUST KEI	mbarsement An	,			
Fiscal Ager	anagement	ľ	viedicaid (JOST KEI	moursement Air	,			



003815300 - 2019/10

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

Tallahassee, Florida 32308

НС	R Manor Care o	of Florida III, Inc.		Provider Number : 003815300					
Hea	artland Hospice	Services - Plantation		Date : 1	0/01/201	19			
150	S. Pine Island	Road, Suite 200		Fiscal Y	ear End	: N/A			
Pla	ntation, FL 333	242695		Audit St	atus : N	'A			
Pro	vider Type:			Curren	t Rate	New Rate	Effective Date		
	Rural I	Health Clinic							
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	X Hospic	ce Provider							
	#65	51 Routine Home Care (1-60)							
	#65	51a Routine Home Care (61 +)							
	#65	52 Continuous Home Care							
	#65	52a Continuous Home Care - SIA							
	#65	55 Inpatient Respite Care							
	#65	56 General Inpatient Care							
	#658 Room and Board				208.87	204.34	10/01/2019		
ſ	Basis :	7	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	nterim			
		Average Nursing Home Rate			Settle	ment based on c	osts		
		Broward							
	Distribution	<u>:</u>	Ι	V.Rydell S	Samuel,	Administrator			
	Fiscal Agent		_			mbursement An	alysis		
	Contract Mana	agement					•		
	Permanent Fil	le							
	Program Deve	elopment:							
	For i	nformation Only (No Change in rate)						



013656100 - 2019/10

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

Tallahassee, Florida 32308

Brevard HMA Hospice		Provider Number : 013656100				
Wuesthoff Health System Hospice		Date : 10	0/01/201	19		
8060 Spyglass Rd.		Fiscal Ye	ear End	: N/A		
Viera, FL 32940		Audit Sta	atus : N/	'A		
Provider 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			201.78	213.10	10/01/2019	
Basis:	Rate	Type :	1			
Budget	L	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		
Average Nursing Home Rate			Settle	ment based on c	osts	
Brevard						
<u>Distribution:</u>	V	V.Rydell S	Samuel,	Administrator		
Fiscal Agent	_			mbursement Ana	alysis	
Contract Management					•	
Permanent File						
Program Development:						



014043700 - 2019/10

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

Tallahassee, Florida 32308

ernando-Pasco Hospice			Provider Number: 014043700				
IPH Hospice			Date : 10	Date: 10/01/2019			
2107 Majestic	Blvd		Fiscal Year End : N/A				
ludson, FL			Audit Sta	itus : N	/A		
rovider Type:			Current	Rate	New Rate	Effective Date	
Rui	ral Health Clinic						
Sw	ing-Bed Provider						
Fed	derally 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	4					
	#655 Inpatient Respite Care						
	#656 General Inpatient Care						
			206.14	209.55	10/01/2019		
Basis :		Rate	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			Interin	n		
X	Payment System Rate			Total	Interim		
	Average Nursing Home Rate			Settle	ment based on c	costs	
	Pasco						
Distributi	i <u>on:</u>	_ I	W.Rydell S	amuel,	Administrator		
Fiscal Age	nt	_	-		imbursement An	/ •	
Contract M	lanagement						
Permanen	t File						
Program D	Pevelopment:						
F	or information Only (No Change in ra	te)					



014190001 - 2019/10

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

-	<u>Medicaid Reimbursement Per Die</u>	m Rates fo	ior non-institutional Providers					
	e Hospice of Miami Dade and the Fl	orida	Provider	Numbe	er : 014190001			
Keys			Date : 1	0/01/20	19			
200 Lanidex Plz Ste	2101		Fiscal Y	ear End	: N/A			
			Audit St	atus : N	/A			
Parsippany, NJ 070	J34-2740							
Provider Type:			Curren	t Rate	New Rate	Effective Date		
Rural H	lealth Clinic							
Swing-	Bed Provider							
Federa	lly 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			220.07	223.70	10/01/2019		
Basis :]	Rate	Type :	7				
	Budget		Х	⊐ Prosp	ective			
-	Unaudited costs		 Total Prospective					
-	Desk audited costs			– Prosp	ective Adjusted	or New costs		
	Field audited costs			_				
	Medicare - Prospective			_ Interin	n			
X	Payment System Rate			_ Total	Interim			
X	Average Nursing Home Rate			Settle	ment based on o	costs		
	Dade			_				
<u>Distribution:</u>	I	V	N.Rydell S	Samuel,	Administrator			
Fiscal Agent		N	Medicaid (Cost Re	mbursement An	alysis		
Contract Mana	gement							
Permanent File	9							
Program Deve	lopment:							
For ir	nformation Only (No Change in rate)							



015328000 - 2019/10

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

Tallahassee, Florida 32308

Seasons Hospice & Palliative Care Broward FL LLC		Provider Number : 015328000				
		Date : 10)/01/201	9		
1815 Griffin Rd Ste 410		Fiscal Ye	ear End	: N/A		
Dania Beach, Fl 33004		Audit Status : N/A				
Provider 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			226.96	205.73	10/01/2019	
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	า		
X Payment System Rate			Total I	nterim		
X Average Nursing Home Rate			Settler	ment based on c	osts	
Broward			_			
<u>Distribution:</u>	\	N.Rydell S	Samuel,	Administrator		
Fiscal Agent	1	Medicaid C	Cost Rei	mbursement Ana	alysis	
Contract Management						
Permanent File						
Program Development:						
For information Only (No Change in rate))					



015986100 - 2019/10

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

Tallahassee, Florida 32308

ovenant Hospice, Inc			Provider Number: 015986100				
			Date: 10/01/2019				
041 N. 12th			Fiscal Year End : N/A				
ensacola, FL 3	2504		Audit Sta	atus : N	/A		
rovider Type:			Current	t Rate	New Rate	Effective Date	
Rura	Il 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						
#		22	21.84	222.76	10/01/2019		
Basis :		Rate	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	osts	
	Escambia						
Distributio	<u>on:</u>	V	W.Rydell Samuel, Administrator				
Fiscal Agen	t	_			imbursement Ana	/ \	
Contract Ma	anagement						
Permanent	File						
Program De	evelopment:						
_	or information Only (No Change in rate	`					



016254400 - 2019/10

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

Tallahassee, Florida 32308

Odyssey Healthcare of Marion County			Provider Number : 016254400				
Kin	dred at Home-	Hospice		Date: 10	0/01/20	19	
130	00 N Semoran	Blvd Ste 210		Fiscal Ye	ear End	: N/A	
Orla	ando, FI 32807	7		Audit Sta	atus : N	/A	
Pro	vider 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)					
	#6	651a Routine Home Care (61 +)					
	#6	552 Continuous Home Care					
	#6	552a Continuous Home Care - SIA					
	#6	555 Inpatient Respite Care					
	#6	656 General Inpatient Care					
	#6	658 Room and Board			217.69	217.79	10/01/2019
ſ	Basis :		Rate	Type :	7		
L		 Budget	<u> </u>	X	⊐ Prosp	ective	
-		Unaudited costs			- Total	Prospective	
-		Desk audited costs			– Prosp	ective Adjusted	for New costs
-		Field audited costs			_		
-		Medicare - Prospective			– Interin	n	
	Χ	Payment System Rate			_ Total	nterim	
_	Х	Average Nursing Home Rate			_ Settle	ment based on o	costs
-		 Orange			_		
	Distribution	 <u>n:</u>	V	V.Rydell S	Samuel,	Administrator	
	Fiscal Agent		_			mbursement An	
	Contract Mar	nagement					-
	Permanent F	File					
	Program Dev	velopment:					
	For	information Only (No Change in rate))				



017287500 - 2019/10

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

	Medicaid Reimbursement Per Die	m Rates for	r Non-Ins	titutior	<u>nal Providers</u>				
Со	ompassionate Care Hospice of Lake & Sumter		Provider	Provider Number : 017287500					
			Date: 10/01/2019						
21	14 E Washington St Apt C		Fiscal Y	Fiscal Year End : N/A					
Mir	nneola, FI 34715		Audit St	atus : N	/A				
Pro	ovider Type:		Curren	t Rate	New Rate	Effective Da	ite		
	Rural Health Clinic								
	Swing-Bed Provider								
	Federally Qualified Health Centers								
	X Hospice Provider								
	#651 Routine Home Care (1-60)								
	#651a Routine Home Care (61 +)								
	#652 Continuous Home Care								
	#652a Continuous Home Care - SIA								
	#655 Inpatient Respite Care								
	#656 General Inpatient Care								
	#658 Room and Board			216.37	220.3	30 10/01/20	19		
	Basis :	Rate	Type :	7					
,	Budget		Х	Prosp	ective				
•	Unaudited costs			_ Total	Prospective				
•	Desk audited costs			Prosp	ective Adjuste	d for New costs			
	Field audited costs								
	Medicare - Prospective			Interir	n				
	X Payment System Rate			Total	Interim				
	X Average Nursing Home Rate			Settle	ment based or	costs			
	Lake								
	<u>Distribution:</u>	V	V.Rvdell 9	Samuel	Administrator				
Fiscal Agent					imbursement A	<i>r</i> v ∖nalvsis	—		
	Contract Management					,			
	Permanent File								
	Program Development:								

_ For information Only (No Change in rate)



019255800 - 2019/10

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

Tallahassee, Florida 32308

eartland Hospic	ces Services.		Provider Number : 019255800				
			Date : 1	0/01/20	19		
975 Sunset Dr S	Ste 301		Fiscal Year End : N/A				
outh Miami, FL	33143		Audit Sta	atus : N	/A		
rovider Type:			Curren	t Rate	New Rate	Effective Date	
Rura	ll 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				226.70	10/01/2019	
Basis :		Rate	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	
	Dade						
Distributio	<u>on:</u>	\ \	W.Rydell Samuel, Administrator				
Fiscal Agen	Fiscal Agent				imbursement An	alysis	
Contract Ma	Contract Management Permanent File Program Development: For information Only (No Change in rate)					-	
Permanent l							
Program De							
Fo							



024621400- 2019/10

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

Tallahassee, Florida 32308

easons Hospice & Palliative Care of Tampa		Provider Number : 024621400 Date : 10/01/2019					
1408 N West Shore Blvd Ste 260		Fiscal Year End : N/A					
Tampa, FL 33607		Audit Sta	Audit Status : N/A				
Provider 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			210.17	209.23	10/01/2019		
Basis :	Rate	Type:	7				
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	Interim			
Average Nursing Home Rate			Settle	ment based on c	osts		
Hillsborough			_				
<u>Distribution:</u>	V	V.Rydell S	Samuel,	Administrator	 F		
Fiscal Agent			Medicaid Cost Reimbursement Analysis				
Contract Management					•		
Permanent File							
Program Development:							
For information Only (No Change in rate)							



087000500 - 2019/10

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

Tallahassee, Florida 32308

Date: 10/01/2019 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 #658 Room and Board 203.44 209.25 10/01/2019 Rate Type:	lospice of I.R.C.	spice of I.R.C.			Provider Number : 087000500				
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 Indian River Piscal Agent Contract Management Permanent File Current Rate Refective 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 : 10	0/01/20	19			
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 #658 Continuous Home Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget Unaudited 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 Rural Health Clinic Current Rate New Rate Effective Date Effective Date Effective Date Aver Rate Indian New Rate Fifective Date Effective Date Fiscal Agent New Rate Effective Date Fiscal Agent Medicaid Cost Reimbursement Analysis	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 #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget Unaudited costs Unaudited 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	ero Beach, FL	32960		Audit Sta	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 203.44 209.25 10/01/2018 Basis:	Provider Type:			Current	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 203.44 209.25 Total Prospective Desk audited costs Prospective Adjusted for New costs	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 #658 Room and Board 203.44 209.25 Rate Type:	Swir	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 Basis :	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 Basis :	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 203.44 209.25 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 #652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #658 Room and Board 203.44 209.25 10/01/2019 X Prospective Total Prospective Interim Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	#	#651 Routine Home Care (1-60)							
#652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type :	#	#651a Routine Home Care (61 +)							
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 203.44 209.25 Basis:	#	#652 Continuous Home Care							
#656 General Inpatient Care #658 Room and Board 203.44 209.25 Basis:	#	#652a Continuous Home Care - SIA							
#658 Room and Board 203.44 209.25 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 Indian River Distribution: Fiscal Agent Contract Management Permanent File	#	#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	#	#658 Room and Board				209.25	10/01/2019		
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 Settlement based on costs 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 Indian River 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 Indian River 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 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	or 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	osts		
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File		Indian River							
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File	Distribution	<u>Distribution:</u> W		W.Rvdell Samuel, Administrator					
Permanent File	Fiscal Agen	Fiscal Agent					/ \		
	Contract Ma	Contract Management							
Program Development:	Permanent	Permanent File							
	Program De	evelopment:							



087246600 - 2019/10

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

Tallahassee, Florida 32308

Vitas Healthcare Co	itas Healthcare Corporation - Dade County		Provider Number: 087246600				
Attn: Angela Santana	a		Date : 10)/01/201	9		
100 S. Biscayne Blv	d		Fiscal Year End : N/A				
Miami, FL 33131			Audit Status : N/A				
Provider Type:			Current	Rate	New Rate	Effective Date	
Rural H	ealth Clinic						
Swing-E	Swing-Bed Provider Federally Qualified Health Centers						
Federal							
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						
#655	Inpatient Respite Care						
#656	General Inpatient Care						
#658	#658 Room and Board			232.45	228.17	10/01/2019	
Basis :		Rate	Type :	7			
	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	า		
X	Payment System Rate			Total I	nterim		
	Average Nursing Home Rate			Settle	ment based on c	osts	
	Dade			_			
Distribution:		V	V.Rydell S	Samuel,	Administrator	T	
Fiscal Agent	Fiscal Agent			ost Rei	mbursement Ana	alysis	
Contract Manag	gement						
Permanent File							
Program Devel	opment:						
For in							



087255500 - 2019/10

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

Tallahassee, Florida 32308

t. Francis Hosp	nce		Provider number: 087255500				
			Date: 10/01/2019				
250-B Grumma	an Place		Fiscal Year End : N/A				
tusville, FL 32	780		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			207.52	215.89	10/01/2019	
Basis :		Rate	Type :	1			
	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		
Х	Payment System Rate			Total I	nterim		
	Average Nursing Home Rate Brevard			Settle	ment based on c	osts	
Distribution	<u>on:</u>	V	W.Rydell Samuel, Administrator				
Fiscal Agent Contract Management			1edicaid C	Cost Rei	mbursement Ana	alysis	
Permanent	Permanent File						
Program Development: For information Only (No Change in rate)							



087256300 - 2019/10

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

Tallahassee, Florida 32308

Provider Number : 08/256300				
Date: 10/01/2019				
Fiscal Year End : N/A				
Audit Status : N/A				
New Rate	Effective Date			
214.9	7 10/01/2019			
ective				
Prospective				
ective Adjusted	for New costs			
า				
nterim				
ment based on	costs			
W.Rydell Samuel, Administrator				
Medicaid Cost Reimbursement Analysis				
	•			
_				



087407800 - 2019/10

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

Tallahassee, Florida 32308

ommunity Hosp	oice of Northeast		Date : 10/01/2019					
266 Sunbeam I	Road		Fiscal Year End : N/A					
acksonville, FL	32257		Audit Sta	Audit Status : N/A				
rovider Type:			Current	t Rate	New Rate	Effective Date		
Rura	al Health Clinic							
Swi	ng-Bed Provider							
Fed	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							
1	#656 General Inpatient Care							
;	#658 Room and Board				213.32	10/01/2019		
Basis :		Rate	Туре :	1				
	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 I	Interim			
	Average Nursing Home Rate			Settle	ment based on o	costs		
	Duval							
Distribution	<u>on:</u>	\	W.Rydell Samuel, Administrator					
Fiscal Ager	Fiscal Agent Contract Management				mbursement An	/ •		
Contract Ma								
Permanent	File							
Program De	evelopment:							
Fo	or information Only (No Change in rate	e)						
	· · · · · · · · · · · · · · · · · · ·							



087514700 - 2019/10

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

Tallahassee, Florida 32308

ospice of Martir	spice of Martin & St. Lucie			Provider Number : 087514700				
			Date: 10/01/2019					
201 SE Indian S	Street		Fiscal Year End : N/A					
tuart, 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							
#			227.92	235.21	10/01/2019			
Basis :		Rate	Туре :					
	Budget		Х	Prosp	ective			
	Unaudited costs			Total	Prospective			
	Desk audited costs			Prosp	ective Adjusted	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		
	Martin							
Distribution	on:	<u>ا</u> ا	W.Rydell Samuel, Administrator					
Fiscal Agen	Fiscal Agent		-		imbursement An	/ \		
Contract Ma	Contract Management Permanent File					·		
Permanent								
Program De								
Fo	For information Only (No Change in rate)							



087516300 - 2019/10

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

Tallahassee, Florida 32308

ospice of Palm	Beach County		Provider Number : 087516300				
			Date : 1	0/01/20	19		
300 East Avenu	е		Fiscal Year End : N/A				
est Palm Beach	h, FL 33407		Audit Sta	atus : N	/A		
rovider Type:			Curren	t Rate	New Rate	Effective Date	
Rura	I Health Clinic						
Swin	g-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			229.42	2 228.03	10/01/2019	
Basis :		Rate	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			Interin	n		
X	Payment System Rate			Total	Interim		
	Average Nursing Home Rate			Settle	ment based on c	costs	
	Palm Beach						
Distributio	Distribution:		W.Rydell Samuel, Administrator				
Fiscal Agent	Fiscal Agent				imbursement An	alysis	
Contract Ma	Contract Management						
Permanent I	Permanent File						
Program De	Program Development: For information Only (No Change in rate)						
Fo							



087519800 - 2019/10

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

Tallahassee, Florida 32308

No	rth Central Flo	orida Hospice		Provider Number : 087519800						
Att	n: Revenue A	ccounting Manager		Date: 10/01/2019						
420	00 NW 90th B	slvd		Fiscal Year End : N/A						
Ga	inesville, FL	326063809		Audit St	atus : N	/A				
Pro	ovider Type:			Curren	t Rate	New Rate	Effective Date			
	Rura	al Health Clinic								
	Swi	ng-Bed Provider								
	Federally Qualified Health Centers									
	X Hospice Provider									
	#651 Routine Home Care (1-60)									
	7	#651a Routine Home Care (61 +)								
	7	#652 Continuous Home Care								
	#652a Continuous Home Care - SIA									
	#									
	#656 General Inpatient Care									
	1	#658 Room and Board			218.84	217.63	3 10/01/2019			
ſ	Basis :		Rate	Туре :	1					
ַ		Budget		Х	⊐ Prosp	ective				
-		Unaudited costs			– Total I	Prospective				
-		Desk audited costs			Prosp	ective Adjusted	for New costs			
-		Field audited costs								
-		Medicare - Prospective			_ Interin	n				
	X	Payment System Rate			Total Interim					
-	Х	Average Nursing Home Rate			Settle	ment based on o	costs			
_		Alachua			_					
	Distribution	l <u>on:</u>	\	W.Rydell S	Samuel,	Administrator				
	Fiscal Agent					mbursement An	 nalysis			
	Contract Ma	anagement					-			
	Permanent	File								
	Program De	evelopment:								
	For information Only (No Change in rate)									



087520100 - 2019/10

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

Tallahassee, Florida 32308

lospice of Mario	spice of Marion County			Provider Number : 087520100			
			Date: 10/01/2019				
P.O. Box 4860			Fiscal Year End : N/A				
ocala, FL 34478	34860		Audit Status : 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	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				211.05	10/01/2019	
Basis :		Rate	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	osts	
	Marion						
Distributio	<u>Distribution:</u> V		W.Rydell Samuel, Administrator				
Fiscal Agen	Fiscal Agent		-		imbursement An	/ 4	
Contract Ma	Contract Management						
Permanent	File						
Program De	Program Development:						
Fo)						



087522800 - 2019/10

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

Tallahassee, Florida 32308

lospice of Healtl		Provider Number : 087522800					
			Date: 10/01/2019				
900 Dairy Road			Fiscal Year End : N/A				
Vest Melbourne,	, FL 32904		Audit Status : N/A				
rovider Type:			Current	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						
#			211.68	215.26	10/01/2019		
Basis :		Rate	Туре :]			
	Budget	<u> </u>	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	osts	
	Brevard						
Distribution	l Distribution:		W.Rydell Samuel, Administrator				
Fiscal Agen	t	_			imbursement Ana	alysis	
Contract Ma	anagement						
Permanent	File						
Program De	evelopment:						
Fc	or information Only (No Change in rate))					



087523600 - 2019/10

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

		Medicaid Reimbursement Per Die	em Rates ic	or Non-in	stitution	ai Providers				
Hos	pice of Volusia	a		Provide	Provider Number : 087523600					
				Date : 1	Date: 10/01/2019					
380	0 Woodbriar T	rail		Fiscal Year End : N/A						
Por	t Orange, FL	32129		Audit Status : N/A						
Pro	vider Type:			Currer	nt Rate	New Rate	Effective Date			
	Rural	Health Clinic								
	Swin	g-Bed Provider								
	Fede	rally Qualified Health Centers								
	X Hosp	ice Provider								
	#6	551 Routine Home Care (1-60)								
	#6	551a Routine Home Care (61 +)								
	#6	552 Continuous Home Care								
	#6	652a Continuous Home Care - SIA								
	#6	555 Inpatient Respite Care								
	#6	656 General Inpatient Care								
	#6	658 Room and Board			217.84	217.51	10/01/2019			
	Basis :		Rate	Type :	7					
L		—J Budget		Х						
_		Unaudited costs			— Total I	otal Prospective				
_		Desk audited costs			— Prosp	ective Adjusted	for New costs			
_		Field audited costs	-		_					
_		Medicare - Prospective			 Interim					
	Χ	Payment System Rate			 Total Interim					
_		Average Nursing Home Rate			_ Settle	ment based on o	costs			
_		Volusia			_					
	Distribution	<u>n:</u>	1 ,	W.Rydell	Samuel,	Administrator				
	Fiscal Agent					mbursement An				
	Contract Mar	nagement					•			
	Permanent File									
	Program Development:									
	For information Only (No Change in rate)									



087524400 - 2019/10

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

Tallahassee, Florida 32308

ig Bend Hospice		Provider Number: 08/524400					
		Date : 10)/01/201	19			
723 Mahan Center Blvd.		Fiscal Year End : N/A					
allahassee, FL 323085428		Audit Status : N/A					
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			216.00	219.30	10/01/2019		
Basis:	Rate						
Budget		X Prospective					
Unaudited costs		Total Prospective Prospective Adjusted for New costs					
Desk audited 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		
Leon							
<u>Distribution:</u>	-1 	V.Rydell S	Samuel,	Administrator			
Fiscal Agent	_	-		mbursement Ana	/ \		
Contract Management					•		
Permanent File							
Program Development:							



087525200 - 2019/10

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

Tallahassee, Florida 32308

iospice of the		Provider Number: 087525200						
			Date: 10/01/2019					
319 William S	treet		Fiscal Year End : N/A					
ey West, FL	330404736		Audit Status : N/A					
rovider Type	:		Curren	t Rate	New Rate	Effective Date		
Ru	ıral Health Clinic							
Sw	ving-Bed Provider							
Fe	derally Qualified Health Centers							
X Ho	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			219.50	223.70	10/01/2019		
Basis :	:	Rate	Type :					
	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			
X	Payment System Rate			Total I	Interim			
X	Average Nursing Home Rate Monroe			Settle –	ment based on c	osts		
Distribut	tion:		V.Rydell \$	Samuel,	Administrator			
Fiscal Age	ent	N	/ledicaid (Cost Rei	mbursement Ana	alysis		
Contract N	Management							
Permaner	nt File							
Program [Program Development:							
	te)							



087526100 - 2019/10

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

Tallahassee, Florida 32308

spice of Lake and Sumter			Provider Number : 087526100					
			Date: 10/01/2019					
2300 Lane Park	Road		Fiscal Year End : N/A					
avares, FL 327	78		Audit Status : N/A					
rovider Type:			Curren	t Rate	New Rate	Effective Date		
Rura	l Health Clinic							
Swin	g-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			219.32	221.58	10/01/2019		
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			Interir –	n			
X	Payment System Rate		Total Interim					
	Average Nursing Home Rate			Settle -	ment based on c	osts		
	Lake							
Distribution	<u>on:</u>	V	V.Rydell S	Samuel,	Administrator			
Fiscal Agent	t	_			imbursement Ana	alysis		
Contract Ma	ınagement							
Permanent I	File							
Program De	velopment:							
Fo	r information Only (No Change in rate))						



087527900 - 2019/10

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

Tallahassee, Florida 32308

idewell Hospice	& Palliative Care		Provider Number : 08/52/900					
			Date: 10/01/2019					
955 Rand Blvd			Fiscal Year End : N/A					
arasota, FL 342	238		Audit Status : N/A					
rovider Type:			Curren	t Rate	New Rate	Effective Date		
Rura	l Health Clinic							
Swin	g-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			224.46	225.42	10/01/2019		
Basis :		Type :	1					
	Budget		X Prospective					
	Unaudited costs			Total I	Prospective			
	Desk audited costs			Prosp	ective Adjusted t	for 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	costs		
	Sarasota							
Distributio	<u>on:</u>	<u> </u>	W.Rydell Samuel, Administrator					
Fiscal Agent	t	_	•		mbursement An	/ •		
Contract Ma	nagement					-		
Permanent I	File							
Program De	velopment:							
Fo	r information Only (No Change in rate)						
	. , -							



087528700 - 2019/10

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

Tallahassee, Florida 32308

ospice of the Treasure Coast			Provider Number : 087528700					
			Date : 1	0/01/20	19			
201 SE Indian S	St		Fiscal Year End : N/A					
tuart, FL 34997	7		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			224.85	226.30	10/01/2019		
Basis :		Rate	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			
Χ	Payment System Rate			Total	Interim			
Х	Average Nursing Home Rate			Settle	ment based on c	costs		
	St Lucie							
Distribution	<u>on:</u>	\ \	W.Rydell Samuel, Administrator					
Fiscal Agen	t	_			imbursement An	/ 4		
Contract Ma	anagement							
Permanent	File							
Program De	evelopment:							
Fo	or information Only (No Change in rate))						



087529500 - 2019/10

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

		-	wedicaid Reimbursement Per Die	em Rates to	r Non-ins	stitution	<u>ai Providers</u>			
Но	spice by	the Sea			Provider Number : 087529500					
					Date: 10/01/2019					
15	31 W. P	almetto F	Park Road		Fiscal Year End : N/A					
Во	ca Rato	n, FL 33	4863395		Audit St	atus : N/	Ά			
Pro	ovider T	уре:			Curren	t Rate	New Rate	Eff	fective Date	
		Rural F	lealth Clinic							
		Swing-	Bed Provider							
		Federa	lly 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			226.53	227.7	3	10/01/2019	
	Ва	sis :]	Rate	Type :	7				
ו ו			Budget		Χ	⊐ Prosp∈	Prospective			
•			Unaudited costs			– Total I	Prospective			
•			Desk audited costs			Prosp	ective Adjusted	for N	New costs	
•			Field audited costs			_				
•			Medicare - Prospective			_ Interin	า			
		Χ	Payment System Rate			Total I	nterim			
•			Average Nursing Home Rate			Settle	ment based on	costs	5	
•			Palm Beach			_				
	Distr	ibution:		<u> </u>	V.Rydell \$	Samuel,	Administrator			
	Fiscal	Agent		_			mbursement Aı	<u>/</u> ∿ nalys	is	
	Contr	act Mana	gement					-		
	Perma	anent File	Э							
	Program Development:									
	For information Only (No Change in rate)									



087532500 - 2019/10

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

Tallahassee, Florida 32308

ospice of the Florida Suncoast			Provider Number: 087532500					
			Date: 10/01/2019					
771 Rosevelt B	lvd		Fiscal Year End : N/A					
learwater, FL 3	337603770		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			213.49	216.09	10/01/2019		
Basis :		Rate	Type :					
	Budget		Х	Prospective				
	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		
	Pinellas							
Distribution	<u>on:</u>	<u> </u>	W.Rydell Samuel, Administrator					
Fiscal Agen	nt	_			imbursement Ana	/ 4		
Contract Ma	anagement							
Permanent	File							
Program De	evelopment:							
Fc	or information Only (No Change in rate)						



087535000 - 2019/10

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

	<u> wedicald Reimbursement Per D</u>	iem Rates to	r non-ins	stitution	ai Providers			
Hope Hospice	& Palliative Care		Provide	Provider Number : 087535000				
			Date: 10/01/2019					
9470 Health P	ark Circle		Fiscal Year End : N/A					
Ft. Myers, FL	339083617		Audit St	tatus : N/	Ά			
Provider Type	e:		Currer	nt Rate	New Rate	Effective Date		
R	ural Health Clinic							
Sı	wing-Bed Provider							
Fe	ederally Qualified Health Centers							
X He	ospice Provider							
	#651 Routine Home Care (1-60)							
	#651a Routine Home Care (61 +)							
	#652 Continuous Home Care							
	#652a Continuous Home Care - SIA							
	#655 Inpatient Respite Care							
	#656 General Inpatient Care							
	#658 Room and Board			222.31	223.29	10/01/2019		
Basis	:	Rate	Type :	7				
	J Budget		X					
	Unaudited costs			 Total Prospective				
	Desk audited costs			Prospective Adjusted for New costs				
	Field audited costs	-		_				
	Medicare - Prospective			— Interin	1			
Х	Payment System Rate			Total I	nterim			
	Average Nursing Home Rate			_ Settle	ment based on c	costs		
	Lee			_				
<u>Distribu</u>	ution:		W.Rvdell :	Samuel.	Administrator			
Fiscal Ag	ent	_			mbursement An			
Contract	Management					•		
Permane	Permanent File							
Program	Program Development:							
	For information Only (No Change in rate)							



087537600 - 2019/10

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

Tallahassee, Florida 32308

Αv	vow Hospice				Provider Number: 087537600					
					Date: 10/01/2019					
109	95 Whippoor	rwill I	Lane		Fiscal Year End : N/A					
Na	ples, FL 34	105			Audit Status : N/A					
Pro	ovider Type	:			Curren	t Rate	New Rate	Effective Date		
	Ru	ıral F	lealth Clinic							
	Sw	ving-	Bed Provider							
	Fe	dera	lly Qualified Health Centers							
	Х Но	spic	e Provider							
		#65	11 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							
	#658 Room and Board					223.06	218.81	10/01/2019		
	Basis :	:	7	Rate	Туре :	7				
L			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			
	Х		Payment System Rate			Total I	Interim			
-	Х		Average Nursing Home Rate			Settle	ment based on c	costs		
-			Collier			_				
	Distribut	tion:	<u> </u>	\ \	W.Rydell S	Samuel,	Administrator	T.		
	Fiscal Age	ent		<u> </u>	Medicaid (Cost Rei	mbursement An	alysis		
	Contract N	Mana	agement							
	Permaner	nt File	е							
	Program Development:									
	For information Only (No Change in rate))						



087538400 - 2019/10

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

Tallahassee, Florida 32308

Но	lospice of Okeechobee			Provider Number : 087538400					
				Date: 10/01/2019					
41	1 SE 4th Street			Fiscal Y	ear End	: N/A			
Ok	eechobee, FL	34974		Audit St	Status : N/A				
Pro	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)							
	#651a Routine Home Care (61 +)								
	#6	52 Continuous Home Care							
	#6	52a Continuous Home Care - SIA							
	#6	55 Inpatient Respite Care							
	#6								
	#6	58 Room and Board			255.39	255.39	10/01/2019		
ſ	Basis :		Rate	Type :	7				
ι		— □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	L	X					
-		Unaudited costs		 Total Prospective		Prospective			
-		Desk audited costs			– Prosp	spective Adjusted for New costs			
-		— Field audited costs			_				
-		— Medicare - Prospective			– Interin	า			
	Χ	Payment System Rate			– Total I	nterim			
-	Х	Average Nursing Home Rate		Settlement based on costs					
-		Okeechobee			_				
	Distribution	<u>ı:</u>	V	W.Rydell Samuel, Administrator					
	Fiscal Agent		_	Medicaid Cost Reimbursement Analysis					
	Contract Man	nagement							
	Permanent F	ile							
	Program Development:								
	For information Only (No Change in rate)								



087569400 - 2019/10

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

Tallahassee, Florida 32308

Catholic Hospice			Provider	Numbe	er : 087569400	
			Date : 10	/01/20	19	
4875 NW 77th A	ve		Fiscal Year End : N/A Audit Status : N/A			
/liami Lakes, FL	33014					
Provider Type:			Current	Rate	New Rate	Effective Date
Rural	Health Clinic					
Swing	g-Bed Provider					
Feder	ally Qualified Health Centers					
X Hosp	ice Provider					
#6	551 Routine Home Care (1-60)					
#6	651a Routine Home Care (61 +)					
#6	552 Continuous Home Care					
#6	652a Continuous Home Care - SIA					
#6	555 Inpatient Respite Care					
#6	656 General Inpatient Care					
#6	558 Room and Board			226.34	241.94	10/01/2019
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 Dade			Settle -	ment based on c	costs
Distribution	<u>n:</u>	<u> </u>	W.Rydell S	amuel,	Administrator	
Fiscal Agent		1	Medicaid C	ost Re	imbursement An	alysis
Contract Mar	nagement					
Permanent F	ïle					
Program Dev	velopment:					
For	information Only (No Change in rate	۸				



087570800 - 2019/10

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

Tallahassee, Florida 32308

ulfside Regional Hospice		Provider Number: 087570800						
			Date : 10	0/01/201	19			
111 Trouble Cree	ek Rd		Fiscal Year End : N/A					
ew Port Richey,	FL 34653		Audit Sta	Audit Status : N/A				
rovider Type:			Current	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)							
#6	651a Routine Home Care (61 +)							
#6	552 Continuous Home Care							
#6	652a Continuous Home Care - SIA							
#6	655 Inpatient Respite Care							
#6	656 General Inpatient Care							
#6	658 Room and Board			211.64	210.96	10/01/2019		
Basis :		Rate	Type :]				
	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	Interim			
	Average Nursing Home Rate			Settle	ment based on c	costs		
	Pasco							
Distribution	<u>n:</u>	\ \	W.Rydell S	Samuel,	Administrator			
Fiscal Agent		_			mbursement Ana			
Contract Mar	nagement							
Permanent F	ile							
Program Dev	velopment:							
For	information Only (No Change in rate))						
	·							



100944700 - 2019/10

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

Tallahassee, Florida 32308

Seasons Hospic			Provider Number : 100944700 Date : 10/01/2019				
7757 US Highv			Fiscal Year End : N/A				
Clearwater, FL	33764		Audit Status : N/A				
Provider Type:			Curren	t Rate	New Rate	Effective Date	
Rur	al Health Clinic						
Swi	ng-Bed Provider						
Fed	erally Qualified Health Centers						
X Hos	pice Provider						
i	#651 Routine Home Care (1-60)						
i	#651a Routine Home Care (61 +)						
i	#652 Continuous Home Care						
i	#652a Continuous Home Care - SIA						
i	#655 Inpatient Respite Care						
;	#656 General Inpatient Care						
i	#658 Room and Board			212.20	213.92	10/01/2019	
Basis:		Rate	Type :	7			
	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		
Χ	Payment System Rate			Total I	nterim		
	Average Nursing Home Rate			Settle	ment based on c	osts	
	Pinellas			_			
		1					
Distribution			V.Rydell S	Samuel,	Administrator	 F	
Distributi Fiscal Ager	on:	_			Administrator mbursement Ana	Alysis	
	on: nt	_				/ \	
Fiscal Ager	on: nt anagement	_				/ \	



101809700 - 2019/10

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

Tallahassee, Florida 32308

ompassionate Care Hospice of Central Florida		Provider Number : 101809700				
		Date: 10/01/2019				
2525 Drane Field Rd Ste 4		Fiscal Year End : N/A				
_akeland, FL 33811		Audit Status : N/A				
Provider 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			207.31	209.37	10/01/2019	
Basis:	Rate	Type :	7			
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	Interim		
Average Nursing Home Rate			Settle	ment based on c	osts	
Polk						
<u>Distribution:</u>		V.Rvdell S	Samuel.	Administrator		
Fiscal Agent	_			mbursement Ana		
Contract Management					•	
Contract management						
Permanent File						



101811400 - 2019/10

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

Tallahassee, Florida 32308

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	Compassionate	e Care Hospice of Miami Dade		Provider	Numbe	er : 101811400			
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) #652 Continuous Home Care #652 Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Desk audited costs Medicare - Prospective X Prospective Adjusted for New costs Field audited costs Medicare - Prospective Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File				Date : 10	/01/20	19			
Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider #651 Routine Home Care (1-60) #652 Continuous Home Care #658 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 Dade Distribution: Fiscal Agent Contract Management Permanent File Rural Health Clinic Current Rate New Rate Effective Date Effective Date Effective Date Current Rate New Rate Effective Date ### Current Rate #### Current Rate ##### Current Rate #### Current Rate ##### Current Rate ##### Current Rate ##### Average New Rate ##### Current Rate ##### Current Rate ###################################	60 W 51 St PL	0 W 51 St PL # 464		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 #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Z26.34 Rate Type: Budget Unaudited costs Unaudited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File	lialeah, FL 33	012		Audit Sta	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 - SIA #655 Inpatient Respite Care #658 Room and Board 226.34 226.70 Basis:	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 - SIA #655 Inpatient Respite Care #658 Room and Board 226.34 226.70 10/01/201 Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File #651 Routine Home Care (1-60) #652 Continuous Home Care (61 +) #652 Continuous Home Care #654 Average Nursing Home Rate Dade W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	Ru	ral Health Clinic							
X Hospice Provider #651 Routine Home Care (1-60) #651a Routine Home Care (61 +) #652 Continuous Home Care #652a Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 226.34 226.70 10/01/201 Rate Type: X Prospective Unaudited costs Total Prospective Desk audited costs Prospective Adjusted for New costs Eield audited costs Interim X Payment System Rate Settlement based on costs Distribution: W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Contract Management Permanent File	Sw	ing-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 Rate Type :	Fee	derally 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 :	Х Но	spice Provider							
#652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis :		#651 Routine Home Care (1-60)							
#652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 226.34 226.70 10/01/201 Basis:		#651a Routine Home Care (61 +)							
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 226.34 226.70 10/01/201 Basis:		#652 Continuous Home Care							
#656 General Inpatient Care #658 Room and Board 226.34 226.70 10/01/201 Basis:		#652a Continuous Home Care - S	SIA						
#658 Room and Board 226.34 226.70 10/01/201 Basis :		#655 Inpatient Respite Care							
Basis: Unaudited costs Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade 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 Dade Distribution: Fiscal Agent Contract Management Permanent File Robert V Prospective Total Prospective Interim Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		#658 Room and Board		2	26.34	226.70	10/01/2019		
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Settlement Winterim Winterim Settlement based on costs Winterim Winterim Settlement based on costs Medicaid Cost Reimbursement Analysis	Basis :		Rate	туре :]				
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Dade Distribution: Fiscal Agent Contract Management Permanent File Prospective Adjusted for New costs Interim Total Interim 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 Dade 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 Dade 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 Dade 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 Dade 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	osts		
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File		Dade							
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File	<u>Distribut</u>	<u>ion:</u>	,	W.Rydell S	amuel,	Administrator	 		
Contract Management Permanent File	Fiscal Age	ent	_				alysis		
	Contract N	Management Page 1					-		
Program Development:	Permanen	t File							
	Program [Development:							



150001500 - 2019/10

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

Tallahassee, Florida 32308

lospice Care of South Fl.	ospice Care of South Fl. Provider Number : 150001500					
		Date : 10	0/01/20	19		
270 N.W. 12th St., PH#6		Fiscal Year End : N/A				
fiami, FL 33126		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			214.42	216.08	10/01/2019	
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 Dade			Settle	ment based on c	osts	
<u>Distribution:</u>	V	V.Rvdell S	Samuel.	Administrator		
Fiscal Agent	_			imbursement Ana	<u>rv</u> alysis	
Contract Management					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
e e i ii a e i ii a i a ge i i e ii						
Permanent File						



150003100 - 2019/10

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

Tallahassee, Florida 32308

orida Hospital Hospice Care		Provider	Numbe	er: 150003100			
		Date : 10	/01/201	19			
0 W. Granada Blvd		Fiscal Year End : N/A					
mond Beach, FL 32174		Audit Sta	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			208.38	214.78	10/01/2019		
Basis:	Rate	Type :]				
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	Interim			
Average Nursing Home Rate			Settle	ment based on c	osts		
Volusia							
<u>Distribution:</u>	V	V.Rvdell S	amuel,	Administrator			
E'aral Arasi	_			mbursement Ana	/ \		
Fiscal Agent	I۱	ncaicaia C			-		
Contract Management	IV.	ncalcala O					
•	IV.	nedicald O					



150009100 - 2019/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

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 #655 General Inpatient Care	ospice of Emerald Coast		Provider Number: 150009100						
Audit Status : 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 #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 X Average Nursing Home Rate Bay Pistribution: Fiscal Agent Contract Management Permanent File Current Rate Ref New Rate Effective Date Effective Date Effective Date Effective Date				Date : 10	0/01/201	19			
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 X Average Nursing Home Rate Bay Pistribution: Fiscal Agent Contract Management Permanent File Fiedeaulifed Costes Current Rate Rew Rate Effective Date Effective Date ##51 Routine ##51 Routine Home Care (61 +) ##52 Routine Home Care (61 +) ##53 Routine Home Care ##551 Routine Home Care (61 +) ##54 Routine Home Care ##652 Routine Home Care ##652 Routine Home Care ##652 Routine Home Care ##652 Routine Home Care ##551 Routine Home Care ##652 Routine Home	O Box 2127			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 #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 208.40 213.00 10/01/2018 Rate Type:	othan, AL 363	othan, AL 36302		Audit Sta	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 208.40 213.00 10/01/2018 Rate Type :	rovider Type:			Current	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 #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 208.40 213.00 10/01/2018 Rate Type:	Rur	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 Description	Swi	ing-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 Basis :	Fed	lerally 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	spice Provider							
#652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis :		#651 Routine Home Care (1-60)							
#652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type :		#651a Routine Home Care (61 +)							
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 208.40 213.00 10/01/2019 Rate Type:		#652 Continuous Home Care							
#656 General Inpatient Care #658 Room and Board 208.40 213.00 10/01/2019 Rate Type:		#652a Continuous Home Care - SIA	4						
#658 Room and Board 208.40 213.00 10/01/2019 Basis :		#655 Inpatient Respite Care							
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate X Average Nursing Home Rate Bay Budget X Prospective Prospective Interim Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis		#656 General Inpatient Care							
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate X Average Nursing Home Rate Bay 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			208.40	213.00	10/01/2019		
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate X Average Nursing Home Rate Bay Distribution: Fiscal Agent Contract Management Permanent File Total Prospective Prospective Adjusted for New costs Whelical Samuel Adjusted for New costs Prospective Adjusted for New costs Prospective Adjusted for New costs Medicaid Cost Reimbursement Analysis	Basis :		Rate	туре :					
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate X Average Nursing Home Rate Bay 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 X Average Nursing Home Rate Bay 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 I	Prospective			
Medicare - Prospective X Payment System Rate X Average Nursing Home Rate Bay 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 X Average Nursing Home Rate Bay Distribution: Fiscal Agent Contract Management Permanent File Total Interim Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Field audited costs			_				
X Average Nursing Home Rate Bay Distribution: Fiscal Agent Contract Management Permanent File Settlement based on costs W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		Medicare - Prospective			Interin –	n			
Distribution: Fiscal Agent Contract Management Permanent File W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	X	Payment System Rate			Total I	Interim			
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File	X				Settlei –	ment based on c	costs		
Contract Management Permanent File	<u>Distributi</u>	on:	\	W.Rydell S	Samuel,	Administrator			
Permanent File	Fiscal Age	nt	1	Medicaid C	Cost Rei	mbursement An	/ •		
	Contract M	lanagement							
Program Development:	Permanent	t File							
	Program D	evelopment:							



150013900 - 2019/10

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

Tallahassee, Florida 32308

Vitas Healthca	itas Healthcare Corp of Florida - Congress Ave		Provider Number : 150013900				
Attn: Angela S	antana		Date: 10	Date : 10/01/2019			
100 S. Biscayr	,		Fiscal Ye	Fiscal Year End : N/A Audit Status : N/A			
Miami, FL 331			Audit Sta				
Provider Type	e:		Current	Rate	New Rate	Effective Date	
Rı	ural Health Clinic						
Sı	wing-Bed Provider						
Fe	ederally Qualified Health Centers						
х н	ospice 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			228.27	228.08	10/01/2019	
Basis	:	Rate	Type :	7			
	J Budget		X	ם Prosp	ective		
	Unaudited costs			- Total	Prospective		
	Desk audited costs	<u> </u>		- 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	
	Palm Beach			_			
Distribu	tion:	_I	V.Rydell S	amuel,	Administrator		
Fiscal Ag	ent	_	•		imbursement Ana		
Contract	Management					•	
Permane	nt File						
Program	Development:						
	For information Only (No Change in rat	e)					



150021000 - 2019/10

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

Tallahassee, Florida 32308

ood Shepherd Hospice, Inc Provider Number :		r Number : 150021000				
			Date: 10/01/2019			
15 South Misso	uri Ave		Fiscal Year End : N/A Audit Status : N/A			
akeland, FL 33	815					
Provider Type:			Curren	t Rate	New Rate	Effective Date
Rura	I Health Clinic					
Swir	g-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			208.33	208.58	10/01/2019
Basis :		Rate	Type :	7		
	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	า	
Х	Medicare - Prospective Payment System Rate			_	n nterim	
X	·			– Total I –		osts
X	Payment System Rate Average Nursing Home Rate Polk		V.Rydell S	Total I Settle	nterim	osts
	Payment System Rate Average Nursing Home Rate Polk Pon:	_	-	Total I Settler Samuel,	nterim ment based on c	R
Distributio	Payment System Rate Average Nursing Home Rate Polk pn:	_	-	Total I Settler Samuel,	nterim ment based on c Administrator	R
Distribution Fiscal Agent	Payment System Rate Average Nursing Home Rate Polk Pon: t	_	-	Total I Settler Samuel,	nterim ment based on c Administrator	R



150022800 - 2019/10

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

Tallahassee, Florida 32308

iePath Hospice	, Inc.		riovidei	INGITIDE	er: 150022800		
			Date : 10	0/01/201	19		
10 W. Azeele S	Street		Fiscal Year End : N/A				
ampa, FL 3360	9		Audit Sta	atus : N	/A		
ovider Type:			Curren	t Rate	New Rate	Effective Date	
Rura	l Health Clinic						
Swin	g-Bed Provider						
Fede	rally 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			212.54	214.96	10/01/201	
Basis :		Rate	Type :	1			
	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		
Χ	Payment System Rate			Total I	Interim		
	Average Nursing Home Rate Hillsborough			Settle	ment based on c	osts	
Distributio	<u>n:</u>	V	V.Rydell S	Samuel,	Administrator	# T	
Fiscal Agent	t	N	1edicaid C	Cost Rei	mbursement An	alysis	
Contract Ma	nagement						
Permanent F	File						
Program De	velopment:						
_	r information Only (No Change in rate)						