

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of Florida, Inc.	Provider Number : 000141800
Heartland Home Health Care and Hospice	Date : 07/01/2020
8130 Baymeadows Way W	Fiscal Year End : N/A
Jacksonville, FL 322564409	Audit Status : N/A

Provider	Туре:	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	204.34	4 207.1	18 07/01/2020

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Hea	Ithcare	Provider Numbe	er : 000602600			
		Date : 07/01/20	Date : 07/01/2020			
4450 W. E	Eau Gallie Blvd, Suite 250	Fiscal Year End	I : N/A			
Melbourne	e, FL 32934	Audit Status : N/A				
Provider	Туре:	Current Rate	New Rate	Effective Date		
	Rural Health Clinic		1			
	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	213.41	218.44	07/01/2020		

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Healthcare of Marion County	Provider Number : 001572800
Kindred Hospice	Date : 07/01/2020
6161 Blue Lagoon Dr, Ste 170	Fiscal Year End : N/A
Miami, FL 33126	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#651 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	212.87	229.6	2 07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Regency I	Hospice of Northwest FL	Provider Numbe	er : 001636100	
		Date : 07/01/20	20	
50 Beverly	/ Pkwy, Ste 200	Fiscal Year End	I : N/A	
Pensacola	a, FL 32505	Audit Status : N	/A	
Provider	Гуре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic		1	
	Swing-Bed Provider	-		
Federally Qualified Health Centers				
Х	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	213.94	218.53	07/01/2020
Ba	asis :	Туре :		

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic	
Provider Type:	Current Rate New Rate Effective Date
Miami, FL 32405	Audit Status : N/A
5200 Northeast 2nd Avenue	Fiscal Year End : N/A
	Date : 07/01/2020
Seasons Hospice and Palliative Care of Southern FL	Provider Number : 002782200

Swing-Bed Provider	
Federally Qualified Health Centers	
Hospice Provider	
#651 Routine Home Care (1-60)	
#651a Routine Home Care (61 +)	
#652 Continuous Home Care	
#652a Continuous Home Care - SIA	
#655 Inpatient Respite Care	

#658 Room and Board	230.41	232.84	07/01/2020

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		_ Interim
Х	Payment System Rate		_ Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Dade		-

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care of Florida III, Inc.	Provider Number : 003815300	
Heartland Hospice Services - Plantation	Date : 07/01/2020	
150 S Pine Island Rd, Ste 200	Fiscal Year End : N/A	
Plantation, FL 333242695	Audit Status : N/A	

Provider T	уре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	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	204.34	207.18	07/01/2020

Basis :		Rate Type :	
Buc	dget	X	Prospective
Una	audited costs		Total Prospective
De	sk audited costs		Prospective Adjusted for New costs
Fie	eld audited costs		
Ме	edicare - Prospective		Interim
X Pay	yment System Rate		Total Interim
Ave	erage Nursing Home Rate		Settlement based on costs
	Broward		_

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast Florida		Provider Number : 007681500			
		Date : 07/01/2020			
		Fiscal Year Er	nd : N/A		
Jacksonvi	lle, FL 322576030	Audit Status : N/A			
Provider	Туре:		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			212.7	07/01/2020
B	asis :	Rate	Type :		
	Budget		X Pros	spective	
	Unaudited costs		Tota	I Prospective	
	Desk audited costs		Pros	spective Adjusted	for New costs
	Field audited costs				
	Medicare - Prospective		Inte	im	
	X Payment System Rate		Tota	I Interim	

Settlement based on costs

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Average Nursing Home Rate

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sawgrass Hospitalist PA	Provider Number : 011862000
	Date : 07/01/2020
703 North Flamingo Road	Fiscal Year End : N/A
Pembroke Pines, FL 322564409	Audit Status : N/A

Provide	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	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		231.7	07/01/2020

Basis :		ſ	Rate Type :]
	Budget		Х	Prospective
	Unaudited costs	-		Total Prospective
	Desk audited costs	-		Prospective Adjusted for New costs
	Field audited costs	-		-
	Medicare - Prospective	-		- Interim
Х	Payment System Rate	-		_ Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	Broward	-		-

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando-Pasco Hospice		Provider Number : 014043700		
HPH Hospice		Date : 07/01/2020		
12107 Majestic Blvd		Fiscal Year End	I : N/A	
Hudson, FL		Audit Status : N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care (1-60)				
#651a Routine Home Care (61 +)		1		
#652 Continuous Home Care		1		
#652a Continuous Home Care - SIA		1		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		209.55	5 215.54	07/01/2020
Basis :	Rate	Гуре:		
Budget			ective	

_		Budget	X	Prospective
		Unaudited costs		Total Prospective
_		Desk audited costs		Prospective Adjusted for New costs
_		Field audited costs		_
_		Medicare - Prospective		Interim
	Х	Payment System Rate		Total Interim
_		Average Nursing Home Rate		Settlement based on costs
_		 Pasco		_

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade and the Florida Keys	Provider Number : 014190001			
	Date : 07/01/2020			
200 Lanidex Plz Ste 2101	Fiscal Year End : N/A			
Parsippany, NJ 07054-2746	Audit Status : N/A			
Provider Type:	Current Rate New Rate Effective Date			

Provider	туре:	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	223.70	226.74	07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Central Florida		Provider Number : 015219701			
		Date : 07/01/20	20		
2153 US I	Highway 27 S	Fiscal Year End	d : N/A		
Highlands	s, FL 338704933	Audit Status : N	I/A		
Provider	Туре:	Current Rate	New Rate	Effective Date	
	Rural Health Clinic				
	Swing-Bed Provider				
	Federally Qualified Health Centers				
Х	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		211.10	07/01/2020	

Basis :		R	ate Type :	
В	Budget		Х	Prospective
U	Inaudited costs			Total Prospective
D	Desk audited costs			Prospective Adjusted for New costs
F	ield audited costs			-
N	ledicare - Prospective			- Interim
X P	Payment System Rate			Total Interim
A	verage Nursing Home Rate			Settlement based on costs
	Highlands			-
U D F X P	Inaudited costs Desk audited costs Tield audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate		X	Total Prospective Prospective Adjusted for New of Interim Total Interim

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Central Florida				Provider	Numbe	er : 015219702	
				Date : 07	7/01/20	20	
220 S Dixie Dr			Fiscal Year End : N/A				
Haines C	Haines City, FL 338442801			Audit Sta	atus : N	/A	
Provider	Туре:			Curren	t Rate	New Rate	Effective Date
	Rural H	lealth Clinic					
	Swing-	Bed Provider		-			
	Federa	Ily Qualified Health Centers					
Х	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				212.22	2 07/01/2020
В	asis :]	Rate	Туре :	7		
		Budget	L	Х	Prosp	ective	
		Unaudited costs			Total	Prospective	
		Desk audited costs			Prosp	ective Adjusted	for New costs
		Field audited costs			_		
		Medicare - Prospective			Interir	n	
	Х	Payment System Rate			– Total	Interim	

Settlement based on costs

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Average Nursing Home Rate

Polk

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care Broward FL LLC		Provider Number	er : 015328000	
		Date : 07/01/20	20	
1815 Griffin Rd Ste 410		Fiscal Year End	: N/A	
Dania Bea	ach, FI 33004	Audit Status : N/A		
Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
Swing-Bed Provider				
Federally Qualified Health Centers				
Х	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

205.73 210.13 07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Covenant Hospice, Inc		Provider Number : 015986100			
		1	Date : 07/01/20	20	
5041 N. 1	12th		Fiscal Year End	I : N/A	
Pensacol	a, FL 32504		Audit Status : N	/A	
Provider	Туре:		Current Rate	New Rate	Effective Date
	Rural Health Clinic				
	Swing-Bed Provider				
	Federally Qualified Health Centers				
Х	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		222.76	6 225.81	07/01/2020
В	asis :	Rate T	vpe:		
	Budget				

Dasis .			
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		_ Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Escambia		=

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Healthcare of Marion County	Provider Number : 016254400			
Kindred at Home-Hospice	Date : 07/01/2020			
1300 N Semoran Blvd Ste 210	Fiscal Year End : N/A			
Orlando, Fl 32807	Audit Status : N/A			

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	217.79	228.12	2 07/01/2020

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

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017287500 - 2020/07

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Lake & Sumter		Provider Number	Provider Number : 017287500			
214 E Washington St Apt C Minneola , FI 34715		Date : 07/01/2020				
		Fiscal Year End	d : N/A			
		Audit Status : N/A				
Provider	Туре:	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

220.30 223.43 07/01/2020

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

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017324500 - 2020/07

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Healthcare of Marion County	Provider Number : 017324500			
	Date : 07/01/20	20		
1300 N Semoran Blvd, Ste 210	Fiscal Year End	i : N/A		
Orlando, FL 328073567	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				
#652a Continuous Home Care - SIA				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		214.83	07/01/2020	
Basis :	Type :			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date
South Miami, FL 33143	Audit Status : N/A
5975 Sunset Dr Ste 301	Fiscal Year End : N/A
	Date : 07/01/2020
Heartland Hospices Services.	Provider Number : 019255800

	Carront nato	non nato	Encourte Bate
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	226.70	234.78	07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice & Palliative Care of Tampa		Provider Number : 024621400			
		Date : 07/01	/2020		
1408 N West Shore Blvd Ste 260		Fiscal Year	End : N/A		
Tampa, FL 33607		Audit Status : N/A			
Provider Type:		Current Ra	te New R	ate	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	ł				
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		209	9.23	212.21	07/01/2020
Basis :	Rate	Туре :			
Budget			ospective		
Unaudited costs		To	otal Prospec	tive	
Desk audited costs		 Pr	ospective A	diusted f	or New costs

	Field audited costs	
	Medicare - Prospective	Interim
Х	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs
	Hillsborough	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C.	Provider Number : 087000500			
		Date : 07/01/2020		
1111 36th Street		Fiscal Year End	I : N/A	
Vero Beach, FL 32960		Audit Status : N	/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		1		
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		209.25	5 226.04	07/01/2020
Basis :		Гуре:		
Budget	│ <u></u>	K Prosp	ective	

	Da313 .		Rate Type .	
-		Budget	Х	Prospective
		Unaudited costs		Total Prospective
		Desk audited costs		Prospective Adjusted for New costs
		Field audited costs		_
		Medicare - Prospective		Interim
	Х	Payment System Rate		Total Interim
_		Average Nursing Home Rate		Settlement based on costs
_		Indian River		_

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Date: 07/01/2020 100 S. Biscayne Blvd Miami, FL 33131 Provider Type: Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider #651 Routine Home Care (1-60) #651 Routine Home Care (1-60) #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 228.17 231.41 07/01/2020 Basis : Rate Type : Unaudited costs Prospective Unaudited costs Prospective Adjusted for New costs Medicare - Propective Interim X Payment System Rate Average Nursing Home Rate Settlement based on costs	Vitas Healthcare	Vitas Healthcare Corporation - Dade County		Provider Number : 087246600			
Miami, FL 33131 Audit Status : N/A Provider Type: Current Rate New Rate Effective Date Rural Health Clinic Swing-Bed Provider Effective Date Effective Date Federally Qualified Health Centers X Hospice Provider Image: Status in the status				Date : 07/01/2020			
Provider Type: Current Rate New Rate Effective Date Rural Health Clinic Swing-Bed Provider Image: Constraint of the second secon	100 S. Biscayne	Blvd		Fiscal Year End : N/A			
Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider #651 Routine Home Care (1-60) #651 Routine Home Care (61 +) #652 Continuous Home Care #652 Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 228.17 231.41 07/01/2020 Basis :	Miami, FL 33131 Audit Status : N/A			/Α			
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 - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 228.17 231.41 07/01/2020 Basis : Rate Type : Unaudited costs Total Prospective Unaudited costs Prospective Adjusted for New costs Field audited costs Interim Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	Provider Type:			Current	Rate	New Rate	Effective Date
Federally Qualified Health Centers X Hospice Provider #651 Routine Home Care (1-60) #651 Routine Home Care (61 +) #652 Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 228.17 231.41 07/01/2020 Basis : Rate Type : Budget X Prospective Unaudited costs Total Prospective Field audited costs Prospective Adjusted for New costs Field audited costs Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	Rura	I Health Clinic					·
X Hospice Provider #651 Routine Home Care (1-60) #651 Routine Home Care (61 +) #652 Continuous Home Care #652 Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 228.17 231.41 07/01/2020 Basis : Rate Type : Budget X Prospective Total Prospective Image: Prospective Interim Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	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 #656 General Inpatient Care #658 Room and Board 228.17 231.41 07/01/2020 Basis : Rate Type : Unaudited costs Total Prospective Unaudited costs Prospective Adjusted for New costs Field audited costs Interim Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	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 228.17 231.41 07/01/2020 Basis : Rate Type : Budget X Prospective Unaudited costs Total Prospective Desk audited costs Prospective Adjusted for New costs Field audited costs Interim Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	X Hosp	bice Provider					
#652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 228.17 231.41 07/01/2020 Basis : Budget X Prospective Unaudited costs Total Prospective Prospective Adjusted for New costs Field audited costs Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	#	651 Routine Home Care (1-60)					
#652a Continuous Home Care - SIA #6555 Inpatient Respite Care #6556 General Inpatient Care #658 Room and Board 228.17 231.41 07/01/2020 Basis :	#	651a Routine Home Care (61 +)					
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 228.17 231.41 07/01/2020 Basis :	#						
#656 General Inpatient Care #658 Room and Board 228.17 231.41 07/01/2020 Basis : Rate Type :	#	652a Continuous Home Care - SIA					
#658 Room and Board 228.17 231.41 07/01/2020 Basis :	#	655 Inpatient Respite Care					
Basis : Rate Type : Budget X Prospective Unaudited costs Total Prospective Desk audited costs Prospective Adjusted for New costs Field audited costs Interim Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	#	656 General Inpatient Care					
Budget X Prospective Unaudited costs Total Prospective Desk audited costs Prospective Adjusted for New costs Field audited costs Interim Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	#	658 Room and Board			228.17	231.41	07/01/2020
Unaudited costs Total Prospective Desk audited costs Prospective Adjusted for New costs Field audited costs Interim Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs	Basis :		Rate	Туре :]		
Desk audited costs Prospective Adjusted for New costs Field audited costs Interim Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs		Budget		x	Prosp	ective	
Field audited costs Interim Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs		Unaudited costs			Total	Prospective	
Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs		Desk audited costs			Prosp	ective Adjusted f	or New costs
X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs		Field audited costs			-		
Average Nursing Home Rate Settlement based on costs		Medicare - Prospective			Interin	n	
	x	Payment System Rate			Total	Interim	
 Dade		Average Nursing Home Rate			Settle	ment based on c	osts
		Dade			-		

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Franci	is Hospice		Provider Numb	er : 087255500		
			Date : 07/01/20	20		
1250-B G	Grumman Place		Fiscal Year End : N/A			
Titusville,	FL 32780		Audit Status : N	I/A		
Provider	Туре:		Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
	Federally Qualified Health Cente	rs				
X	Hospice Provider					
	#651 Routine Home Care (1-6	60)				
	#651a Routine Home Care (6	1 +)				
	#652 Continuous Home Care					
	#652a Continuous Home Car	e - SIA				
	#655 Inpatient Respite Care					
	#656 General Inpatient Care		-			
	#658 Room and Board		215.89	9 219.77	07/01/2020	
В	asis :	Rate	Гуре :			
	Budget)	<pre> Prosp </pre>	pective		
	Unaudited costs		Total	Prospective		
	Desk audited costs		Prosp	pective Adjusted f	or New costs	
	Field audited costs					
	Medicare - Prospective		Interi	m		
	X Payment System Rate		Total	Interim		

Settlement based on costs

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Average Nursing Home Rate

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter	Provider Number : 087256300
	Date : 07/01/2020
480 West Central Pkwy	Fiscal Year End : N/A
Altamonte Springs, FL 327143125	Audit Status : N/A

Provider T	Гуре:	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	214.97	7 219.3	9 07/01/2020

Basis :	7	Rate Type :]
	 Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		- Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Seminole		-

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast	Provider Numbe	er : 087407800	
	Date : 07/01/20	20	
4266 Sunbeam Road	Fiscal Year End	I : N/A	
Jacksonville, FL 32257	Audit Status : N	/A	
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	213.32	2 217.38	07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Shephard Hospice - Lakeland		Provider Number : 087511202		
		Date : 07/01	/2020	
115 South Missouri Ave, Suite 500		Fiscal Year I	End : N/A	
Lakeland, FL 338154632		Audit Status	: N/A	
Provider Type:		Current Ra	te New Rate	Effective Date
Rural Health Clinic			I	
Swing-Bed Provider		1		
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			212.	22 07/01/2020
Basis :	Rate	Гуре :		
Budget		 K Pr	ospective	
Unaudited costs		Тс	tal Prospective	

Payment System Rate Average Nursing Home Rate Polk

Desk audited costs

Field audited costs

Medicare - Prospective

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Interim

Total Interim

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Medicaid Cost Reimbursement Analysis

Prospective Adjusted for New costs

Settlement based on costs



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Shephard Hospice - Sebring		Provider Number : 087511203			
		Date : 07	/01/20	20	
4418 Sun 'N Lake Boulevard, Suite B		Fiscal Ye	ar End	I : N/A	
Sebring, FL 338722164		Audit Sta	tus : 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					
#652a Continuous Home Care - SI	A				
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board				211.10	07/01/2020
Basis :	Rate	Туре :]		
Budget		X	ر Prosp	ective	
Unaudited costs			Total	Prospective	
Deal as lite laws (a			-		

	Desk audited costs	Prospective Adjusted for New costs
	Field audited costs	
	Medicare - Prospective	Interim
Х	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs
	Highlands	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Martin & St	. Lucie		Provider Numbe	er : 087514700	
			Date : 07/01/20	20	
1201 SE Indian Street			Fiscal Year End	I : N/A	
Stuart, FL 34997			Audit Status : N	/A	
Provider Type:			Current Rate	New Rate	Effective Date
Rural Hea	Ith Clinic				
Swing-Be	d Provider				
Federally	Qualified Health Centers				
X Hospice F	Provider				
#651 F	Routine Home Care (1-60)				
#651a	Routine Home Care (61 +)				
#652 0	Continuous Home Care				
#652a	Continuous Home Care - SIA				
#655 li	npatient Respite Care				
#656 C	Seneral Inpatient Care				
#658 F	Room and Board		235.27	236.92	07/01/2020
Basis :	udget	Rate 7		octivo	
PP	udget	/		ective	

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Palm Beach County	Provider Number : 087516300
	Date : 07/01/2020
5300 East Avenue	Fiscal Year End : N/A
West Palm Beach, FL 33407	Audit Status : N/A

Provider 7	Гуре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	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	228.03	3 228.4	0 07/01/2020

Basis :]	Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		—
	_ Medicare - Prospective		Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Palm Beach		_

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Marion County	Pro	vider Numbe	r : 087520100	
	Dat	e : 07/01/202	20	
P.O. Box 4860	Fiso	cal Year End	: N/A	
Ocala, FL 344784860	Auc	Audit Status : N/A		
Provider Type:	Cu	irrent Rate	New Rate	Effective Date
Rural Health Clinic			1	
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		211.05	214.19	07/01/2020
Basis :	Rate Typ	e:	1	1

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date	
West Melbourne, FL 32904	Audit Status : N/A	
1900 Dairy Road	Fiscal Year End : N/A	
	Date : 07/01/2020	
Hospice of Health First	Provider Number : 087522800	

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	215.26	222.33	07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Volusia		Provider Number : 087523600				
			Date : 07	7/01/20	20	
3800 Woodbriar Trail		Fiscal Ye	ear Enc	I : N/A		
Port Orange, Fl	Port Orange, FL 32129			atus : N	/A	
Provider Type	:		Current	Rate	New Rate	Effective Date
Ru	ral Health Clinic					
Sw	ing-Bed Provider		-			
Fee	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			217.51	1 221.27	07/01/2020
Basis :		Rate	Туре :	7		
	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	
Х	Payment System Rate			Total	Interim	
	Average Nursing Home Rate			Settle	ment based on c	osts
	 Volusia			_		

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Number : 087524400						
Date : 07/01/2020 Fiscal Year End : N/A Audit Status : N/A						
				Current Rate	New Rate	Effective Date
	Date : 07/01/20 Fiscal Year En Audit Status : N	Date : 07/01/2020 Fiscal Year End : N/A Audit Status : N/A				

Х	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

19.30	225.14	07/01/2020
		0.70.72020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice	Hospice of Lake and Sumter		Provider Number : 087526100			
		Date : 07/01/20	20			
12300 La	ane Park Road	Fiscal Year End : N/A				
Tavares,	FL 32778	Audit Status : N	Audit Status : N/A			
Provider	r Туре:	Current Rate	Current Rate New Rate Effective Da			
	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	221.5	8 224.	77 07/01/2020		

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tidewell Hospice & Palliative Care		Provider Number : 087527900				
1			Date : 07/01/2020			
5955 Rand Blvd			Fiscal Year End : N/A			
Sarasota, FL 34238		Audit Status : N/A				
Provider Type:		Current	Rate	New Rate	Effective Date	
Rural Health Clinic						
Swing-Bed Provider		1				
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			225.42	2 228.3	1 07/01/2020	
Basis :	Rate	Гуре :				
Budget	×	<	Prosp	ective		
Unaudited costs			Total I	Prospective		
Desk audited costs			Prosp	ective Adjusted	for New costs	
Field audited costs						
Medicare - Prospective			Interin	า		

Settlement based on costs

Total Interim

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Payment System Rate

Average Nursing Home Rate

Sarasota

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Treasure Coast		Provider Number : 087528700			
			Date : 07/01/2020		
1201 SE I	ndian St		Fiscal Year End : N/A		
Stuart, FL	34997		Audit Status : N/A		
Provider ⁻	Туре:		Current Rate	New Rate	Effective Date
	Rural Health Clinic				
	Swing-Bed Provider				
	Federally Qualified Health Centers				
Х	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		226.3	0 230.0	3 07/01/2020
Ba	asis :	Rate	Гуре :	*	

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice by the Sea	Provider Number : 087529500
	Date : 07/01/2020
1531 W. Palmetto Park Road	Fiscal Year End : N/A
Boca Raton, FL 334863395	Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers	1		
X Hospice Provider			
#651 Routine Home Care (1-60)			
#651a Routine Home Care (61 +)	1		
#652 Continuous Home Care	1		
#652a Continuous Home Care - SIA	1		
#655 Inpatient Respite Care	1		
#656 General Inpatient Care	1		
#658 Room and Board	227.7	3 229.03	07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Suncoast	Provider Number : 087532500			
	Date : 07/01/2020			
5771 Rosevelt Blvd	Fiscal Year End : N/A			
Clearwater, FL 337603770	Audit Status : N/A			

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	216.09	9 220.64	07/01/2020

Basis :		Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		 Interim
Х	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Pinellas		-

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hope Hospice & Palliative Care		Provider Number : 087535000				
		Date : 07/01/20	20			
9470 Health Park Circle		Fiscal Year End : N/A				
Ft. Myers	s, FL 339083617	Audit Status : N/A				
Provider	r Туре:	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

223.29 228.79 07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avow Hospice		Provider N	umber :	087537600	
		Date : 07/0	1/2020		
1095 Whippoorwill Lane		Fiscal Yea	r End : I	N/A	
Naples, FL 34105		Audit Statu	ıs : N/A		
Provider Type:		Current F	Rate N	lew 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	218.81	225.61	07/01/2020
Basis :	Rate 1	Гуре :			
Budget	×	ı	Prospec	tive	
Unaudited costs		7	Fotal Pro	ospective	
Desk audited costs			rospec	tive Adjusted f	or New costs
Field audited costs					
Medicare - Prospective		I	nterim		

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic					
Provider Type:	Current Rate New Rate Effective Date				
Okeechobee, FL 34974	Audit Status : N/A				
411 SE 4th Street	Fiscal Year End : N/A				
	Date : 07/01/2020				
Hospice of Okeechobee	Provider Number : 087538400				

	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	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	255.39	258.86	07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic H	lospice	Provider Numb	er : 087569400			
		Date : 07/01/20	20			
14875 NW	/ 77th Ave	Fiscal Year End	Fiscal Year End : N/A			
Miami Lak	xes, FL 33014	Audit Status : N	I/A			
Provider	Туре:	Current Rate	New Rate	Effective Date		
	Rural Health Clinic					
	Swing-Bed Provider					
	Federally Qualified Health Centers					
Х	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	241.9	4 244.50	0 07/01/2020		

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Ourseard Date New Date
New Port Richey, FL 34653	Audit Status : N/A
6111 Trouble Creek Rd	Fiscal Year End : N/A
	Date : 07/01/2020
Gulfside Regional Hospice	Provider Number : 087570800

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			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	210.96	6 217.08	07/01/2020

Basis :]	R	ate Type :	
	Budget		Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs			Prospective Adjusted for New costs
	Field audited costs			-
	Medicare - Prospective			Interim
Х	Payment System Rate			Total Interim
	Average Nursing Home Rate			Settlement based on costs
	Pasco			-

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Broward Hospital District	Provider Number : 100313200
Hospice of Gold Coast Home Health	Date : 07/01/2020
309 SE 18th St	Fiscal Year End : N/A
Ft. Lauderdale, FL 33316	Audit Status : N/A

Current Rate	New Rate	Effective Date
	231.71	07/01/2020
	Current Rate	Current Rate New Rate

Basis :	7	Rate Type :	7
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		-
	Medicare - Prospective		_ Interim
Х	Payment System Rate		_ Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Broward		-

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons	Hospice & Palliative Care of Pinellas	Provider Numb	er : 100944700)	
		Date : 07/01/2020			
17757 US Highway 19 N Ste 175		Fiscal Year End	d : N/A		
Clearwat	Clearwater, FL 33764 Audit Status : N/A		N/A		
Provider	Туре:	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)			<u>.</u>	
	#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	213.92	216.83	07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compass	sionate Care Hospice of Central Florida	Provider Numb	er : 101809700)
		Date : 07/01/20	Date : 07/01/2020	
2525 Dra	ne Field Rd Ste 4 Fiscal Year End : N/A			
Lakeland	, FL 33811	Audit Status : N	Audit Status : N/A	
Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	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

209.37 212.22 07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate C	are Hospice of Lake & Sumter		Provider	Numbe	er : 101811100	
		Date : 07/01/2020				
900 Main St. Ste 208		Fiscal Year End : N/A				
The Villages, FL	32159		Audit Status : N/A			
Provider Type:			Current	t Rate	New Rate	Effective Date
Rura	I Health Clinic					
Swin	g-Bed Provider					
Fede	rally Qualified Health Centers		1			
X Hosp	ice Provider					
#	651 Routine Home Care (1-60)					
#	651a Routine Home Care (61 +)		1			
#	652 Continuous Home Care		1			
#	652a Continuous Home Care - SIA		1			
#	655 Inpatient Respite Care		1			
#	656 General Inpatient Care		1			
#	658 Room and Board				223.43	07/01/2020
Basis :		Rate	Type :	7		
	 Budget		X	∟ Prosp	pective	
	Unaudited costs			_ Total	Prospective	
	Desk audited costs			– Prosp	ective Adjusted f	or New costs
	Field audited costs			-		
	Medicare - Prospective			- Interii	n	
x	Payment System Rate			- Total	Interim	
	Average Nursing Home Rate			Settle	ment based on c	osts
	Lake			-		

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassion	Compassionate Care Hospice of Miami Dade		Provider Number : 101811400			
			Date : 07	/01/20	20	
460 W 51 S	it PL # 464		Fiscal Year End : N/A			
Hialeah, FL	lialeah, FL 33012		Audit Status : N/A			
Provider Ty	уре:		Current	Rate	New Rate	Effective Date
	Rural Health Clinic					
	Swing-Bed Provider					
	Federally Qualified Health Centers					
Х	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			226.7	0 234.78	07/01/2020
Bas	sis :	Rate	Туре :]		
	Budget		x	J Prosp	ective	
	Unaudited costs			Total	Prospective	
	Desk audited costs			Prosp	ective Adjusted f	or New costs
	Field audited costs			-		
	Medicare - Prospective			Interir	n	
>	K Payment System Rate			Total	Interim	
	Average Nursing Home Rate			Settle	ment based on c	osts
	 Dade			-		

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice Inc		Provider Number : 103844700				
			Date : 07/01/20	20		
2900 W	Cypress Creek Rd, Ste 7	Fiscal Year End : N/A				
Ft. Lauderdale, FL 33309		Audit Status : N/A				
Provider Type:			Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
	Federally Qualified Health Centers					
Х	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

231.71 07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Morsefife Hospice Institute	Provider Number : 104177600			
Palm Beach Hospice by Morselife	Date : 07/01/2020			
4847 David S. Mack Drive	Fiscal Year End : N/A			
West Palm Beach, FL 33417	Audit Status : N/A			

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 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	1		
#658 Room and Board		233.04	07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard HMA Hospice	Provider Number : 104213800
Wuesthoff Helath Systems Brevard Hospice	Date : 07/01/2020
8060 Spyglass Hill Rd	Fiscal Year End : N/A
Viera, FL 32940-7983	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			
#652a Continuous Home Care - SIA			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		216.06	07/01/2020

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Okeechobee			Provider Number : 105197500				
				Date : 07	/01/20	20	
411 SE 4th St Okeechobee, FL 34974			Fiscal Year End : N/A				
				Audit Sta	tus : N	/A	
Provider	Туре:			Current	Rate	New Rate	Effective Date
	Rural H	lealth Clinic				1	
	Swing-	Bed Provider		1			
	Federa	Ily Qualified Health Centers		1			
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				258.86	6 07/01/2020
В	Basis :]	Rate	Type :]		
		_ Budget		x	Prosp	ective	
		Unaudited costs			Total	Prospective	
		Desk audited costs			Prosp	ective Adjusted	for New costs
		Field audited costs			-		
		Medicare - Prospective			Interir	n	
	Х	Payment System Rate			- Total	Interim	

Total Interim

Settlement based on costs

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Average Nursing Home Rate

Okeechobee

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bristol Hospice - Miami Dade			Provider Number : 105421900			
			Date : 07/01/	2020		
5201 Blue	Lagoon Dr, Ste 570	Fiscal Year B	End : N/A			
Miami, FL	331262021	Audit Status	: N/A			
Provider Type:			Current Ra	te New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider		•			
Federally Qualified Health Centers						
Х	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			234.78	3 07/01/2020	
Ba	asis :	Rate	Гуре :			
	Budget	×	 (Pr	ospective		
	Unaudited costs		To	tal Prospective		
	Desk audited costs		Pro	ospective Adjusted	for New costs	
	Field audited costs					

	Medicare - Prospective	Interim
Х	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs
	Dade	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Control Ele	vide Lleavies		Dravidar	Niumala			
North Central Florida Hospice			Provider Number : 106026400				
		Date : 07/01/2020					
4200 NW 90th Blv				Fiscal Year End : N/A			
Gainesville, FL 32606			Audit Status : N/A				
Provider Type:			Current	Rate	New Rate	Effective Date	
Rura	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						
#(655 Inpatient Respite Care						
#(656 General Inpatient Care						
#(658 Room and Board				223.99	07/01/2020	
Basis :		Rate	Туре :	1			
L	Budget	L	Х	⊐ Prosp	pective		
	Unaudited costs			_ Total	Prospective		
	Desk audited costs			- Prosp	ective Adjusted f	or New costs	
	Field audited costs			_			
	Medicare - Prospective			Interii	m		
х	Payment System Rate			_ Total	Interim		
	Average Nursing Home Rate			Settle	ement based on c	osts	
	Alachua			-			

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Hospice Care of South FI.	Provider Number : 150001500		
	Date : 07/01/202	20	
7270 N.W. 12th St., PH#6	Fiscal Year End : N/A		
Miami, FL 33126	Audit Status : N/A		
Provider Type:	Current Rate New Rate Effective D		
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	216.0	8 224.59	07/01/2020

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

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Florida Ho	spital Hospice Care Provider Number : 150003100		1		
		Date : 07/01/2020			
770 W. Gr	ranada Blvd	Fiscal Year En	Fiscal Year End : N/A		
Ormond B	each, FL 32174	Audit Status : I	Audit Status : N/A		
Provider	Туре:	Current Rate New Rate Effect			
	Rural Health Clinic				
	Swing-Bed Provider				
	Federally Qualified Health Centers				
Х	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

214.78 217.15 07/

7.15 07/01/2020

Basis :		[Rate Type :]
•	Budget	'	Х	Prospective
	Unaudited costs	-		Total Prospective
	Desk audited costs	-		Prospective Adjusted for New costs
	Field audited costs	-		-
	Medicare - Prospective	-		- Interim
Х	Payment System Rate	-		_ Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	Volusia	-		-

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Emerald Coast		Provider Number : 150009100			
		Date : 07/01/2020			
			Fiscal Year Er	nd : N/A	
			Audit Status : N/A		
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		213.	00 218.	67 07/01/2020
Basis :		Rate	Туре :		
	Budget		X Pros	spective	
	Unaudited costs		Tota	I Prospective	
	Desk audited costs		Pros	spective Adjuste	d for New costs
	Field audited costs				
	Medicare - Prospective		Inte	rim	

Total Interim
Settlement based on costs

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Payment System Rate

Average Nursing Home Rate

Bay

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Florida - Congress Ave		Provider Number : 150013900				
		Date : 07/01/2020				
100 S. Biscayne Blvd		Fiscal Year End : N/A				
Miami, FL 33131		Audit Status : N/A				
Provider Type:			Current	Rate	New Rate	Effective Date
Rural	Health Clinic					
Swing	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			228.0	8 227.99	07/01/2020
Basis :		Rate	Туре :]		
L	 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	

Settlement based on costs

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Average Nursing Home Rate

Palm Beach

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Sheph	nerd Hospice, Inc	Provider Number : 150021000			
		Date : 07/01/202			
115 South M	lissouri Ave	Fiscal Year End	Fiscal Year End : N/A		
Lakeland, Fl	L 33815	Audit Status : N	Audit Status : N/A		
Provider Ty	pe:	Current Rate New Rate Effective			
	Rural Health Clinic				
	Swing-Bed Provider				
	Federally Qualified Health Centers				
Х	Hospice Provider				
	#651 Routine Home Care (1-60)			<u> </u>	
	#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	208.5	8 211.13	07/01/2020	

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.	Provider Number : 150022800			
	Date : 07/01/2020			
3010 W. Azeele Street		Fiscal Year End	d : N/A	
Tampa, FL 33609		Audit Status : N	I/A	
Provider Type:	Current Rate New Rate Effective			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		214.9	6 221.20	07/01/2020
Basis :	Rate	Гуре :		
Budget	>	/ Prosp	pective	
Unaudited costs		Total	Prospective	
Desk audited costs		Prosp	pective Adjusted f	or New costs

	Field audited costs	
	Medicare - Prospective	Interim
Х	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs
	– Hillsborough	

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