

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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Tallahassee, Florida 32308

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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Tallahassee, Florida 32308

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

Duval

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Tallahassee, Florida 32308

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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Tallahassee, Florida 32308

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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Tallahassee, Florida 32308

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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Tallahassee, Florida 32308

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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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

Brevard

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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

Distribution:

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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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Program Development:

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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

Distribution:

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Program Development:

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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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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

| 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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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

| 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

Distribution:

Х

Fiscal Agent

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Program Development:

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Payment System Rate

Average Nursing Home Rate

Bay

W.Rydell Samuel, Administrator



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

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

Distribution:

Fiscal Agent

Contract Management

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Program Development:

___ For information Only (No Change in rate)

Average Nursing Home Rate

Palm Beach

W.Rydell Samuel, Administrator



State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

| 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 | | - |
| | | | |

Distribution:

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Contract Management

Permanent File

Program Development:

___ For information Only (No Change in rate)

W.Rydell Samuel, Administrator



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

| 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 | |
| | | |

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

___ For information Only (No Change in rate)

W.Rydell Samuel, Administrator