

00141800 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| HCR Manor Care Services of Florida, Inc | | | | Provider Number : 000141800 | | | | | |
|---|---------------------|--------------------------------------|--------|--|-------------------|------------------------------------|------------|--|--|
| Heartland Home Health Care and Hospice | | | | Date : 10/1/2018 | | | | | |
| 8130 |) Bayr | meadows Way W | | Fiscal Year End : N/A Audit Status : N/A | | | | | |
| Jack | sonvil | lle, FL 322564409 | | | | | | | |
| Provider Type: | | | Curren | t 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 - S | IA | | | | | | |
| | | #655 Inpatient Respite Care | | | | | | | |
| #656 General Inpatient Care | | | | | | | | | |
| | #658 Room and Board | | | | 199.5 | 212. | 10/01/2018 | | |
| Г | Ва | asis : | Rate | Type: | 7 | | | | |
| _ | | Budget | AL. | Х | Prospective | | | | |
| - | | Unaudited costs | 70 | | Total Prospective | | | | |
| - | | Desk audited costs | 77 | | Prosp | Prospective Adjusted for New costs | | | |
| - | | Field audited costs | 3 | | _ | | | | |
| - | | Medicare - Prospective | S7 | | _ Interir | n | | | |
| | | X Payment System Rate | 8 | | Total Interim | | | | |
| - | | Average Nursing Home Rate | 8 | | – Settle | ment based or | costs | | |
| - | | Duval | 8 | | - | | | | |
| | Distr | ribution: | | V.Rvdell S | Samuel, | Administrator | F | | |
| | Fisca | I Agent | | | | imbursement A | | | |
| | Contr | act Management | | | | | • | | |
| | Perm | anent File | | | | | | | |
| | Progr | ram Development: | | | | | | | |
| | | For information Only (No Change in r | ate) | | | | | | |



000532400 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Sa | maritan Care H | ospice of Osceola, LLC | | Provider Number : 000532400 | | | | | |
|---|----------------|--------------------------------------|-------------------|-----------------------------|-------------|----------------|-----------------|--|--|
| Samaritan Care Hospice | | | Date : 10/01/2018 | | | | | | |
| 13 | 00 North Semor | an Blvd., Ste 210 | | Fiscal Year End : N/A | | | | | |
| Or | lando, FL 3280 | 7 | | Audit St | atus : N | I/A | | | |
| Pr | ovider Type: | | | Currer | t Rate | New Rate | Effective Date | | |
| | Rural | Health Clinic | | | | | | | |
| | Swing | _j -Bed Provider | | | | | | | |
| | Feder | ally Qualified Health Centers | | | | | | | |
| | X Hospi | ce Provider | | | | | | | |
| | #6 | 51 Routine Home Care (1-60) | | | | | | | |
| #651a Routine Home Care (61 +) #652 Continuous Home Care #652a Continuous Home Care - SIA #655 Inpatient Respite Care | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | #6 | 56 General Inpatient Care | | | | | | | |
| | #6 | 58 Room and Board | | | 213.33 | 217. | 39 10/01/2018 | | |
| | Basis : | | Rate | Type : | 7 | | | | |
| | | Budget | 119- | Х | Prosp | ective | | | |
| | | Unaudited costs | | | Total | Prospective | | | |
| 29 | | Desk audited costs | | | Prosp | ective Adjuste | d for New costs | | |
| - 2 | | Field audited costs | | | | | | | |
| | | Medicare - Prospective | | | Interir | m | | | |
| | Χ | Payment System Rate | | | Total | Interim | | | |
| 3 | Х | Average Nursing Home Rate Orange | | | Settle - | ment based or | n costs | | |
| | Distribution | <u>.</u> | \ | W.Rydell S | Samuel, | Administrator | F | | |
| | Fiscal Agent | | _ | | | imbursement A | Analysis | | |
| | Contract Man | agement | | | | | - | | |
| | Permanent Fi | le | | | | | | | |
| | Program Deve | elopment: | | | | | | | |
| | For | information Only (No Change in rate) |) | | | | | | |
| | | | | | | | | | |



000602600 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Vitas Healthcare Corp of Central Florida | | | | Provider Number : 000602600 | | | | | | |
|--|----------------------|--------------------------------------|------|-----------------------------|-----------------------|-----------------|-----------------|--|--|--|
| Attn: Angela Santana | | | | Date : 10/01/2018 | | | | | | |
| 100 5 | 100 S. Biscayne Blvd | | | | Fiscal Year End : N/A | | | | | |
| Miam | ii, FL 33131 | | | Audit Status : N/A | | | | | | |
| Provi | ider Type: | | | Curren | t Rate | New Rate | Effective Date | | | |
| | Rural | Health Clinic | | | | | | | | |
| | Swing | g-Bed Provider | | | | | | | | |
| | Feder | ally Qualified Health Centers | | | | | | | | |
| 2 | 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 | | | 215.40 | 221. | 05 10/01/2018 | | | |
| | Basis: | | Rate | Type: | 1 | | | | | |
| _ | | Budget | | Х | Prosp | ective | | | | |
| - | | Unaudited costs | | | Total | Prospective | = | | | |
| _ | | Desk audited costs | | | – Prosp | ective Adjuste | d for New costs | | | |
| - | | Field audited costs | - | | - | | | | | |
| - | | — Medicare - Prospective | | | – Interir | m | | | | |
| | Х | Payment System Rate | | | - Total | Interim | | | | |
| | | — Average Nursing Home Rate | | | - Settle | ement based or | costs | | | |
| 8- | | Brevard | | | | | | | | |
| J | Distribution | <u>ı:</u> | V | V.Rydell S | Samuel, | , Administrator | F | | | |
| | Fiscal Agent | | _ | | | imbursement A | Analysis | | | |
| (| Contract Man | agement | | | | | • | | | |
| F | Permanent Fi | ile | | | | | | | | |
| F | Program Dev | elopment: | | | | | | | | |
| _ | For | information Only (No Change in rate) | | | | | | | | |



015728-00 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Odyssey Healthcare Miami-Dade | | Provider Number : 0015728-00 | | | | | | |
|--|------|------------------------------|----------|----------------|-----------------|--|--|--|
| | | Date : 10/1/2018 | | | | | | |
| 6161 Blue Lagoon Drive, Suite 170 | | Fiscal Year End : N/A | | | | | | |
| Miami, FL 33126-2045 | | Audit Sta | itus : 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 | | | 224.16 | 222. | 43 10/01/2018 | | | |
| Basis: | Rate | Type : | 1 | | | | | |
| Budget | (| X | Prosp | ective | | | | |
| Unaudited costs | - | | Total | Prospective | | | | |
| Desk audited costs | (- | | Prosp | ective Adjuste | d for New costs | | | |
| Field audited costs | 09 | | • | | | | | |
| Medicare - Prospective | (| | Interin | n | | | | |
| X Payment System Rate | | | Total | Interim | | | | |
| Average Nursing Home Rate | | | Settle | ment based or | n costs | | | |
| Duval | 0 | | | | | | | |
| Distribution: | | V.Rydell S | amuel, | Administrator | F | | | |
| Fiscal Agent | 72 N | ledicaid C | ost Rei | mbursement A | Analysis | | | |
| Contract Management | | | | | | | | |
| Permanent File | | | | | | | | |
| Program Development: | | | | | | | | |
| For information Only (No Change in rate) | | | | | | | | |



001636100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Regency Hospice of NW Florida, Inc. | Provide | Provider Number : 001636100 | | | | | |
|--|-------------|--|-----------------|-----------------|--|--|--|
| | Date : | Date : 10/01/2018 Fiscal Year End : N/A | | | | | |
| 4900 Bayou Blvd., Ste 101 | Fiscal ` | | | | | | |
| Pensacola, FL 32503 | Audit S | tatus : N | I/A | | | | |
| Provider Type: | Curre | nt 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 | | 212.8 | 0 223. | 20 10/01/2018 | | | |
| Basis: | Rate Type : | 7 | | | | | |
| Budget | X | Prosp | pective | | | | |
| Unaudited costs | - | Total Prospective | | | | | |
| Desk audited costs | | Prosp | ective Adjuste | d for New costs | | | |
| Field audited costs | | | | | | | |
| Medicare - Prospective | | Interi | m | | | | |
| X Payment System Rate | <u> </u> | Total | Interim | | | | |
| Average Nursing Home Rate | × | Settle | ement based or | n costs | | | |
| Escambia | l I | | | | | | |
| Distribution: | W.Rydell | Samuel, | , Administrator | R | | | |
| Fiscal Agent | | | imbursement A | Analysis | | | |
| Contract Management | | | | - | | | |
| Permanent File | | | | | | | |
| Program Development: | | | | | | | |
| For information Only (No Change in rate) | | | | | | | |

002782200 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Seasons | s Hospice a | and Palliative Care of Southern FL | | Provider Number : 002782200 Date : 10/01/2018 Fiscal Year End : N/A | | | | | |
|--|---------------------|-------------------------------------|-----------------------|---|-------------------|----------------|-----------------|--|--|
| | | | | | | | | | |
| 5200 No | ortheast 2n | d Avenue | | | | | | | |
| Miami, F | Miami, FL 32405 | | | Audit Statu | s : N | I/A | | | |
| Provider Type: | | | Current R | ate | New Rate | Effective Date | | | |
| | Rural Health Clinic | | | | | | | | |
| | Swing-Bed Provider | | | | | | | | |
| | Federa | ally Qualified Health Centers | | | | | | | |
| Х | Hospie | ce Provider | | | | | 1 | | |
| | #6 | 51 Routine Home Care (1-60) | | | | | | | |
| | #6 | 51a Routine Home Care (61 +) | | | | | | | |
| | #6 | 52 Continuous Home Care | | | | | | | |
| | #6 | 52a Continuous Home Care - SIA | | | | | | | |
| #655 Inpatient Respite Care | | | | | | | | | |
| #656 General Inpatient Care #658 Room and Board | | | | | | | | | |
| | | | 224.16 238.42 10/01/2 | | | | | | |
| | Basis : | | | Type : | | | | | |
| | | l Budget | | | rosp | ective | | | |
| = | | Unaudited costs | | | Total Prospective | | | | |
| (| | Desk audited costs | (0) | | | · | d for New costs | | |
| - | | Field audited costs | 7 | | | - | | | |
| | | Medicare - Prospective | 8 | lr | terir | n | | | |
| | X | Payment System Rate | - | T | otal | Interim | | | |
| - | Х | Average Nursing Home Rate | 84 | s | ettle | ment based or | n costs | | |
| | | — Dade | | | | | | | |
| Dis | stribution | <u>:</u> | V | /.Rydell Sam | nuel, | Administrator | F | | |
| Fise | cal Agent | | | edicaid Cos | t Re | imbursement A | Analysis | | |
| Cor | ntract Mana | agement | | | | | - | | |
| Per | rmanent Fil | le | | | | | | | |
| Pro | gram Deve | elopment: | | | | | | | |
| | For i | nformation Only (No Change in rate) | | | | | | | |



003815300 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| HCF | R Manor Care | e of Florida III, Inc. | | Provider Number : 003815300 | | | | | |
|------|--------------------|---|----------------|-----------------------------|------------|----------------|-----------------|--|--|
| Hea | rtland Hospid | ce Services - Plantation | | Date : 1 | 0/01/20 | 18 | | | |
| 150 | S. Pine Islan | nd Road, Suite 200 | | Fiscal Year End : N/A | | | | | |
| Plan | ntation, FL 3 | 33242695 | | Audit St | atus : N | /A | | | |
| Prov | vider Type: | | | Curren | t Rate | New Rate | Effective Date | | |
| | Rura | al Health Clinic | | Ł | | | | | |
| | Swing-Bed Provider | | | | | | | | |
| | Fede | erally Qualified Health Centers | | | | | | | |
| | X Hos | pice Provider | | | | | | | |
| | # | 651 Routine Home Care (1-60) | | | | | | | |
| | # | #651a Routine Home Care (61 +) | | | | | | | |
| | # | #652 Continuous Home Care | | | | | | | |
| | # | #652a Continuous Home Care - SIA | | | | | | | |
| | # | #655 Inpatient Respite Care | | | | | | | |
| | # | 656 General Inpatient Care | | | | | | | |
| | # | 658 Room and Board | | | 210.15 | 222. | 35 10/01/2018 | | |
| Γ | Basis : | | Rate | Гуре : | 7 | | | | |
| _ | | Budget |) | < | Prosp | ective | | | |
| - | | Unaudited costs | 0 | | _ Total | Prospective | | | |
| - | | Desk audited costs | <u> </u> | | Prosp | ective Adjuste | d for New costs | | |
| | | Field audited costs | a . | | | | | | |
| - | | Medicare - Prospective | 3 | | Interin | n | | | |
| | Х | Payment System Rate | | | Total | Interim | | | |
| | | Average Nursing Home Rate | | | Settle | ment based or | n costs | | |
| ,- | | Broward | | | | | | | |
| | Distributio | on: | W | .Rydell S | Samuel, | Administrator | F | | |
| | Fiscal Agen | t | | | | imbursement A | Analysis | | |
| | Contract Ma | anagement | | | | | - | | |
| | Permanent | File | | | | | | | |
| | Program De | evelopment: | | | | | | | |
| | Fo | r information Only (No Change in rate) | | | | | | | |
| | | 3 (· · · · · · · · · · · · · · · · · · | | | | | | | |



013656100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Brevard HMA Hospice | Provider Number: 013656100 |
|------------------------------------|--------------------------------------|
| Wuesthoff Health System Hospice | Date : 10/01/2018 |
| 8060 Spyglass Rd. | Fiscal Year End : N/A |
| Viera, FL 32940 | 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 | 206.07 213.89 10/01/2018 |
| 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 | |
| <u>Distribution:</u> | W.Rydell Samuel, Administrator |
| Fiscal Agent | Medicaid Cost Reimbursement Analysis |
| Contract Management | • |
| Contract Managornon | |
| Permanent File | |
| - | |

014043700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Provid | Provider Number : 014043700 Date : 10/01/2018 Fiscal Year End : N/A | | | | |
|--|---|---|---|--|--|
| Date : | | | | | |
| Fiscal | | | | | |
| Audit S | Status : N | I/A | | | |
| Curre | nt Rate | New Rate | Effective Date | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| and the state of t | | | | | |
| ì | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 208.33 | 220. | 99 10/01/2018 | | |
| Rate Type : | | | | | |
| X | Prosp | pective | | | |
| · | — Total | Prospective | | | |
| 0 | Prosp | pective Adjuste | d for New costs | | |
| | | | | | |
| | Interi | m | | | |
| - | — Total | Interim | | | |
| 4 | — | ement based or | n costs | | |
| | Settle | mont based of | | | |
| | — Settle | inent based of | | | |
| W.Rydell | | , Administrator | F | | |
| 14 | Samuel | | F | | |
| 14 | Samuel | , Administrator | F | | |
| 14 | Samuel | , Administrator | F | | |
| 14 | Samuel | , Administrator | F | | |
| | Date : Fiscal Audit S Curre | Date : 10/01/20 Fiscal Year End Audit Status : N Current Rate 208.33 Rate Type : X Prosp Total Prosp Interi | Date: 10/01/2018 Fiscal Year End: N/A Audit Status: N/A Current Rate New Rate 208.33 220. Rate Type: X Prospective Total Prospective Prospective Adjuste Interim Total Interim | | |

014190000 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Compassionate Care Hospice of Milami Dade and the R | assionate Care Hospice of Miami Dade and the Florida | | | Provider Number : 014190000 | | | | | |
|---|--|--|----------------|-----------------------------|-----------------|--|--|--|--|
| i cojo | | Date : 10/01/2018 Fiscal Year End : N/A | | | | | | | |
| 200 Lanidex Plz Ste 2101 | | | | | | | | | |
| Parsippany, NJ 07054-2746 | | Audit Status : N/A | | | | | | | |
| r droppany, no or our 21 to | | | | | | | | | |
| Provider Type: | | Curren | t Rate | New Rate | Effective Date | | | | |
| Rural Health Clinic | | | | | | | | | |
| Swing-Bed Provider | | Padmadmas | | | | | | | |
| 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 | #655 Inpatient Respite Care | | | | | | | | |
| #656 General Inpatient Care | | | | | | | | | |
| #658 Room and Board | | | 224.16 | 3 237. | 50 10/01/2018 | | | | |
| Basis: | Rat | e Type : | 7 | | | | | | |
| Budget | | X | ⊒ Prosp | ective | | | | | |
| Unaudited costs | 79 | | – Total | Prospective | | | | | |
| Desk audited costs | | | – Prosp | ective Adjuste | d for New costs | | | | |
| Field audited costs | 8 | | _ | | | | | | |
| Medicare - Prospective | (* <u> </u> | | – Interir | n | | | | | |
| X Payment System Rate | | | - Total | Interim | | | | | |
| Average Nursing Home Rate | S | | – Settle | ment based or | n costs | | | | |
| Dade | S | | 23 | | | | | | |
| <u>Distribution:</u> | | W.Rydell S | Samuel, | Administrator | F | | | | |
| Fiscal Agent | 15 | Medicaid Cost Reimbursement Analysis | | | | | | | |
| Contract Management | | | | | | | | | |
| Permanent File | | | | | | | | | |
| Program Development: | | | | | | | | | |
| For information Only (No Change in rate) |) | | | | | | | | |



015219700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Compassionate Care Hospice of Central Florida | Provider Number: 015219700 | | | | | |
|---|----------------------------|---|--------------------|----------------|--|--|
| | Date : 1 | Date : 10/1/2018 Fiscal Year End : N/A | | | | |
| 2525 Drane Field Rd Ste 4 | Fiscal \ | | | | | |
| Lakeland, FI 33811 | Audit S | status : N | I/A | | | |
| Provider Type: | Curre | nt 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 | | 209.4 | 1 209.04 | 10/01/2018 | | |
| Basis: | Rate Type : | 7 | | | | |
| Budget | X | Prosp | pective | | | |
| Unaudited costs | | — Total | Prospective | | | |
| Desk audited costs | | Prosp | pective Adjusted t | for New costs | | |
| Field audited costs | | _ | | | | |
| Medicare - Prospective | | Interi | m | | | |
| X Payment System Rate | | — Total | Interim | | | |
| Average Nursing Home Rate | | — Settle | ement based on o | osts | | |
| Polk | | | | | | |
| Distribution: | W.Rydell | Samuel. | , Administrator | F | | |
| Fiscal Agent | | | imbursement An | alysis | | |
| Contract Management | | | | - | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate) | | | | | | |



015328000 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Seasons Hospice & Palliative Care Broward FL LLC | Pr | Provider Number : 015328000 | | | | | |
|--|-------------------|---|-----------------|-----------------|--|--|--|
| | Da | Date : 10/01/2018 Fiscal Year End : N/A | | | | | |
| 1815 Griffin Rd Ste 410 | Fi | | | | | | |
| Dania Beach, Fl 33004 | Au | udit Status : N | /A | | | | |
| Provider Type: | C | urrent 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 | 228.88 241.95 10/ | | | | | | |
| Basis: | Rate Ty | pe: | | | | | |
| Budget | X | Prosp | ective | | | | |
| Unaudited costs | | Total | Prospective | | | | |
| Desk audited costs | - | Prosp | ective Adjusted | d for New costs | | | |
| Field audited costs | - | | | | | | |
| Medicare - Prospective | | Interir | n | | | | |
| X Payment System Rate | • | Total | Interim | | | | |
| X Average Nursing Home Rate | ¥ | Settle | ment based on | costs | | | |
| Broward | | | | | | | |
| Distribution: | W.R | ydell Samuel, | Administrator | F | | | |
| Fiscal Agent | Med | icaid Cost Re | imbursement A | nalysis | | | |
| Contract Management | | | | • | | | |
| Permanent File | | | | | | | |
| Program Development: | | | | | | | |
| For information Only (No Change in rate) | | | | | | | |



015986100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Covenant Hospice, Inc | Provid | Provider Number : 015986100 | | | | | |
|--|-------------|-----------------------------|-----------------|-----------------|--|--|--|
| | Date | Date : 10/01/2018 | | | | | |
| 5041 N. 12th | Fisca | Fiscal Year End : N/A | | | | | |
| Pensacola, FL 32504 | Audit | Status : N | I/A | | | | |
| Provider Type: | Curr | ent Rate | New Rate | Effective Date | | | |
| Rural Health Clinic | | | | | | | |
| Swing-Bed Provider | | | | | | | |
| Federally Qualified Health Centers | | | | | | | |
| X Hospice Provider | | | | | | | |
| #651 Routine Home Care (1-60) | | | | | | | |
| #651a Routine Home Care (61 +) | | | | | | | |
| #652 Continuous Home Care | | | | | | | |
| #652a Continuous Home Care - SIA | | | | | | | |
| #655 Inpatient Respite Care | | | | | | | |
| #656 General Inpatient Care | | | | | | | |
| #658 Room and Board | | 206.30 | 230. | 72 10/01/2018 | | | |
| Basis: | Rate Type : | | | | | | |
| Budget | X | Prosp | pective | | | | |
| Unaudited costs | | Total | Prospective | | | | |
| Desk audited costs | | Prosp | pective Adjuste | d for New costs | | | |
| Field audited costs | | | | | | | |
| Medicare - Prospective | | Interi | m | | | | |
| X Payment System Rate | | Total | Interim | | | | |
| Average Nursing Home Rate Escambia | | Settle | ement based or | n costs | | | |
| Distribution: | W.Ryde | ll Samuel | , Administrator | F | | | |
| Fiscal Agent | Medicai | d Cost Re | eimbursement A | Analysis | | | |
| Contract Management | | | | | | | |
| Permanent File | | | | | | | |
| Program Development: | | | | | | | |
| For information Only (No Change in rate) | | | | | | | |



016254400 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Odyssey Healthcare of Marion County | Prov | Provider Number : 016254400 Date : 10/01/2018 Fiscal Year End : N/A | | | | |
|---|-----------|---|-----------------|-----------------------|--|--|
| Kindred at Home-Hospice | Date | | | | | |
| 1300 N Semoran Blvd Ste 210 | Fisc | | | | | |
| Orlando, Fl 32807 | Aud | it Status : N | I/A | | | |
| Provider Type: | | rrent 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 | | 213.3 | 3 226. | 28 10/01/2018 | | |
| Basis : | Rate Type | : | | | | |
| Budget | X | Pros | pective | | | |
| Unaudited costs | | Total | Prospective | | | |
| Desk audited costs | | Pros | pective Adjuste | d for New costs | | |
| Field audited costs | | | | | | |
| Medicare - Prospective | | Interi | m | | | |
| X Payment System Rate | | Total | Interim | | | |
| Average Nursing Home Rate | | Settle | ement based or | n costs | | |
| Orange | | - | | | | |
| <u>Distribution:</u> | .I | lell Samuel | , Administrator | T | | |
| Fiscal Agent | | | eimbursement A | Analysis | | |
| Contract Management | | | | - | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate | e) | | | | | |



17287500 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Compassionate Care Hospice of Lake & Sumter | Provider | · Numbe | er : 017287500 | | |
|---|-------------|-----------------------|-----------------|----------------|--|
| | Date : 1 | Date : 10/01/2018 | | | |
| 214 E Washington St Apt C | Fiscal Y | Fiscal Year End : N/A | | | |
| Minneola , FI 34715 | Audit St | Audit Status : N/A | | | |
| Provider Type: | Curren | t Rate | New Rate | Effective Date | |
| Rural Health Clinic | | | | | |
| Swing-Bed Provider | | | | | |
| Federally Qualified Health Centers | | | | | |
| X Hospice Provider | | | | | |
| #651 Routine Home Care (1-60) | | | | | |
| #651a Routine Home Care (61 +) | | | | | |
| #652 Continuous Home Care | | | | | |
| #652a Continuous Home Care - SIA | | | | | |
| #655 Inpatient Respite Care | | | | | |
| #656 General Inpatient Care | | | | | |
| #658 Room and Board | | 220.91 | 223.5 | 0 10/01/2018 | |
| Basis: | Rate Type : | 7 | | | |
| Budget | Х | ⊐ Prosp | ective | | |
| Unaudited costs | | _ Total | Prospective | | |
| Desk audited costs | | Prosp | ective Adjusted | for New costs | |
| Field audited costs | | | | | |
| Medicare - Prospective | | – Interir | n · | | |
| X Payment System Rate | | Total | Interim | | |
| Average Nursing Home Rate | | _ Settle | ment based on | costs | |
| Lake | | | | | |
| Distribution: | W.Rydell S | Samuel, | Administrator | F | |
| Fiscal Agent | | | imbursement Ar | nalysis | |
| Contract Management | | | | | |
| Permanent File | | | | | |
| Program Development: | | | | | |
| For information Only (No Change in rate) | | | | | |



019255800 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| HCR Manor Care Services of Florida Inc. | Pi | Provider Number : 019255800 Date : 10/01/2018 Fiscal Year End : N/A | | | | |
|--|---------|---|-----------------|----------------|--|--|
| Heartland Hospice | D | | | | | |
| 5975 Sunset Drive Suite 301 | Fi | | | | | |
| South Miami, FL 33143 | | udit Status : N | I/A | | | |
| Provider Type: | | urrent 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 | | 224.16 | 238.4 | 2 10/01/2018 | | |
| Basis: | Rate Ty | pe: | | | | |
| Budget | X | Prosp | ective | | | |
| Unaudited costs | () | Total | Prospective | | | |
| Desk audited costs | | | ective Adjusted | for New costs | | |
| Field audited costs | 6= | | • | | | |
| Medicare - Prospective | | Interi | m | | | |
| X Payment System Rate | 7. | Total | Interim | | | |
| Average Nursing Home Rate | | Settle | ment based on | costs | | |
| Dade | 8 | | | | | |
| Distribution: | W.R | ydell Samuel, | Administrator | F | | |
| Fiscal Agent | Med | icaid Cost Re | imbursement Ar | nalysis | | |
| Contract Management | | | | | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate) | | | | | | |



087000500 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Но | ospice of I.R.C. | pice of I.R.C. Provider Number : 087000500 | | | | | |
|-----------------------------|---------------------------------------|--|-----------------------|------------|-----------------|-----------------------|--|
| | | | Date : 10/01/2018 | | | | |
| 11 | 11 36th Street | | Fiscal Year End : N/A | | | | |
| Ve | Vero Beach, FL 32960 | | | atus : N | //A | | |
| Provider Type: | | | Curren | t Rate | New Rate | Effective Date | |
| | Rural Health Clinic | | | | | | |
| | Swing-Bed Provider | | | | | | |
| | Federally Qualified Health Centers | | | | | | |
| | X Hospice Provider | | ¢ | | | | |
| - | #651 Routine Home Care (1-60) | | | | | | |
| | #651a Routine Home Care (61 +) | | | | | | |
| | #652 Continuous Home Care | | | | | | |
| | #652a Continuous Home Care - SI/ | A | | | | | |
| | #655 Inpatient Respite Care | | | | | | |
| #656 General Inpatient Care | | | | | | | |
| | #658 Room and Board | | | 217.86 | 211.0 | 10/01/2018 | |
| ĺ | Basis: | Rate | Type: | | | | |
| | Budget | | Х | Prosp | ective | | |
| | Unaudited costs | | | _ Total | Prospective | | |
| 2.5 | Desk audited costs | | | Prosp | ective Adjusted | d for New costs | |
| | Field audited costs | 9/ | | | | | |
| | Medicare - Prospective | | | Interir | m | | |
| | X Payment System Rate | | | _ Total | Interim | | |
| | Average Nursing Home Rate | (==== | | Settle | ment based or | costs | |
| | Indian River | | | | | | |
| | <u>Distribution:</u> | | W.Rydell S | Samuel, | Administrator | F | |
| | Fiscal Agent | | Medicaid (| Cost Re | imbursement A | nalysis | |
| | Contract Management | | | | | | |
| | Permanent File | | | | | | |
| | Program Development: | | | | | | |
| | For information Only (No Change in ra | ite) | | | | | |
| | | | | | | | |

087246600 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Vitas Healthcare Corporation - Dade County | Prov | Provider Number : 087246600 Date : 10/1/2018 Fiscal Year End : N/A Audit Status : N/A | | | | |
|--|-----------|--|-----------------|-----------------|--|--|
| Attn: Angela Santana | Date | | | | | |
| 100 S. Biscayne Blvd | Fisc | | | | | |
| Miami, FL 33131 | Aud | | | | | |
| Provider Type: | Cu | rrent Rate | New Rate | Effective Date | | |
| Rural Health Clinic | | | | | | |
| Swing-Bed Provider | | | | | | |
| Federally Qualified Health Centers | | | | | | |
| X Hospice Provider | | | | | | |
| #651 Routine Home Care (1-60) | | | | | | |
| #651a Routine Home Care (61 +) | | | | | | |
| #652 Continuous Home Care | | | | | | |
| #652a Continuous Home Care - SIA | | | | | | |
| #655 Inpatient Respite Care | | | | | | |
| #656 General Inpatient Care | | | | | | |
| #658 Room and Board | | 231.1 | 9 242. | 51 10/01/2018 | | |
| Basis: | Rate Type |): | | | | |
| Budget | X | Prosi | pective | | | |
| Unaudited costs | | Total | Prospective | | | |
| Desk audited costs | | Pros | pective Adjuste | d for New costs | | |
| Field audited costs | | | | | | |
| Medicare - Prospective | - | Interi | m | | | |
| X Payment System Rate | | Total | Interim | | | |
| Average Nursing Home Rate | | Settle | ement based or | n costs | | |
| Dade | | | | | | |
| Distribution: | W.Rvd | iell Samuel | , Administrator | F | | |
| Fiscal Agent | 4 | | eimbursement / | | | |
| Contract Management | | | | , | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate) |) | | | | | |



087255500 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| St. | St. Francis Hospice | | | Provider Number : 087255500 | | | | |
|-----------------------------|---|-------------------------------------|------------|-----------------------------|--------------|---------------------|-----------------|--|
| | | | | Date : 1 | 0/01/20 | 18 | | |
| 12 | 1250-B Grumman Place Titusville, FL 32780 | | | Fiscal Year End : N/A | | | | |
| Tit | | | | Audit St | atus : N | /A | | |
| Provider Type: | | | Curren | t Rate | New Rate | Effective Date | | |
| | Rural | Health Clinic | | | | | | |
| | Swing | -Bed Provider | | | | | | |
| | Federa | ally Qualified Health Centers | | | | | | |
| | X Hospi | ce Provider | | | | | | |
| | #6 | 51 Routine Home Care (1-60) | | | | | | |
| | #6 | 51a Routine Home Care (61 +) | | | | | | |
| | #6 | 52 Continuous Home Care | | | | | | |
| | #6 | 52a Continuous Home Care - SIA | | | | | | |
| | #6 | 55 Inpatient Respite Care | | | | | | |
| #656 General Inpatient Care | | | | | | | | |
| #658 Room and Board | | | 10/01/2018 | | | | | |
| [| Basis : | | Rate | Type : | 7 | | | |
| | | Budget | | X | Prosp | ective | | |
| | | Unaudited costs | | | _ Total | Prospective | | |
| | | Desk audited costs | | | Prosp | ective Adjuste | d for New costs | |
| | | Field audited costs | | | | | | |
| | | Medicare - Prospective | | | _ Interir | m | | |
| | X | Payment System Rate | | | Total | Interim | | |
| | | Average Nursing Home Rate | | Settlem | | ment based on costs | | |
| | | Brevard | | | | | | |
| | Distribution | <u>.</u> | V | V.Rydell S | Samuel, | Administrator | F | |
| | Fiscal Agent | | | | | imbursement A | | |
| | Contract Mana | agement | | | | | | |
| | Permanent Fil | e | | | | | | |
| | Program Deve | elopment: | | | | | | |
| | For i | nformation Only (No Change in rate) | | | | | | |
| | ~ | , , , , | | | | | | |

087256300 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Но | spice of the C | Comforter | in the same of the | Provider Number : 087256300 | | | | |
|-----------------------------|----------------|---|--|-----------------------------|-------------|-----------------|-----------------|--|
| | | | | Date : 10/01/2018 | | | | |
| 48 | 0 West Centra | al Pkwy | | Fiscal Year End : N/A | | | | |
| Alt | amonte Sprin | gs, FL 327143125 | | Audit St | atus : N | /A | | |
| Pr | ovider Type: | | | Curren | t Rate | New Rate | Effective Date | |
| t | Rur | al Health Clinic | | | | | | |
| | Swi | ing-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 | | | 214.5 | 8 223. | 58 10/01/2018 | |
| | Basis : | | Rat | e Type : | 7 | | | |
| | | Budget | | Х | Prosp | ective | | |
| 2 | | Unaudited costs | | | _ Total | Prospective | | |
| | | Desk audited costs | | | Prosp | ective Adjuste | d for New costs | |
| 3 | | Field audited costs | | | | | | |
| - 51 | | Medicare - Prospective | | | _ Interi | m | | |
| | Х | Payment System Rate | | | _ Total | Interim | | |
| 54 | | Average Nursing Home Rate | | | - Settle | ement based or | costs | |
| 19 | | Seminole | | | _ | | | |
| | Distributi | on: | | W.Rydell \$ | Samuel | , Administrator | F | |
| | Fiscal Age | nt | | Medicaid (| Cost Re | imbursement A | nalysis | |
| | Contract M | anagement | | | | | | |
| | Permanent | t File | | | | | | |
| | Program D | evelopment: | | | | | | |
| | F | or information Only (No Change in rate) | | | | | | |
| | | | | | | | | |

087407800 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Community Hospice of Northeast | | Provider Number : 087407800 | | | | |
|--|---------|--|-----------------|------------------|--|--|
| | D | Date : 10/01/2018 Fiscal Year End : N/A | | | | |
| 4266 Sunbeam Road | Fi | | | | | |
| Jacksonville, FL 32257 | A | udit Status : N | Ϊ/A | | | |
| Provider Type: | | urrent 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 | | 210.23 | 3. 220. | .08 10/01/2018 | | |
| Basis: | Rate Ty | pe : | | | | |
| Budget | Х | Prosp | pective | | | |
| Unaudited costs | | Total | Prospective | | | |
| Desk audited costs | 7 | Prosp | ective Adjuste | ed for New costs | | |
| Field audited costs | | | | | | |
| Medicare - Prospective | | Interi | m | | | |
| X Payment System Rate | | Total | Interim | | | |
| Average Nursing Home Rate | | Settle | ement based or | n costs | | |
| Duval | | | | | | |
| Distribution: | W.R | ydell Samuel, | , Administrator | | | |
| Fiscal Agent | | | imbursement / | | | |
| Contract Management | | | | - | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate) | | | | | | |



087514700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| | Doto : 1 | | | | |
|------------------------------------|--|--------------|-----------------|-----------------|--|
| | Date : 10/01/2018 | | | | |
| 1201 SE Indian Street | Fiscal Y | ear End | : N/A | | |
| Stuart, FL 34997 | Audit St | atus : N | /A | | |
| Provider Type: | Curren | t Rate | New Rate | Effective Date | |
| Rural Health Clinic | | | | | |
| Swing-Bed Provider | | | | | |
| Federally Qualified Health Centers | | | | | |
| X Hospice Provider | | | | | |
| #651 Routine Home Care (1-60) | | | | | |
| #651a Routine Home Care (61 +) | - Additional and Addi | | | | |
| #652 Continuous Home Care | | | | | |
| #652a Continuous Home Care - SIA | | | | | |
| #655 Inpatient Respite Care | | | | | |
| #656 General Inpatient Care | | | | | |
| #658 Room and Board | | 233.80 | 233.2 | 29 10/01/2018 | |
| Basis: | Rate Type : | | | | |
| Budget | Х | Prosp | ective | | |
| Unaudited costs | | Total | Prospective | | |
| Desk audited costs | | Prosp | ective Adjusted | d for New costs | |
| Field audited costs | | | | | |
| Medicare - Prospective | | _ Interir | n | | |
| X Payment System Rate — | | _ Total | Interim | | |
| Average Nursing Home Rate | | – Settle | ment based on | costs | |
| Martin | | _ | | | |
| <u>Distribution:</u> | W.Rydell S | Samuel, | Administrator | F | |
| Fiscal Agent | Medicaid (| Cost Re | imbursement A | nalysis | |
| Contract Management | | | | | |
| Permanent File | | | | | |
| | | | | | |
| Program Development: | | | | | |



087516300 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospice of Palm Beach County | | Provider Number : 087516300 | | | | |
|--|--|-----------------------------|-----------------|-----------------|--|--|
| | Date | Date : 10/01/2018 | | | | |
| 5300 East Avenue | Fisca | Fiscal Year End : N/A | | | | |
| West Palm Beach, FL 33407 | West Palm Beach, FL 33407 Audit Status : 1 | | | | | |
| Provider Type: | | rent 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 | | 228.4 | 8 242. | 94 10/01/2018 | | |
| Basis: | Rate Type | :] | | | | |
| Budget | X | Prosp | ective | | | |
| Unaudited costs | ?===== | Total | Prospective | | | |
| Desk audited costs | (| Prosp | ective Adjuste | d for New costs | | |
| Field audited costs | 31 | | | | | |
| Medicare - Prospective | | Interi | m | | | |
| X Payment System Rate | 0; | Total | Interim | | | |
| Average Nursing Home Rate | (| Settle | ement based or | n costs | | |
| Palm Beach | K | | | | | |
| Distribution: | W.Ryd | ell Samuel | , Administrator | | | |
| Fiscal Agent | Medica | id Cost Re | imbursement A | Analysis | | |
| Contract Management | | | | - | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate) | | | | | | |



087519800 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| North Central Florida Hospice | | Provider Number : 087519800 | | | | |
|----------------------------------|-------------|-----------------------------|------------------|----------------|--|--|
| Attn: Revenue Accounting Manager | | Date : 10/01/2018 | | | | |
| 4200 NW 90th Blvd | | Fiscal Year End : N/A | | | | |
| Gainesville, FL 326063809 | | Audit Status : N | N/A | | | |
| Provider Type: | | Current Rate | New Rate | Effective Date | | |
| Rural Health Clinic | | | | | | |
| Swing-Bed Provider | | | | | | |
| Federally Qualified Health Cen | ters | | | | | |
| X Hospice Provider | | | | | | |
| #651 Routine Home Care (1 | 1-60) | | | | | |
| #651a Routine Home Care | (61 +) | | | | | |
| #652 Continuous Home Ca | re | | | | | |
| #652a Continuous Home C | are - SIA | | | | | |
| #655 Inpatient Respite Care | 9 | | | | | |
| #656 General Inpatient Car | e | | | | | |
| #658 Room and Board | | 214.7 | 4 223.9 | 1 10/01/2018 | | |
| Basis: | Rate | Type : | | | | |
| Budget | 2 | X Pros | pective | | | |
| Unaudited costs | | Total | Prospective | | | |
| Desk audited costs | | Pros | pective Adjusted | for New costs | | |
| Field audited costs | | | | 1 | | |
| Medicare - Prospective | | Interi | m | | | |
| X Payment System Rate | | Total | Interim | | | |
| Average Nursing Home Alachua | Rate | Settle | ement based on | costs | | |
| <u>Distribution:</u> | l | /.Rydell Samuel | , Administrator | F | | |
| Fiscal Agent | M | edicaid Cost Re | imbursement Ar | nalysis | | |
| Contract Management | | | | | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Char | ge in rate) | | | | | |

087520100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospice of Marion County | Pr | Provider Number: 087520100 | | | | |
|--|--|----------------------------|----------------|-----------------|--|--|
| | Da | ate: 10/01/20 | 18 | | | |
| P.O. Box 4860 | Fi | scal Year End | : N/A | | | |
| Ocala, FL 344784860 | Αι | udit Status : N | /A | | | |
| Provider Type: | C | urrent 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 | | 209.50 | 224. | 15 10/01/2018 | | |
| Basis: | Rate Ty | pe: | | | | |
| Budget | X | | ective | | | |
| Unaudited costs | ===== | Total | Prospective | | | |
| Desk audited costs | 0 | Prosp | ective Adjuste | d for New costs | | |
| Field audited costs | | | | | | |
| Medicare - Prospective | \ <u></u> | Interir | n | | | |
| X Payment System Rate | = | Total | Interim | | | |
| Average Nursing Home Rate | | Settle | ment based or | costs | | |
| Marion |)————————————————————————————————————— | | | | | |
| Distribution: | W.R | ydell Samuel, | Administrator | F | | |
| Fiscal Agent | | | imbursement A | Analysis | | |
| Contract Management | | | | • | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate) | | | | | | |



087522800 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospice of Health First | | | Provider Number : 087522800 | | | | |
|--------------------------|---|------|-----------------------------|--------------|-----------------|----------------|--|
| | | | Date : 10/01/2018 | | | | |
| 1900 Dai | iry Road | | Fiscal Ye | ear End | : N/A | | |
| West Melbourne, FL 32904 | | | Audit Sta | itus : N | /A | | |
| Provider | r 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 +) | | plant. | | | | |
| | #652 Continuous Home Care | | | | | | |
| | #652a Continuous Home Care - SIA | | | | | | |
| | #655 Inpatient Respite Care | | | | | | |
| | #656 General Inpatient Care | | | | | | |
| #658 Room and Board | | | Ť. | 211.47 | 225.7 | 7 10/01/2018 | |
| Е | Basis: | Rate | Type : | 1 | | | |
| | Budget | | X | Prosp | ective | | |
| - | Unaudited costs | | | Total | Prospective | | |
| { | Desk audited costs | | | Prosp | ective Adjusted | for New costs | |
| - | Field audited costs | | | - | | | |
| 3===== | Medicare - Prospective | - | | - Interir | m | | |
| | X Payment System Rate | | | - Total | Interim | | |
| | Average Nursing Home Rate | | | - Settle | ment based on | costs | |
| | Brevard | | | -5 | | • | |
| Dis | tribution: | | /.Rydell S | amuel, | Administrator | F | |
| Fisc | al Agent | N | ledicaid C | ost Re | imbursement Ar | nalysis | |
| Con | tract Management | | | | | | |
| Perr | manent File | | | | | | |
| Prog | gram Development: | | | | | | |
| | For information Only (No Change in rate | e) | | | | | |
| | | | | | | | |



087523600 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospice of Volusia | Provider Number: 087523600 | | | | |
|--|--------------------------------------|--|--|--|--|
| | Date: 10/01/2018 | | | | |
| 3800 Woodbriar Trail | Fiscal Year End : N/A | | | | |
| Port Orange, FL 32129 | 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 | 214.52 225.86 10/01/2018 | | | | |
| 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 | | | | |
| Volusia | | | | | |
| Distribution: | W.Rydell Samuel, Administrator | | | | |
| Fiscal Agent | Medicaid Cost Reimbursement Analysis | | | | |
| Contract Management | · | | | | |
| Permanent File | | | | | |
| Program Development: | | | | | |
| For information Only (No Change in rate) | | | | | |

087524400 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Big Bend Hospice | Pr | Provider Number: 087524400 | | | | |
|--|----------|----------------------------|------------------|----------------|--|--|
| | Da | ate: 10/01/20 |)18 | | | |
| 1723 Mahan Center Blvd. | Fis | Fiscal Year End : N/A | | | | |
| Tallahassee, FL 323085428 | AL | ıdit Status : N | I/A | | | |
| Provider Type: | C | urrent Rate | New Rate | Effective Date | | |
| Rural Health Clinic | G E | | | | | |
| 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 | | 209.66 | 5 228.2 | 8 10/01/2018 | | |
| Basis: | Rate Typ | pe: | | | | |
| Budget | X | Prosp | pective | | | |
| Unaudited costs | | Total | Prospective | | | |
| Desk audited costs | | Prosp | pective Adjusted | for New costs | | |
| Field audited costs | | | | | | |
| Medicare - Prospective | | Interi | m | | | |
| X Payment System Rate | | Total | Interim | | | |
| Average Nursing Home Rate | | Settle | ement based on | costs | | |
| Leon | | | | | | |
| Distribution: | W.R | ydell Samuel | , Administrator | F | | |
| Fiscal Agent | Medi | icaid Cost Re | eimbursement Ar | nalysis | | |
| Contract Management | | | | | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate) | | | | | | |



087525200 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Но | Hospice of the Florida Keys, Inc. | | | Provider Number : 087525200 | | | | |
|------------------------|-----------------------------------|--|--|-----------------------------|--------------|-----------------|----------------|--|
| į | | | T I STATE OF THE S | Date : 10/01/2018 | | | | |
| 13 | 1319 William Street | | | Fiscal Year End : N/A | | | | |
| Key West, FL 330404736 | | | | Audit St | atus : N | /A | | |
| Pr | ovider Type: | | | Currer | t Rate | New Rate | Effective Date | |
| | Rura | l Health Clinic | | | | | | |
| | Swin | g-Bed Provider | | | | | | |
| | Fede | erally Qualified Health Centers | | | | | | |
| | X Hosp | pice Provider | | | | | | |
| | # | 651 Routine Home Care (1-60) | | | | | | |
| | # | 651a Routine Home Care (61 +) | | | | | | |
| | # | 652 Continuous Home Care | | | | | | |
| | # | 652a Continuous Home Care - SIA | | | | | | |
| | # | 655 Inpatient Respite Care | | | | | | |
| | # | 656 General Inpatient Care | | | | | | |
| | # | 658 Room and Board | | | 220.02 | 234.0 | 6 10/01/2018 | |
| | Basis : | | Rate | Type: | 7 | | | |
| 8 | | Budget | Li | Х | Prosp | ective | | |
| - 6 | | Unaudited costs | :: | | _ Total | Prospective | | |
| S | | Desk audited costs | Q | | Prosp | ective Adjusted | for New costs | |
| - 5 | | Field audited costs | 0 | | _ | | | |
| 35 | | Medicare - Prospective | (c | | _ Interir | n | | |
| | X | Payment System Rate | :: | | Total | Interim | | |
| | Х | Average Nursing Home Rate | (===== | | Settle | ment based on | costs | |
| | | Monroe | · | | _, | | | |
| | Distributio | <u>)</u> <u>)n:</u> | | W.Rydell : | Samuel, | Administrator | F | |
| | Fiscal Agent | t | 8- | Medicaid (| Cost Re | imbursement Ar | nalysis | |
| | Contract Ma | nagement | | | | | | |
| | Permanent I | File | | | | | | |
| | Program De | velopment: | | | | | | |
| | Fo | r information Only (No Change in rate) | | | | | | |
| | | , | | | | | | |

087526100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospice of Lake and Sumter | Provid | Provider Number : 087526100 | | | | |
|--|-------------|-----------------------------|-----------------|-----------------|--|--|
| | Date : | 10/01/20 | 18 | | | |
| 12300 Lane Park Road | Fiscal | Year End | d : N/A | | | |
| Tavares, FL 32778 | Audit | Status : N | I/A | | | |
| Provider Type: | Curr | ent 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 | | 218.66 | 225. | 39 10/01/2018 | | |
| Basis: | Rate Type : | | | | | |
| Budget | X | Prosp | ective | | | |
| Unaudited costs | 1 | — Total | Prospective | | | |
| Desk audited costs | | — Prosp | ective Adjuste | d for New costs | | |
| Field audited costs | • | | | | | |
| Medicare - Prospective | ** | Interi | m | | | |
| X Payment System Rate | * | Total | Interim | | | |
| Average Nursing Home Rate | | Settle | ement based or | n costs | | |
| Lake | | - | | | | |
| <u>Distribution:</u> | W.Ryde | I Samuel, | , Administrator | F | | |
| Fiscal Agent | | | imbursement / | -/- | | |
| Contract Management | | | | | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate) | | | | | | |

087527900 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Tidewell Hospice & Palliative Care | Provider Number : 087527900 | | | | |
|--|-----------------------------|---------------------------------------|-----------------|-----------------|--|
| | Date : 10/01/2018 | | | | |
| 5955 Rand Blvd | Fis | scal Year End | : N/A | | |
| Sarasota, FL 34238 | Au | dit Status : N | /A | | |
| Provider Type: | С | urrent Rate | New Rate | Effective Date | |
| Rural Health Clinic | | | | | |
| Swing-Bed Provider | | | | | |
| Federally Qualified Health Centers | | | | | |
| X Hospice Provider | | | | | |
| #651 Routine Home Care (1-60) | | | | | |
| #651a Routine Home Care (61 +) | | | | | |
| #652 Continuous Home Care | | | | | |
| #652a Continuous Home Care - SIA | | | | | |
| #655 Inpatient Respite Care | | | | | |
| #656 General Inpatient Care | | | | | |
| #658 Room and Board | | 226.70 | 231.9 | 92 10/01/2018 | |
| Basis : | Rate Typ | pe: | | | |
| Budget | X | Prosp | ective | | |
| Unaudited costs | | Total | Prospective | | |
| Desk audited costs | | Prosp | ective Adjusted | d for New costs | |
| Field audited costs | | · · · · · · · · · · · · · · · · · · · | | | |
| Medicare - Prospective | | Interir | n | | |
| X Payment System Rate | | Total | Interim | | |
| Average Nursing Home Rate | | Settle | ment based or | costs | |
| Sarasota | | | | | |
| Distribution: | W.R ₃ | /dell Samuel, | Administrator | F | |
| Fiscal Agent | Medi | caid Cost Re | imbursement A | nalysis | |
| Contract Management | | | | | |
| Permanent File | | | | | |
| Program Development: | | | | | |
| For information Only (No Change in rate) | | | | | |



087528700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospice of the Treasure Coast | Provider Number : 087528700 |
|--|--------------------------------------|
| | Date : 2018/10 |
| 1201 SE Indian St | Fiscal Year End : N/A |
| Stuart, FL 34997 | 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 | 220.01 233.68 10/01/2018 |
| 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 |
| St Lucie | |
| Distribution: | W.Rydell Samuel, Administrator |
| Fiscal Agent | Medicaid Cost Reimbursement Analysis |
| Contract Management | · |
| Permanent File | |
| Program Development: | |
| For information Only (No Change in rat | e) |



087529500 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospid | ce by the Se | a | | Provider Number : 087529500 | | | | |
|--|--------------|--------------------------------|------|-----------------------------|----------|----------------|-----------------|--|
| | | | | Date : 1 | 0/01/20 | 18 | | |
| 1531 W. Palmetto Park Road Boca Raton, FL 334863395 | | | | Fiscal Year End : N/A | | | | |
| | | | | Audit St | atus : N | /A | | |
| Provid | der Type: | | | Curren | t Rate | New Rate | Effective Date | |
| | Rural | Health Clinic | | | | | | |
| | Swing | -Bed Provider | | | | | | |
| | Feder | ally Qualified Health Centers | | | | | | |
| Х | Hospi | ce Provider | | | | | | |
| | #6 | 51 Routine Home Care (1-60) | | | | | | |
| | #6 | 51a Routine Home Care (61 +) | | | | | | |
| | #6 | 52 Continuous Home Care | | | | | | |
| | #6 | 52a Continuous Home Care - SIA | | | | | | |
| | #6 | 55 Inpatient Respite Care | | | | | | |
| | #6 | 56 General Inpatient Care | | | | | | |
| | #6 | 58 Room and Board | | | 229.25 | 240. | 79 10/01/2018 | |
| | Basis : | | Rate | Type : | 7 | | | |
| | | Budget | 111 | X | Prosp | ective | | |
| | | Unaudited costs | | | Total I | Prospective | | |
| | | Desk audited costs | | | Prosp | ective Adjuste | d for New costs | |
| | | Field audited costs | | | | | | |
| | | Medicare - Prospective | | | Interin | n | | |
| | X | Payment System Rate | 0: | | Total | Interim | | |
| | Х | Average Nursing Home Rate | | | Settle | ment based or | n costs | |
| | | Palm Beach | | | | | | |
| D | istribution | <u>:</u> | V | /.Rydell S | Samuel, | Administrator | F | |
| Fi | iscal Agent | | M | ledicaid C | Cost Rei | mbursement A | Analysis | |
| С | ontract Man | agement | | | | | - | |
| P | ermanent Fi | le | | | | | | |
| Р | rogram Deve | elopment: | | | | | | |
| | | | | | | | | |



087532500 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospice of the Florida Suncoast | | | Provider Number : 087532500 | | | | | | |
|---------------------------------|-----------|---------|------------------------------------|----------|-------------------|-----------|----------------|-----------------|--|
| | | | | | Date : 10/01/2018 | | | | |
| 5771 Rosevelt Blvd | | | | Fiscal Y | ear End | : N/A | | | |
| Clearwater, FL 337603770 | | | | Audit S | tatus : N | I/A | | | |
| Pr | ovider Ty | pe: | | | Curre | nt Rate | New Rate | Effective Date | |
| | | Rural | Health Clinic | | | | | | |
| | | Swing | -Bed Provider | | | | | | |
| | | Federa | ally Qualified Health Centers | | | | | | |
| | X | Hospi | ce Provider | | | | | | |
| | | #6 | 51 Routine Home Care (1-60) | | | | | | |
| | | #6 | 51a Routine Home Care (61 +) | | | | | | |
| | | #6 | 52 Continuous Home Care | | | | | | |
| | | #6 | 52a Continuous Home Care - SIA | | | | | | |
| | | #6 | 55 Inpatient Respite Care | | | | | | |
| | | #6 | 56 General Inpatient Care | | Į. | | | | |
| | | #6 | 58 Room and Board | | | 215.35 | 223. | 35 10/01/2018 | |
| | Basi | is : | | Ra | te Type : | 7 | | | |
| 3 | | | Budget | | Х | Prosp | ective | | |
| | | | Unaudited costs | * | | Total | Prospective | | |
| ે | | | Desk audited costs | | | Prosp | ective Adjuste | d for New costs | |
| 3. | | | Field audited costs | | | _ | | | |
| | | | Medicare - Prospective | | | Interir | n | | |
| | × | | Payment System Rate | | | Total | Interim | | |
| | | | Average Nursing Home Rate | | | Settle | ment based or | n costs | |
| | | | Pinellas | | | | | | |
| | Distrib | ution | : | L | W.Rydell | Samuel, | Administrator | F | |
| | Fiscal A | Agent | | | | | imbursement A | Analysis | |
| | Contrac | t Mana | agement | | | | | • | |
| | Permar | ent Fil | e | | | | | | |
| | Prograr | n Deve | elopment: | | | | | | |
| | | _ For i | nformation Only (No Change in rate |) | | | | | |
| | | | | | | | | | |

087535000 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hope Hospice & Palliative Care | Pro | Provider Number : 087535000 | | | | |
|--|----------|-----------------------------|----------------|-----------------|--|--|
| | Dat | te : 10/01/20 | 18 | | | |
| 9470 Health Park Circle | Fis | Fiscal Year End : N/A | | | | |
| Ft. Myers, FL 339083617 | Aud | dit Status : N | I/A | | | |
| Provider Type: | Cı | ırrent 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 | | 224.3 | 228. | 76 10/01/2018 | | |
| Basis: | Rate Typ | e : | | | | |
| Budget | × | Prosp | ective | | | |
| Unaudited costs | - | Total | Prospective | | | |
| Desk audited costs | | Prosp | ective Adjuste | d for New costs | | |
| Field audited costs | <u> </u> | | | | | |
| Medicare - Prospective | 13 | Interi | n | | | |
| X Payment System Rate | 8 | Total | Interim | | | |
| Average Nursing Home Rate | | Settle | ment based o | n costs | | |
| Lee | 9 | | | | | |
| <u>Distribution:</u> | W.Ry | dell Samuel, | Administrator | F | | |
| Fiscal Agent | Medic | aid Cost Re | imbursement A | Analysis | | |
| Contract Management | | | | | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate) | | | | | | |



087536800 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospice of Citrus County | Provider Number : 087536800 | | | | |
|--|-----------------------------|-------------|------------------|----------------|--|
| | Date | : 10/01/20 | 18 | | |
| PO Box 641270 | Fisca | Year End | d : N/A | | |
| Beverly Hills, FL 34464 | Audit | Status : N | I/A | | |
| Provider Type: | Curr | ent Rate | New Rate | Effective Date | |
| Rural Health Clinic | | | | | |
| Swing-Bed Provider | | | | | |
| Federally Qualified Health Centers | | | | | |
| X Hospice Provider | | | | | |
| #651 Routine Home Care (1-60) | | | | | |
| #651a Routine Home Care (61 +) | | | | | |
| #652 Continuous Home Care | | | | | |
| #652a Continuous Home Care - SIA | | | | | |
| #655 Inpatient Respite Care | | | | | |
| #656 General Inpatient Care | | | | | |
| #658 Room and Board | 206.64 219.29 10 | | | | |
| Basis: | Rate Type | :] | | | |
| Budget | Х | Prosp | ective | | |
| Unaudited costs | | Total | Prospective | | |
| Desk audited costs | | Prosp | ective Adjusted | for New costs | |
| Field audited costs | | | | | |
| Medicare - Prospective | | Interir | m | 1 | |
| X Payment System Rate | | Total | Interim | | |
| Average Nursing Home Rate | | Settle | ement based on o | costs | |
| Citrus | | | | | |
| Distribution: | W.Ryde | II Samuel, | , Administrator | F | |
| Fiscal Agent | Medicai | d Cost Re | imbursement An | alysis | |
| Contract Management | | | | | |
| Permanent File | | | | | |
| Program Development: | | | | | |
| For information Only (No Change in rate) | | | | | |



087537600 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Avow Hospice | Provider Number : 087537600 | | | | | |
|--|--------------------------------------|-----------------------|-----------------|-----------------|--|--|
| | Date : 10/01/2018 | | | | | |
| 1095 Whippoorwill Lane | Fiscal ` | Fiscal Year End : N/A | | | | |
| Naples, FL 34105 | Audit S | Audit Status : N/A | | | | |
| Provider Type: | Curre | nt Rate | New Rate | Effective Date | | |
| Rural Health Clinic | | | | | | |
| Swing-Bed Provider | | | | | | |
| Federally Qualified Health Centers | | | | | | |
| X Hospice Provider | | | | | | |
| #651 Routine Home Care (1-60) | | | | | | |
| #651a Routine Home Care (61 +) | | | | | | |
| #652 Continuous Home Care | | | | | | |
| #652a Continuous Home Care - SIA | | | | | | |
| #655 Inpatient Respite Care | | | | | | |
| #656 General Inpatient Care | | | | | | |
| #658 Room and Board | 226.50 230.67 10/01/20 | | | | | |
| Basis: | Rate Type : | 7 | | | | |
| Budget | × | — Prosp | pective | | | |
| Unaudited costs | | — Total | Prospective | | | |
| Desk audited costs | | — Prosp | oective Adjuste | d for New costs | | |
| Field audited costs | | | | | | |
| Medicare - Prospective | | Interi | m | | | |
| X Payment System Rate | | — Total | Interim | | | |
| Average Nursing Home Rate | , | — Settle | ement based or | costs | | |
| Collier | | - | | | | |
| Distribution: | W.Rydell | Samuel | , Administrator | F | | |
| Fiscal Agent | Medicaid Cost Reimbursement Analysis | | | | | |
| Contract Management | | | | - | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate) | | | | | | |



087538400 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospice of Okeechobee | Pr | Provider Number : 087538400 | | | | |
|-------------------------------------|------------------------|---------------------------------------|-----------------|-----------------|--|--|
| | Date : 10/01/2018 | | | | | |
| 411 SE 4th Street | Fis | scal Year End | d : N/A | | | |
| Okeechobee, FL 34974 | Au | idit Status : N | I/A | | | |
| Provider Type: | С | urrent 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 | 233.06 260.24 10/01/20 | | | | | |
| Basis: | Rate Typ | pe: | | | | |
| Budget | X | Prosp | ective | | | |
| Unaudited costs | 10 | Total | Prospective | | | |
| Desk audited costs | | Prosp | ective Adjuste | d for New costs | | |
| Field audited costs | 0. | · · · · · · · · · · · · · · · · · · · | | | | |
| Medicare - Prospective | - | Interi | m | | | |
| X Payment System Rate | X | Total | Interim | | | |
| X Average Nursing Home Rate | | Settle | ment based or | n costs | | |
| Okeechobee | N | | | | | |
| <u>Distribution:</u> | W.R _y | /dell Samuel | , Administrator | F | | |
| Fiscal Agent | | | imbursement A | Analysis | | |
| Contract Management | | | | - | | |
| | | | | | | |
| Permanent File | | | | | | |
| Permanent File Program Development: | | | | | | |



087569400 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Catholic Hospice | Provider Number : 087569400 | | | | |
|------------------------------------|--------------------------------------|--|--|--|--|
| | Date : 10/01/2018 | | | | |
| 14875 NW 77th Ave | Fiscal Year End : N/A | | | | |
| Miami Lakes, FL 33014 | 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 | 242.26 238.42 10/01/2018 | | | | |
| Basis: | Rate Type : | | | | |
| Budget | X Prospective | | | | |
| Unaudited costs | Total Prospective | | | | |
| Desk audited costs | Prospective Adjusted for New costs | | | | |
| Field audited costs | | | | | |
| Medicare - Prospective | Interim | | | | |
| X Payment System Rate | Total Interim | | | | |
| X Average Nursing Home Rate | Settlement based on costs | | | | |
| Dade | | | | | |
| Distribution: | IM Dudell Course of Administrator T | | | | |
| | W.Rydell Samuel, Administrator | | | | |
| Fiscal Agent | Medicaid Cost Reimbursement Analysis | | | | |
| Fiscal Agent Contract Management | | | | | |
| · | | | | | |
| Contract Management | | | | | |

R.A.

Florida Agency for Health Care Administration

087570800 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Gι | Gulfside Regional Hospice Provider Number : 087570800 | | | 1 | | | | |
|--|---|------------------------------------|------|-----------------------|------------|----------------|-----------------|--|
| | | | | Date : 10/01/2018 | | | | |
| 61 | 11 Trouble Creek | Rd | | Fiscal Year End : N/A | | | | |
| Ne | w Port Richey, FL | . 34653 | | Audit Sta | atus : N | //A | | |
| Pr | ovider Type: | | | Curren | t Rate | New Rate | Effective Date | |
| | Rural H | ealth Clinic | | | | | | |
| | Swing-E | Bed Provider | | | | | | |
| | Federal | ly Qualified Health Centers | | - Consistence | | | | |
| | 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 | | | | | | | | |
| | | 217.51 221.64′ 10/0′ | | | | | | |
| 1 | Basis : | | Rate | Type : | 1 | | | |
| | | Budget | | X | Prosp | ective | | |
| , | - | Unaudited costs | | | - Total | Prospective | | |
| 9 | | Desk audited costs | | | Prosp | ective Adjuste | d for New costs | |
| | | Field audited costs | | | _ | | | |
| | | Medicare - Prospective | | | Interir | m | | |
| | X | Payment System Rate | | | _ Total | Interim | | |
| | - | Average Nursing Home Rate | | | Settle | ment based or | n costs | |
| | | Pasco | | | - | | | |
| | Distribution: | | \ | W.Rydell S | Samuel, | Administrator | F | |
| | Fiscal Agent | | _ | | | imbursement A | Analysis | |
| | Contract Manag | gement | | | | | • | |
| | Permanent File | | | | | | | |
| | Program Develo | opment: | | | | | | |
| | For inf | formation Only (No Change in rate) | | | | | | |
| | | | | | | | | |



150000700 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospice of Gold Coast | Provider Number : 150000700 | | | | |
|--|-----------------------------|------------|-----------------|-----------------|--|
| | Date : 10/01/2018 | | | | |
| 2101 W. Commercial Blvd | Fiscal Year End : N/A | | | | |
| Ft Lauderdale, FL 33309 | Audit S | Status : N | N/A | | |
| Provider Type: | Curre | nt 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 | 239.16 241.95 10/0 | | | | |
| Basis: | Rate Type : | | | | |
| Budget | Х | — Pros∣ | pective | | |
| Unaudited costs | | — Total | Prospective | | |
| Desk audited costs | | — Pros | pective Adjuste | d for New costs | |
| Field audited costs | | | | | |
| Medicare - Prospective | | Interi | m | | |
| X Payment System Rate | | — Total | Interim | | |
| Average Nursing Home Rate | | Settle | ement based or | n costs | |
| Broward | | _ | | | |
| <u>Distribution:</u> | W.Rydell | Samuel | , Administrator | F | |
| Fiscal Agent | Medicaid | Cost Re | eimbursement A | Analysis | |
| Contract Management | | | | | |
| Permanent File | | | | | |
| Program Development: | | | | | |
| For information Only (No Change in rate) | | | | | |



150001500 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospice Care of South FI. | Provider Number : 150001500 | | | | |
|--|--------------------------------------|--|--|--|--|
| | Date : 10/01/2018 | | | | |
| 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 Date | | | | |
| Rural Health Clinic | | | | | |
| Swing-Bed Provider | | | | | |
| Federally Qualified Health Centers | | | | | |
| X Hospice Provider | | | | | |
| #651 Routine Home Care (1-60) | | | | | |
| #651a Routine Home Care (61 +) | | | | | |
| #652 Continuous Home Care | | | | | |
| #652a Continuous Home Care - SIA | | | | | |
| #655 Inpatient Respite Care | | | | | |
| #656 General Inpatient Care | | | | | |
| #658 Room and Board | 226.04 224.98 10/01/2018 | | | | |
| 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 | | | | | |
| Distribution: | W.Rydell Samuel, Administrator | | | | |
| Fiscal Agent | Medicaid Cost Reimbursement Analysis | | | | |
| Contract Management | | | | | |
| Permanent File | | | | | |
| Program Development: | | | | | |
| For information Only (No Change in rate) | | | | | |

150003100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Florida Hospital Hospice Care | Pro | vider Numb | er : 150003100 |) |
|------------------------------------|-----------|----------------|-----------------|-----------------|
| | Dat | e : 10/01/20 |)18 | |
| 770 W. Granada Blvd | Fisc | al Year En | d : N/A | |
| Ormond Beach, FL 32174 | Aud | lit Status : N | N/A | |
| Provider Type: | Cu | rrent 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 | | 225.10 | 225. | 99 10/01/2018 |
| Basis: | Rate Type | e : | | |
| Budget | X | Pros | pective | |
| Unaudited costs | | Total | Prospective | |
| Desk audited costs | | Pros | pective Adjuste | d for New costs |
| Field audited costs | | | | |
| Medicare - Prospective | | Interi | m | |
| X Payment System Rate | | Total | Interim | |
| Average Nursing Home Rate | | Settle | ement based or | n costs |
| Volusia | | | | |
| Distribution: | W.Ryo | dell Samuel | , Administrator | F |
| Fiscal Agent | - | | eimbursement / | - (4 |
| Contract Management | | | | |
| Permanent File | | | | |
| Program Development: | | | | |
| | | | | |



150009100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Hospice of Emerald Coast | Provider Number : 150009100 | | | | | |
|--|-----------------------------|-----------------------|-----------------|----------------|--|--|
| | Date: 10/01/2018 | | | | | |
| PO Box 2127 | Fiscal Y | Fiscal Year End : N/A | | | | |
| Dothan, AL 36302 | Audit S | tatus : N | /A | | | |
| Provider Type: | Curre | nt Rate | New Rate | Effective Date | | |
| Rural Health Clinic | | | | | | |
| Swing-Bed Provider | | | | | | |
| Federally Qualified Health Centers | | | | | | |
| X Hospice Provider | | | | | | |
| #651 Routine Home Care (1-60) | | | | | | |
| #651a Routine Home Care (61 +) | | | | | | |
| #652 Continuous Home Care | | | | | | |
| #652a Continuous Home Care - SIA | | | | | | |
| #655 Inpatient Respite Care | | | | | | |
| #656 General Inpatient Care | | | | | | |
| #658 Room and Board | 207.01 220.4 | | 10/01/2018 | | | |
| Basis: | Rate Type : | 7 | | | | |
| Budget | X | Prosp | ective | | | |
| Unaudited costs | | — Total | Prospective | | | |
| Desk audited costs | | Prosp | ective Adjusted | for New costs | | |
| Field audited costs | | _ | | | | |
| Medicare - Prospective | | Interir | n | | | |
| X Payment System Rate | | — Total | Interim | | | |
| Average Nursing Home Rate | | _ Settle | ment based on | costs | | |
| Bay | | _ | | | | |
| Distribution: | W.Rydell | Samuel, | Administrator | F | | |
| Fiscal Agent | × | | imbursement A | nalysis | | |
| Contract Management | | | | • | | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate) | | | | | | |



150013900 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Vil | as Healthcare | Corp of Florida - Congress Ave | Angelog de la companya de la company | Provider Number : 150013900 | | | | | |
|--|------------------------------------|---|--|-----------------------------|------------------------------------|---------------|--|--|--|
| Attn: Angela Santana | | | Date : 10/01/2018 | | | | | | |
| 10 | 0 S. Biscayne | Blvd | | Fiscal Y | ear End | : N/A | | | |
| Mi | ami, FL 3313 | 1 | | Audit St | atus : N | I/A | | | |
| Pr | ovider Type: | | | Curren | t Rate | New Rate | Effective Date | | |
| | Rur | al Health Clinic | | | | | | | |
| | Swi | ng-Bed Provider | | | | | | | |
| | Federally Qualified Health Centers | | | | | | | | |
| | X Hos | pice Provider | | | | | and the second s | | |
| | 7 | #651 Routine Home Care (1-60) | | | | | | | |
| | 7 | #651a Routine Home Care (61 +) | | | | | | | |
| | 1 | #652 Continuous Home Care | | | | | | | |
| | 1 | #652a Continuous Home Care - SIA | | | | | | | |
| | i | #655 Inpatient Respite Care | | | | | | | |
| #656 General Inpatient Care #658 Room and Board | | | | | | | | | |
| | | | | 227.33 | 3 240. | 79 10/01/2018 | | | |
| 8 | Basis : | | Rate | Type : | | | | | |
| 2 | | Budget | | X | Prosp | ective | | | |
| 24 | | Unaudited costs | | | _ Total | Prospective | | | |
| | | Desk audited costs | | | Prospective Adjusted for New costs | | | | |
| 29 | | Field audited costs | | | | | | | |
| | | Medicare - Prospective | | | Interir | m | | | |
| | X | Payment System Rate | 10 | | Total | Interim | | | |
| | | Average Nursing Home Rate | | | Settle | ment based or | n costs | | |
| | | Palm Beach | | | - | | | | |
| | Distribution | on: | | N.Rydell S | Samuel, | Administrator | F | | |
| Fiscal Agent | | - | Medicaid Cost Reimbursement Analysis | | | | | | |
| | Contract Ma | anagement | | | | | - | | |
| | Permanent | File | | | | | | | |
| | Program De | evelopment: | | | | | | | |
| | Fc | or information Only (No Change in rate) | | | | | | | |



150021000 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| Go | Good Shepherd Hospice, Inc | | | Provider Number : 150021000 | | | | |
|--|------------------------------------|--|-----|-----------------------------|-----------|----------------|-----------------|--|
| | | | | Date : 10/01/2018 | | | | |
| 11 | 5 South Mis | ssouri Ave | | Fiscal Y | ear End | I : N/A | | |
| La | keland, FL | 33815 | | Audit St | atus : N | /A | | |
| Pr | ovider Type | e: | | Currer | t Rate | New Rate | Effective Date | |
| | R | ural Health Clinic | | | | | | |
| | Sı | wing-Bed Provider | | | | | | |
| | Federally Qualified Health Centers | | | | | | | |
| | X H | ospice Provider | | | | | | |
| | | #651 Routine Home Care (1-60) | | | | | | |
| #651a Routine Home Care (61 +) | | | | | | | | |
| #652 Continuous Home Care | | | | | | | | |
| #652a Continuous Home Care - SIA #655 Inpatient Respite Care #656 General Inpatient Care | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| #658 Room and Board | | | | 209.39 | 220. | 32 10/01/2018 | | |
| 1 | Basis | : | Rat | te Type : | 7 | | | |
| | | Budget | - | Х | Prosp | ective | | |
| | | Unaudited costs | | | Total | Prospective | | |
| 3. | | Desk audited costs | - | | Prosp | ective Adjuste | d for New costs | |
| | | Field audited costs | | | _ | | | |
| 3.5 | | Medicare - Prospective | - | | Interir | n | | |
| | X | Payment System Rate | | | Total | Interim | | |
| | | Average Nursing Home Rate | | | Settle | ment based or | n costs | |
| | | Polk | | | | | | |
| | Distribu | tion: | | W.Rydell \$ | Samuel, | Administrator | # | |
| | Fiscal Ag | ent | | | | imbursement A | Analysis | |
| | Contract | Management | | | | | • | |
| | Permane | nt File | | | | | | |
| | Program | Development: | | | | | | |
| | | For information Only (No Change in rate) |) | | | | | |
| | | | | | | | | |



150022800 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

| LifePath Hospice, Inc. | | Provider Number : 150022800 | | | | |
|--|--------|-----------------------------|---------|-----------------|-----------------------|--|
| | | Date : 10/01/2018 | | | | |
| 3010 W. Azeele Street | | Fiscal Year End : N/A | | | | |
| Tampa, FL 33609 | | 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 - SIA | | | | | | |
| #655 Inpatient Respite Care | | | | | | |
| #656 General Inpatient Care | | | | | | |
| #658 Room and Board | | 216.28 220.65 | | 10/01/2018 | | |
| Basis: | Rate ' | Гуре : | | | | |
| Budget |) | < | Prosp | ective | | |
| Unaudited costs | | | Total I | Prospective | | |
| Desk audited costs | | | Prosp | ective Adjusted | d for New costs | |
| Field audited costs | | | | | | |
| Medicare - Prospective | | | Interin | n | | |
| X Payment System Rate | | | Total I | nterim | | |
| Average Nursing Home Rate | | | Settle | ment based on | costs | |
| Hillsborough | 12 | | | | | |
| <u>Distribution:</u> | W | .Rydell Sa | amuel, | Administrator | F | |
| Fiscal Agent | | | | mbursement A | nalysis | |
| Contract Management | | | | | - | |
| Permanent File | | | | | | |
| Program Development: | | | | | | |
| For information Only (No Change in rate) | | | | | | |