000141800 - 2016/10

Effective Date

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. Heartland Home Health Care and Hospice 8130 Baymeadows Way W

Jacksonville, FL 322564409

Provider Number: 000141800

Current Rate New Rate

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status : N/A

Pro	vid	er T	ype:
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Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)	175.73	178.77 -	10/01/2016
#651a Routine Home Care (61 +)	138.10	140.55~	10/01/2016
#652 Continuous Home Care	36.99	37.67	10/01/2016
#652a Continuous Home Care - SIA	9.25	9.42√	10/01/2016
#655 Inpatient Respite Care	167.84	171.03	10/01/2016
#656 General Inpatient Care	679.41	691.75	10/01/2016
#658 Room and Board			

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
	 Duval		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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000532400 - 2016/10

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

Samaritan	Care Hospice of Osceola, LLC	Prov	Provider Number: 000532400		
Samaritan	Care Hospice	Date : 09/28/2016			
1300 Nort	h Semoran Blvd., Ste 210	Fisc	al Year End	: N/A	
Orlando, F	FL 32807	Aud	it Status : 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)		175.70	177.51	10/01/2016
	#651a Routine Home Care (61 +)		138.08	139.56	10/01/2016
#652 Continuous Home Care			36.99	37.41	10/01/2016
#652a Continuous Home Care - SIA			9.25	9.35	10/01/2016
#655 Inpatient Respite Care			167.82	170.09	10/01/2016
#656 General Inpatient Care			679.32	687.24	10/01/2016
	#658 Room and Board				J
В	asis:	Rate Type	e :		
	Budget	Х	Prosp	ective	
Unaudited costs			Total	Prospective	
	Desk audited costs		Prosp	ective Adjusted f	or New costs
	Field audited costs		······		
	Medicare - Prospective		Interin	n	
	X Payment System Rate		Total	Interim	

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

Average Nursing Home Rate

Orange

W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis

Settlement based on costs

000602600 - 2016/10

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

Vitas Healthcare Corp of Central Florida	Provider Number : 000602600
Attn: Angela Santana	Date: 09/28/2016
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-Bed Provider

Federally Qualified Health Centers

#658 Room and Board

X Hospice Provider

#651 Routine Home Care (1-60)	173.85	176.18 √	10/01/2016
#651a Routine Home Care (61 +)	136.63	138.52	10/01/2016
#652 Continuous Home Care	36.60	37.13 ✓	10/01/2016
#652a Continuous Home Care - SIA	9.15	9.28 √	10/01/2016
#655 Inpatient Respite Care	166.44	169.11	10/01/2016
#656 General Inpatient Care	672.68	682.49	10/01/2016

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

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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001572800 - 2016/10

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

Odvs	sev Health C	are Miami-Dade	Provider Number :	001572800
Ouys	ocy i lealin o	are miarii-bacc	I TOVIGOT HUTTING	001072000

Date: 09/28/2016

5755 Blue Lagoon Dr

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)	182.88	186.25√	10/01/2016
#651a Routine Home Care (61 +)	143.72	146.43 ^{./}	10/01/2016
#652 Continuous Home Care	38.50	39.25 🗸	10/01/2016
#652a Continuous Home Care - SIA	9.62	9.81	10/01/2016
#655 Inpatient Respite Care	173.14	176.59	10/01/2016
#656 General Inpatient Care	705.04	718.62	10/01/2016
#658 Room and Board			

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

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

FV



001636100 - 2016/10

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

Regency Hospice of NW Florida, Inc.

Provider Number: 001636100

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status : N/A

4900 Bayou Blvd., Ste 101

Pensacola, FL 32503

Current Rate New Rate

Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)	161.37	164.58	10/01/2016
#651a Routine Home Care (61 +)	126.82	129.40	10/01/2016
#652 Continuous Home Care	33.97	34.68 🐰	10/01/2016
#652a Continuous Home Care - SIA	8.49	8.67	10/01/2016
#655 Inpatient Respite Care	157.18	160.49	10/01/2016
#656 General Inpatient Care	627.92	640.85	10/01/2016

#658 Room and Board

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		_

Distribution.
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

Distribution:

W.Rydell	Samuel,	Administrato
,	,	

Fr

002782200 - 2016/10

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

Seasons Hospice and Palliative Care of Southern FL

Provider Number: 002782200

Date: 09/28/2016

5200 Northeast 2nd Avenue

Fiscal Year End: N/A

Miami, FL 32405

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)	182.88	186.25√	10/01/2016
#651a Routine Home Care (61 +)	143.72	146.43	10/01/2016
#652 Continuous Home Care	38.50	39.25	10/01/2016
#652a Continuous Home Care - SIA	9.62	9.81	10/01/2016
#655 Inpatient Respite Care	173.14	176.59	10/01/2016
#656 General Inpatient Care	705.04	718.62	10/01/2016

#658 Room and Board

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
<u> </u>	Average Nursing Home Rate		Settlement based on costs
	Dade		=

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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003815300 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care of Florida III, Inc.

Provider Number: 003815300

Heartland Hospice Services - Plantation

Date: 09/28/2016

150 S. Pine Island Road, Suite 200

Fiscal Year End : N/A

Plantation, FL 333242695

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

186.46	187.86 √	10/01/2016
146.54	147.70 ⁷	10/01/2016
39.25	39.59 √	10/01/2016
9.81	9.90	10/01/2016
175.80	177.79	10/01/2016
717.90	724.40	10/01/2016
	146.54 39.25 9.81 175.80	146.54 147.70/ 39.25 39.59 / 9.81 9.90 / 175.80 177.79 /

#658 Room and Board

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

<u>Di</u>	<u>st</u>	<u>ri</u>	b	u	<u>ti</u>	<u>0</u>	n	•
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Fiscal Agent

Contract Management

Permanent File

Program Development:

_____For information Only (No Change in rate)

004244800 - 2016/10

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 FL II, Inc.

Provider Number: 004244800

Heartland Hospice Services (Homestead)

381 N. Krome Ave, Suite 207

Homestead, FL 330306047

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)	182.88	182.60 🗸	10/01/2016
#651a Routine Home Care (61 +)	143.72	143.57 $_{ m V}$	10/01/2016
#652 Continuous Home Care	38.50	38.48√	10/01/2016
#652a Continuous Home Care - SIA	9.62	9.62 √	10/01/2016
#655 Inpatient Respite Care	173.14	173.13√	10/01/2016
#656 General Inpatient Care	705.04	704.54 ⁻	10/01/2016

Basis:

#658 Room and Board

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
X	Payment System Rate		Total Interim
• • • •	Average Nursing Home Rate		Settlement based on costs
***************************************	 Dade		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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004579400 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	-	<u>Medicaid Reimbursement Per Diem</u>	Rates for Non-I	nstitutior	iai Providers			
Compass	Compassionate Care Hospice of Miami Dade, Inc.			Provider Number : 004579400				
Compass	Compassionate Care Hospice			Date: 09/28/2016				
600 High	00 Highland Drive STE 624			Year End	I : N/A			
Westamp	oton, NJ 08	80605124	Audit	Status : N	/A			
Provider	Provider Type:		Curr	ent Rate	New Rate	Effective Date		
	Rural H	lealth Clinic						
	Swing-	Bed Provider						
	Federa	lly Qualified Health Centers						
x	Hospic	e Provider						
	#65	1 Routine Home Care (1-60)		164.53	3 165.60	0 10/01/2016		
	#65	1a Routine Home Care (61 +)		129.30	130.20	0 10/01/2016		
	#65	2 Continuous Home Care		34.64	34.9	0 = 10/01/2016		
	#65	2a Continuous Home Care - SIA		8.66	8.72	2 , 10/01/2016		
	#655 Inpatient Respite Care			159.53	3 161.2	5 10/01/2016		
	#65	6 General Inpatient Care		639.26	6 644.5	2 10/01/2016		
	#65	8 Room and Board						
E	Basis :		Rate Type	:				
		Budget	×	Prosp	pective			
		Unaudited costs		Total	Prospective			
		Desk audited costs		Prosp	ective Adjusted	for New costs		
		Field audited costs						
		Medicare - Prospective		Interi	m			
	Х	Payment System Rate		Total	Interim			
		Average Nursing Home Rate Polk		Settle	ement based on	costs		
Dis	tribution	<u> </u>	W.Ryde	ell Samuel	, Administrator			
Fisc	cal Agent		Medicai	d Cost Re	eimbursement Ar	nalysis		
Cor	ntract Mana	agement						
Per	manent Fil	e						
Pro	gram Deve	elopment:						

_____ For information Only (No Change in rate)

013656100 - 2016/10

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

Brevard HMA Hospice	Provider Number: 013656100

Wuesthoff Health System Hospice Date: 09/28/2016

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)	173.85	176.18 ^{-/}	10/01/2016
#651a Routine Home Care (61 +)	136.63	138.52 🗸	10/01/2016
#652 Continuous Home Care	36.60	37.13	10/01/2016
#652a Continuous Home Care - SIA	9.15	9.28	10/01/2016
#655 Inpatient Respite Care	166.44	169.11	10/01/2016
#656 General Inpatient Care	672.68	682.49	10/01/2016

#658 Room and Board

Basis :		Тг	Rate Type :	7
	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>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

R

014043700 - 2016/10

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

		<u>Medicaid Reimbursement Per Diem</u>	Rates for Notice	institution	iai Froviders			
Hernando-	Pasco Ho	spice	Prov	Provider Number: 014043700				
HPH Hosp	PH Hospice			Date: 09/28/2016				
12107 Maj	2107 Majestic Blvd Fiscal Year End : N/A							
Hudson, F	L		Audi	Status : N	/A			
Provider 1	ovider Type:		Cur	rent Rate	New Rate	Effective Date		
	Rural H	ealth Clinic						
	Swing-E	Bed Provider						
	Federal	ly Qualified Health Centers						
X	Hospice	e Provider						
	#651	1 Routine Home Care (1-60)		175.20	177.4	3 - 10/01/2016		
	#651	1a Routine Home Care (61 +)		137.69	139.5	0 10/01/2016		
	#652	2 Continuous Home Care		36.88	37.3	9 10/01/2016		
	#652	2a Continuous Home Care - SIA		9.22	9.3	5 10/01/2016		
	#655 Inpatient Respite Care			167.44	170.0	3 10/01/2016		
	#650	6 General Inpatient Care		677.52	686.9	6 10/01/2016		
	#658	8 Room and Board						
Ва	asis :		Rate Type	:]				
		Budget	X	Prosp	ective			
		Unaudited costs		Total Prospective				
		Desk audited costs		Prosp	ective Adjusted	for New costs		
		Field audited costs						
		Medicare - Prospective		Interi	m			
	Х	Payment System Rate		Total	Interim			
		Average Nursing Home Rate		Settle	ement based on	costs		
		Pasco						
Dist	ribution:		W.Ryd	ell Samuel	, Administrator	TV.		
Fisca	Fiscal Agent				eimbursement A	nalysis		
Cont	ract Mana	gement						
Perm	nanent File)						
Prog	ram Devel	lopment:						

____ For information Only (No Change in rate)



014190000 - 2016/10

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

Compassionate Care Hospice of Miami Dade and the Florida

Keys

Date: 09/28/2016

Date: 09/20/2016

Fiscal Year End : N/A

Audit Status: N/A

200 Lanidex Plz Ste 2101 Parsippany, NJ 07054-2746

Provider Type:

Current Rate New Rate

Provider Number: 014190000

Effective Date

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers

#658 Room and Board

X Hospice Provider

#651 Routine Home Care (1-60)	182.88	186.25	10/01/2016
#651a Routine Home Care (61 +)	143.72	146.43	10/01/2016
#652 Continuous Home Care	38.50	39.25	10/01/2016
#652a Continuous Home Care - SIA	9.62	9.81 ~	10/01/2016
#655 Inpatient Respite Care	173.14	176.59	10/01/2016
#656 General Inpatient Care	705.04	718.62	10/01/2016

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		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

RV



015219700 - 2016/10

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

Compassionate Care Hospice of Central Florida

Provider Number: 015219700

Date: 09/28/2016

2525 Drane Field Rd Ste 4

Fiscal Year End : N/A

Lakeland, FI 33811

Audit Status: N/A

-		_
Pro	vide	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)	164.53	165.60	10/01/2016
#651a Routine Home Care (61 +)	129.30	130.20√	10/01/2016
#652 Continuous Home Care	34.64	34.90~	10/01/2016
#652a Continuous Home Care - SIA	8.66	8.72	10/01/2016
#655 Inpatient Respite Care	159.53	161.25	10/01/2016
#656 General Inpatient Care	639.26	644.52	10/01/2016
#658 Room and Board			

Basis :		Rate Type :	
- #10	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
	Polk		_

DISTRIBUTION.
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

Distributions

W.Rydell Samuel, Administrator

FL

015328000 - 2016/10

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

Seasons Hospice & Palliative Care Broward FL LLC

Provider Number: 015328000

Date: 09/28/2016

1815 Griffin Rd Ste 410 Dania Beach, FI 33004 Fiscal Year End: N/A

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)	186.46	187.86 🔻	10/01/2016
#651a Routine Home Care (61 +)	146.54	147.70 🗸	10/01/2016
#652 Continuous Home Care	39.25	39.59 🗸	10/01/2016
#652a Continuous Home Care - SIA	9.81	9.90 🏑	10/01/2016
#655 Inpatient Respite Care	175.80	177.79	10/01/2016
#656 General Inpatient Care	717.90	724.40	10/01/2016

#658 Room and Board

Basis :	7	Rate Type :	
	Budget	×	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
	— Broward		

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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017287500 - 2016/10

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

Compassionate Care Hospice of Lake & Sumter	Provider Number: 017287500
Compassionate Care mospice of Lake & Cumiter	I TOVIDE INUITIDE . OT ZOT OU

Date: 09/28/2016

214 E Washington St Apt C

Fiscal Year End : N/A

Minneola, Fl 34715

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)	175.70	177.51 🗸	10/01/2016
#651a Routine Home Care (61 +)	138.08	139.56	10/01/2016
#652 Continuous Home Care	36.99	37.41、	10/01/2016
#652a Continuous Home Care - SIA	9.25	9.35,	10/01/2016
#655 Inpatient Respite Care	167.82	170.09	10/01/2016
#656 General Inpatient Care	679.32	687.24	10/01/2016

#658 Room and Board

Basis:		Rate Type :	
	Budget	X	Prospective
- M	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		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administr

RV



087000500 - 2016/10

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							
Hospi	ce of I.R.C.			Provider Number: 087000500				
				Date : 09	/28/201	16		
1111	36th Street			Fiscal Ye	ar End	: N/A		
Vero l	Beach, FL 329	960		Audit Sta	itus : N	/A		
Provi	der Type:			Current	Rate	New Rate	Eff	ective Date
	• •	ealth Clinic						
	Swing-l	Bed Provider						
	Federal	ly Qualified Health Centers						
>	(Hospic	e Provider						
	#65	1 Routine Home Care (1-60)			171.93	175.5	7,	10/01/2016
	#65	1a Routine Home Care (61 +)			135.11	138.0	3√	10/01/2016
	#65	2 Continuous Home Care			36.19	37.0	0	10/01/2016
	#65	2a Continuous Home Care - SIA			9.05	9.2	25.	10/01/2016
	#65	5 Inpatient Respite Care			165.01	168.6	55	10/01/2016
	#65	6 General Inpatient Care			665.77	680.2	27 _U	10/01/2016
	#65	8 Room and Board						
	Basis :		Rate	Туре :				***
		Budget		X	Prosp	ective		
_		Unaudited costs			Total	Prospective		
		Desk audited costs			Prosp	ective Adjusted	for N	lew costs
		Field audited costs			_			
		Medicare - Prospective			Interir	n		
	X	Payment System Rate			Total -	Interim		
1_		Average Nursing Home Rate			Settle -	ment based on	costs	5
		Indian River						
	Distribution:		V	V.Rydell S	Samuel,	Administrator	F	<u> </u>
ı	Fiscal Agent		_			imbursement A	nalys	is
(Contract Mana	gement						
ı	Permanent File							
ı	Program Deve	lopment:						

_____ For information Only (No Change in rate)

Program Development:

_____ For information Only (No Change in rate)

Florida Agency for Health Care Administration

087246600 - 2016/10

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

	_1	nedicald Reimbursement Per Die	III Kales ioi	MOII-IIIS	titution	ai Flovideis		
Vitas Healthcare Corporation - Dade County				Provider	Numbe	er : 087246600		
Attn: Angela Santana				Date: 09/28/2016				
100 S	. Biscayne Blv	d		Fiscal Ye	ear End	: N/A		
Miami	, FL 33131			Audit Sta	atus : N	/A		
Provid	der Type:			Current	Rate	New Rate	Eff	fective Date
	Rural H	ealth Clinic						
	Swing-E	Bed Provider						
	Federal	ly Qualified Health Centers						
Х	Hospice	Provider						
	#651	Routine Home Care (1-60)			182.88	186.2	5 ,	10/01/2016
	#651	a Routine Home Care (61 +)			143.72	146.4	3√	10/01/2016
	#652	2 Continuous Home Care			38.50	39.2	5 🖓	10/01/2016
	#652	2a Continuous Home Care - SIA			9.62	9.8	1.,	10/01/2016
	#65	Inpatient Respite Care			173.14	176.5	9、	10/01/2016
	#656	General Inpatient Care			705.04	718.6	2.	10/01/2016
	#658	Room and Board						
	Basis :		Rate	Type :]			
		Budget		X	Prosp	ective		
-		Unaudited costs			Total	Prospective		
		Desk audited costs			Prosp	ective Adjusted	for N	New costs
		Field audited costs						
		Medicare - Prospective			Interin	n		
ļ	X	Payment System Rate			Total	Interim		
		Average Nursing Home Rate			Settle	ment based on	costs	s
		Dade						
<u>[</u>	Distribution:		V	V.Rydell S	Samuel.	Administrator	F	~
F	iscal Agent		_			imbursement A	<u></u> nalys	sis
(Contract Manag	gement					•	
F	Permanent File							

087255500 - 2016/10

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

St. Francis Hospice Provider Number : 087255500

Date: 09/28/2016

Audit Status: N/A

Fiscal Year End: N/A

1250-B Grumman Place

Titusville, FL 32780

Current Rate New Rate Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)	173.85	176.18	10/01/2016
#651a Routine Home Care (61 +)	136.63	138.52	10/01/2016
#652 Continuous Home Care	36.60	37.13	10/01/2016
#652a Continuous Home Care - SIA	9.15	9.28	10/01/2016
#655 Inpatient Respite Care	166.44	169.11.	10/01/2016
#656 General Inpatient Care	672.68	682.49	10/01/2016

#658 Room and Board

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
Payment System Rate		Total Interim
Average Nursing Home Rate		Settlement based on costs
— Brevard	•	_
	Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate	Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Average Nursing Home Rate

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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087256300 - 2016/10

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

Hospice of the Comforter Provider Number : 087256300

Date: 09/28/2016

480 West Central Pkwy

Altamonte Springs, FL 327143125

Fiscal Year End : N/A Audit Status : N/A

Current Rate New Rate Effective Date

Provider Type:

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

#658 Room and Board

X Hospice Provider

#651 Routine Home Care (1-60)	175.70	177.51	10/01/2016
#651a Routine Home Care (61 +)	138.08	139.56	10/01/2016
#652 Continuous Home Care	36.99	37.41	10/01/2016
#652a Continuous Home Care - SIA	9.25	9.35	10/01/2016
#655 Inpatient Respite Care	167.82	170.09	10/01/2016
#656 General Inpatient Care	679.32	687.24	10/01/2016

Basis :		Rate Type :]
	Budget	X	Prospective
	Unaudited costs	****	Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
-3	Field audited costs		-
	Medicare - Prospective		Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	 Seminole		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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087407800 - 2016/10

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

Community Hospice of Northeast Provider Number: 087407800

Date: 09/28/2016

4266 Sunbeam Road Fiscal Year End : 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)	175.73	178.77√	10/01/2016
#651a Routine Home Care (61 +)	138.10	140.55.	10/01/2016
#652 Continuous Home Care	36.99	37.67	10/01/2016
#652a Continuous Home Care - SIA	9.25	9.42	10/01/2016
#655 Inpatient Respite Care	167.84	171.03	10/01/2016
#656 General Inpatient Care	679.41	691.75	10/01/2016

#658 Room and Board

Basis :	\neg	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
	 Duval		_
	24141		

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

AL



087514700 - 2016/10

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

Hospice of Martin & St. Lucie

Provider Number: 087514700

Date: 09/28/2016

Fiscal Year End: N/A

Audit Status: N/A

1201 SE Indian Street

Stuart, FL 34997

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic

Swing-Bed Provider

Federally Qualified Health Centers

#658 Room and Board

X Hospice Provider

176.27	182.28 -	10/01/2016
138.52	143.31	10/01/2016
37.11	38.41	10/01/2016
9.28	9.60	10/01/2016
168.24	173.64	10/01/2016
681.34	704.36	10/01/2016
	138.52 37.11 9.28 168.24	138.52 143.31 37.11 38.41 9.28 9.60 168.24 173.64

Basis :		Rate Type :	1
	Budget	Х	Prospective
	Unaudited costs		Total Prospective
· · ·	Desk audited costs	72.0	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
	 Martin		_
	Martin		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

RV

087516300 - 2016/10

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

Hospice of Palm Beach County

Provider Number: 087516300

Date: 09/28/2016

5300 East Avenue

Fiscal Year End : N/A

West Palm Beach, FL 33407

Audit Status : N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers

#658 Room and Board

X Hospice Provider

#651 Routine Home Care (1-60)	177.79	182.62 [√]	10/01/2016
#651a Routine Home Care (61 +)	139.72	143.58	10/01/2016
#652 Continuous Home Care	37.43	38.48	10/01/2016
#652a Continuous Home Care - SIA	9.36	9.62	10/01/2016
#655 Inpatient Respite Care	169.36	173.89	10/01/2016
#656 General Inpatient Care	686.78	705.58	10/01/2016

Basis :		Rate Type	e:
	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		

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

R



Covenant Hospice, Inc

Florida Agency for Health Care Administration

087517100 - 2016/10

10/01/2016

10/01/2016

10/01/2016

8.67

160.49

640.85

Provider Number: 087517100

8.49

157.18

627.92

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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

		Date: 09/28/2016		
5041 N. 1	2th	Fiscal Year End : N	I/A	
Pensacola	a, FL 32504	Audit Status : N/A		
Provider	Type:	Current Rate No	ew Rate Ef	fective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
x	Hospice Provider			
	#651 Routine Home Care (1-60)	161.37	164.58√	10/01/2016
	#651a Routine Home Care (61 +)	126.82	129.40	10/01/2016
	#652 Continuous Home Care	33.97	34.68	10/01/2016

#658 Room and Board

#655 Inpatient Respite Care

#656 General Inpatient Care

#652a Continuous Home Care - SIA

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

<u>Distribution.</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

087519800 - 2016/10

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

North Central Florida Hospice Provider Number : 087519800

Attn: Revenue Accounting Manager

4200 NW 90th Blvd

Gainesville, FL 326063809

Date: 09/28/2016

Fiscal Year End : N/A

Audit Status : N/A

Provider Type: Current Rate New Rate Effective Date

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)	172.82	186.50	10/01/2016
#651a Routine Home Care (61 +)	135.82	146.63 ⁷	10/01/2016
#652 Continuous Home Care	36.38	39.30	10/01/2016
#652a Continuous Home Care - SIA	9.09	9.83	10/01/2016
#655 Inpatient Respite Care	165.68	176.77	10/01/2016
#656 General Inpatient Care	668.99	719.51	10/01/2016

#658 Room and Board

Basis :		[Rate Type :	
	Budget	Ι,	Х	Prospective
	Unaudited costs			Total Prospective
	Desk audited costs	-		Prospective Adjusted for New costs
	Field audited costs	-		_
	Medicare - Prospective	-		 Interim
×	Payment System Rate	-		Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	— Alachua	-		_

<u>Distribution.</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

PV

087520100 - 2016/10

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

Hospice of Marion County

Provider Number: 087520100

Date: 09/28/2016

P.O. Box 4860

Fiscal Year End: N/A

Ocala, FL 344784860

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers

#658 Room and Board

X Hospice Provider

#651 Routine Home Care (1-60)	165.25	167.08	10/01/2016
#651a Routine Home Care (61 +)	129.87	131.36 .	10/01/2016
#652 Continuous Home Care	34.79	35.21	10/01/2016
#652a Continuous Home Care - SIA	8.70	8.80	10/01/2016
#655 Inpatient Respite Care	160.06	162.35	10/01/2016
#656 General Inpatient Care	641.84	649.84	10/01/2016

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		_

Distribution.
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

Distribution

W.Rydell Samuel, Administrator

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087522800 - 2016/10

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

Hospice of Health First

Provider Number: 087522800

Date: 09/28/2016

1900 Dairy Road

Fiscal Year End : N/A

West Melbourne, FL 32904

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)	173.85	176.18 √	10/01/2016
#651a Routine Home Care (61 +)	136.63	138.52	10/01/2016
#652 Continuous Home Care	36.60	37.13 ⁻	10/01/2016
#652a Continuous Home Care - SIA	9.15	9.28	10/01/2016
#655 Inpatient Respite Care	166.44	169.11	10/01/2016
#656 General Inpatient Care	672.68	682.49	10/01/2016

#658 Room and Board

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

Distribution.
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

AV

087523600 - 2016/10

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

Hospice of Volusia Provider Number : 087523600

Date: 09/28/2016

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)	166.21	171.38 🕆	10/01/2016
#651a Routine Home Care (61 +)	130.61	134.75√	10/01/2016
#652 Continuous Home Care	34.99	36.12 🛴	10/01/2016
#652a Continuous Home Care - SIA	8.75	9.03	10/01/2016
#655 Inpatient Respite Care	160.77	165.54	10/01/2016
#656 General Inpatient Care	645.25	665.27	10/01/2016

#658 Room and Board

Basis :		Rate Type :	
Budget	-	Х	Prospective
Unaudited costs	-		Total Prospective
Desk audited cost	s		Prospective Adjusted for New costs
Field audited cost	s -		
Medicare - Prospe	ective		Interim
X Payment System	Rate		Total Interim
Average Nursing	Home Rate		Settlement based on costs
Volu	sia	W.4	

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, A	Administrator
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087524400 - 2016/10

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

Big Bend Hospice Provider Number: 087524400

Date: 09/28/2016

1723 Mahan Center Blvd. Fiscal Year End: N/A Tallahassee, FL 323085428

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
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Rural Health Clinic Swing-Bed Provider

Federally Qualified Health Centers

X **Hospice Provider**

#651 Routine Home Care (1-60)	161.37	169.78	10/01/2016
#651a Routine Home Care (61 +)	126.82	133.49 🗸	10/01/2016
#652 Continuous Home Care	33.97	35.78√	10/01/2016
#652a Continuous Home Care - SIA	8.49	8.95 /	10/01/2016
#655 Inpatient Respite Care	157.18	164.35	10/01/2016
#656 General Inpatient Care	627.92	659.53	10/01/2016

#658 Room and Board

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
	 Leon	-	40	_

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Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

087525200 - 2016/10

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

Hospice of the Florida Keys, Inc.

Provider Number: 087525200

Date: 09/28/2016

1319 William Street

Fiscal Year End: N/A

Key West, FL 330404736

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)	166.14	168.43	10/01/2016
#651a Routine Home Care (61 +)	130.56	132.43 ⁻	10/01/2016
#652 Continuous Home Care	34.97	35.50 ⁻	10/01/2016
#652a Continuous Home Care - SIA	8.74	8.87 /	10/01/2016
#655 Inpatient Respite Care	160.72	163.35	10/01/2016
#656 General Inpatient Care	645.02	654.68	10/01/2016

#658 Room and Board

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

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File

Medicaid	Cost	Reimbursement	Analy	/sis

W.Rydell Samuel, Administrator

Program Development:

____ For information Only (No Change in rate)

087526100 - 2016/10

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

Hospice of Lake and Sumter

Provider Number: 087526100

Date: 09/28/2016

12300 Lane Park Road

Fiscal Year End: N/A

Tavares, FL 32778

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

10/01/2016
10/01/2016
10/01/2016
10/01/2016
10/01/2016
10/01/2016

#658 Room and Board

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

<u>Distribution:</u>	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

For information Only (No Change in rate)

W.Rydell	Samuel,	Administrator

R-

087527900 - 2016/10

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

Tidewell Hospice & Palliative Care

Provider Number: 087527900

Date: 09/28/2016

5955 Rand Blvd

Fiscal Year End: N/A

Sarasota, FL 34238

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)	180.37	186.74	10/01/2016
	#651a Routine Home Care (61 +)	141.75	146.81	10/01/2016
	#652 Continuous Home Care	37.97	39.35	10/01/2016
	#652a Continuous Home Care - SIA	9.49	9.84	10/01/2016
	#655 Inpatient Respite Care	171.28	176.95	10/01/2016
	#656 General Inpatient Care	696.05	720.36	10/01/2016

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

<u>Distribution</u> :
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

#658 Room and Board

W.Rydell Samuel, Administrator

087528700 - 2016/10

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

Hospice of the Treasure Coast Provider Number: 087528700 Date: 09/28/2016 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) 176.27 182.28 10/01/2016 #651a Routine Home Care (61 +) 138.52 143.31 10/01/2016 #652 Continuous Home Care 37.11 38.41 10/01/2016 #652a Continuous Home Care - SIA 9.28 9.60 10/01/2016 #655 Inpatient Respite Care 168.24 173.64 10/01/2016 #656 General Inpatient Care 681.34 704.36 10/01/2016 #658 Room and Board Basis: Rate Type: **Budget** Χ Prospective Unaudited costs **Total Prospective** Desk audited costs Prospective Adjusted for New costs Field audited costs Medicare - Prospective Interim Payment System Rate **Total Interim** Х Average Nursing Home Rate Settlement based on costs St Lucie **Distribution:** W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)

Boca Raton, FL 334863395

Florida Agency for Health Care Administration

087529500 - 2016/10

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

Hospice by the Sea Provider Number: 087529500

Date: 09/28/2016

1531 W. Palmetto Park Road Fiscal Year End : N/A

Audit Status : N/A

Provider 1	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)	177.79	182.62	10/01/2016
	#651a Routine Home Care (61 +)	139.72	143.58	10/01/2016
	#652 Continuous Home Care	37.43	38.48	10/01/2016
	#652a Continuous Home Care - SIA	9.36	9.62	10/01/2016

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
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	—- Palm Beach		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

#655 Inpatient Respite Care

#656 General Inpatient Care

#658 Room and Board

W.Rydell Samuel, Administrator

169.36

686.78

173.89

705.58

10/01/2016

10/01/2016

Fr

087532500 - 2016/10

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

Hospice of the Florida Suncoast

Provider Number: 087532500

Date: 09/28/2016

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)	175.20	177.43~	10/01/2016
#651a Routine Home Care (61 +)	137.69	139.50√	10/01/2016
#652 Continuous Home Care	36.88	37.39 🗸	10/01/2016
#652a Continuous Home Care - SIA	9.22	9.35	10/01/2016
#655 Inpatient Respite Care	167.44	170.03	10/01/2016
#656 General Inpatient Care	677.52	686.96	10/01/2016

#658 Room and Board

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
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	—- Pinellas		_

<u>Distribution.</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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087535000 - 2016/10

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

Hope Hospice & Palliative Care

Provider Number: 087535000

Date: 09/28/2016

9470 Health Park Circle

Fiscal Year End: N/A

Ft. Myers, FL 339083617

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)	177.48	183.67 √	10/01/2016
#651a Routine Home Care (61 +)	139.47	144.40 🗸	10/01/2016
#652 Continuous Home Care	37.36	38.71√	10/01/2016
#652a Continuous Home Care - SIA	9.34	9.68	10/01/2016
#655 Inpatient Respite Care	169.13	174.67	10/01/2016
#656 General Inpatient Care	685.68	709.35	10/01/2016

#658 Room and Board

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
	Lee		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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087536800 - 2016/10

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

Hospice of Citrus County

Provider Number: 087536800

Date: 09/28/2016

PO Box 641270

Fiscal Year End : N/A

Beverly Hills, FL 34464

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)	161.37	164.58 ∉	10/01/2016
#651a Routine Home Care (61 +)	126.82	129.40	10/01/2016
#652 Continuous Home Care	33.97	34.68	10/01/2016
#652a Continuous Home Care - SIA	8.49	8.67	10/01/2016
#655 Inpatient Respite Care	157.18	160.49	10/01/2016
#656 General Inpatient Care	627.92	640.85	10/01/2016

#658 Room and Board

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

Fiscal Agent	
Contract Manage	_

Distribution:

W.Rydell Samuel, Administrator

RV

Contract Management

Permanent File

Program Development:

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087537600 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		-	Medicald Relinbursement Per Die	II Kales IO	11011-1113	litutio	iai Piovi	uei 5		
Avow Hospice		Provider Number: 087537600								
			Date: 09/28/2016							
1095 Whippoorwill Lane			Fiscal Y	ear End	I : N/A					
Nap	les, FL	34105			Audit St	atus : N	/A			
Pro	vider T	уре:			Curren	t Rate	New Ra	ate	Eff	ective Date
		Rural H	lealth Clinic							
		Swing-	Bed Provider							
		Federa	Illy Qualified Health Centers							
	X	Hospic	e Provider							
		#65	51 Routine Home Care (1-60)			171.04	1	172.49~	,	10/01/2016
		#65	51a Routine Home Care (61 +)			134.4	1	135.61		10/01/2016
		#65	52 Continuous Home Care			36.00)	36.35		10/01/2016
		#65	52a Continuous Home Care - SIA			9.00)	9.09		10/01/2016
		#65	55 Inpatient Respite Care			164.3	5	166.36	,	10/01/2016
		#65	56 General Inpatient Care			662.58	3	669.22		10/01/2016
		#65	58 Room and Board							
	Ва	sis :	7	Rate	Type:	7				
_			Budget		Х	Prosp	ective			
_			Unaudited costs			Total	Prospec	live		
_			Desk audited costs			Prosp	ective A	djusted fo	r N	lew costs
_			Field audited costs			_				
-	-		Medicare - Prospective			Interi	m			ĺ
_		X	Payment System Rate			_ Total	Interim			
			Average Nursing Home Rate			Settle	ement ba	sed on co	sts	;
			Collier							
L	Distr	ibution	<u>. </u>	,	W.Rydell	Samuel	, Adminis	strator	R	
	Fisca	l Agent		1	Medicaid	Cost Re	imburse	ment Ana	lys	is
	Contr	act Mana	agement							
	Perm	anent Fil	е							
	Progr	am Deve	elopment:							
		For i	nformation Only (No Change in rate)							



087538400 - 2016/10

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

Hospice of Okeechobee	Provider Number : 087538400
loopied of Okedonobed	1 10 vide: 14diliber : 007 550 400

Date: 09/28/2016

411 SE 4th Street

Fiscal Year End: N/A

Okeechobee, FL 34974

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)	166.14	168.43 -	10/01/2016
#651a Routine Home Care (61 +)	130.56	132.43 ~	10/01/2016
#652 Continuous Home Care	34.97	35.50 🗸	10/01/2016
#652a Continuous Home Care - SIA	8.74	8.87 🗸	10/01/2016
#655 Inpatient Respite Care	160.72	163.35 √	10/01/2016
#656 General Inpatient Care	645.02	654.68	10/01/2016

#658 Room and Board

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

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel,	Administrator
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087569400 - 2016/10

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

Catholic Hospice	Provider Number : 087569400
	Date: 09/28/2016
14875 NW 77th Ave	Fiscal Year End : N/A
Miami Lakes, FL 33014	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)	182.88	186.25	10/01/2016
	#651a Routine Home Care (61 +)	143.72	146.43	10/01/2016
	#652 Continuous Home Care	38.50	39.25	10/01/2016
	#652a Continuous Home Care - SIA	9.62	9.81	10/01/2016
	#655 Inpatient Respite Care	173.14	176.59	10/01/2016
	#656 General Inpatient Care	705.04	718.62	10/01/2016

Basis :	7	Γ	Rate Type :	7
	Budget	-	X	Prospective
	Unaudited costs	-		Total Prospective
	Desk audited costs	-		Prospective Adjusted for New costs
	Field audited costs	-		_
	Medicare - Prospective	-		Interim
×	Payment System Rate	-		Total Interim
	Average Nursing Home Rate	-		Settlement based on costs
	 Dade	-		_
		1		

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate

#658 Room and Board

087570800 - 2016/10

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

Gulfside Regional Hospice

Provider Number: 087570800

Date: 09/28/2016

6111 Trouble Creek Rd

Fiscal Year End: N/A

New Port Richey, FL 34653

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)	175.20	177.43	10/01/2016
#651a Routine Home Care (61 +)	137.69	139.50	10/01/2016
#652 Continuous Home Care	36.88	37.39	10/01/2016
#652a Continuous Home Care - SIA	9.22	9.35	10/01/2016
#655 Inpatient Respite Care	167.44	170.03	10/01/2016
#656 General Inpatient Care	677.52	686.96	10/01/2016

#658 Room and Board

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
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Pasco		_

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator



150000700 - 2016/10

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

Hospice of Gold Coast	Provider Number: 150000700
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Date: 09/28/2016

2101 W. Commercial Blvd 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

X Hospice Provider

#651 Routine Home Care (1-60)	186.46	187.86	10/01/2016
#651a Routine Home Care (61 +)	146.54	147.70	10/01/2016
#652 Continuous Home Care	39.25	39.59	10/01/2016
#652a Continuous Home Care - SIA	9.81	9.90	10/01/2016
#655 Inpatient Respite Care	175.80	177.79.	10/01/2016
#656 General Inpatient Care	717.90	724.40	10/01/2016

#658 Room and Board

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
Broward	

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

FV



150001500 - 2016/10

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

Hospice Care of South Fl.

Provider Number: 150001500

Date: 09/28/2016

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

182.88	182.60 🗸	10/01/2016
143.72	143.57	10/01/2016
38.50	38.48 🗸	10/01/2016
9.62	9.62 🗸	10/01/2016
173.14	173.13 🗸	10/01/2016
705.04	704.54	10/01/2016
	143.72 38.50 9.62 173.14	143.72 143.57 × 38.50 38.48 × 9.62 9.62 × 173.14 173.13 ×

#658 Room and Board

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
×	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Dade		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

V.Rydell S	Samuel,	Administrator
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150003100 - 2016/10

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

Florida Hospital Hospice Care

Provider Number: 150003100

Date: 09/28/2016

770 W. Granada Blvd

Fiscal Year End: N/A

Ormond Beach, FL 32174

Audit Status: N/A

Provider Type:

Current Rate New Rate

Effective Date

Swing-Bed Provider
Federally Qualified He

Rural Health Clinic

Federally Qualified Health Centers

#658 Room and Board

X Hospice Provider

#651 Routine Home Care (1-60)	166.21	171.38 √	10/01/2016
#651a Routine Home Care (61 +)	130.61	134.75~	10/01/2016
#652 Continuous Home Care	34.99	36.12√	10/01/2016
#652a Continuous Home Care - SIA	8.75	9.03 🗸	10/01/2016
#655 Inpatient Respite Care	160.77	165.54	10/01/2016
#656 General Inpatient Care	645.25	665.27	10/01/2016

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

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate

W.Rydell Samuel, Administrator



150009100 - 2016/10

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

Hospice of Emerald Coast Provider Number : 150009100

Date: 09/28/2016

PO Box 2127 Fiscal Year End : N/A

Dothan, AL 36302 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				

X Hospice Provider

#651 Routine Home Care (1-60)	161.37	173.68 v	10/01/2016
#651a Routine Home Care (61 +)	126.82	136.55 🗸	10/01/2016
#652 Continuous Home Care	33.97	36.60	10/01/2016
#652a Continuous Home Care - SIA	8.49	9.15√	10/01/2016
#655 Inpatient Respite Care	157.18	167.25	10/01/2016
#656 General Inpatient Care	627.92	673.50	10/01/2016

#658 Room and Board

Federally Qualified Health Centers

Basis :	7	Г	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
	Bay	-		
	·			

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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150013900 - 2016/10

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

Vitas Healthcare Corp of Florida - Congress Ave Provider Number : 150013900

Attn: Angela Santana Date : 09/28/2016

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-Bed Provider

Federally Qualified Health Centers

X Hospice Provider

#651 Routine Home Care (1-60)	177.79	182.62	10/01/2016
#651a Routine Home Care (61 +)	139.72	143.58	10/01/2016
#652 Continuous Home Care	37.43	38.48	10/01/2016
#652a Continuous Home Care - SIA	9.36	9.62	10/01/2016
#655 Inpatient Respite Care	169.36	173.89	10/01/2016
#656 General Inpatient Care	686.78	705.58	10/01/2016

#658 Room and Board

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
Χ	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	Palm Beach	***************************************	_

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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150021000 - 2016/10

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

Good Shepherd Hospice, Inc

Provider Number: 150021000

Date: 09/28/2016

115 South Missouri Ave

Fiscal Year End: N/A

Lakeland, FL 33815

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)	164.53	165.60	10/01/2016
#651a Routine Home Care (61 +)	129.30	130.20	10/01/2016
#652 Continuous Home Care	34.64	34.90	10/01/2016
#652a Continuous Home Care - SIA	8.66	8.72	10/01/2016
#655 Inpatient Respite Care	159.53	161.25	10/01/2016
#656 General Inpatient Care	639.26	644.52	10/01/2016
#658 Room and Board			

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
	Polk		

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Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

Distribution

W.Rydell Samuel, Administrator



150022800 - 2016/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			Medicaid Reimbursement Per Die	m Rates	s for Non-Ins	stitution	al Providers			
LifePath Hospice, Inc.					Provider Number: 150022800					
					Date : 0	9/28/20	16			
3010 W. Azeele Street					Fiscal Year End : N/A					
Tampa, FL 33609					Audit Status : N/A					
Provider Type:					Curren	t Rate	New Rate	Effective	Date	
	Rural Health Clinic									
		Swing	-Bed Provider							
		Federa	ally Qualified Health Centers							
	X	Hospid	ce Provider							
		#6	51 Routine Home Care (1-60)			175.20	177.4	3 10/01	/2016	
		#6	51a Routine Home Care (61 +)			137.69	139.5	50 10/01	/2016	
		#6	52 Continuous Home Care			36.88	37.3	39 / 10/01	/2016	
		#6	52a Continuous Home Care - SIA			9.22	9.3	35 10/01	/2016	
		#6	55 Inpatient Respite Care			167.44	170.0)3 10/01	/2016	
		#6	56 General Inpatient Care			677.52	686.9	6 10/01	/2016	
		#6	58 Room and Board							
	Ba	sis :		R	late Type :					
	Budget				X Prospective					
	Unaudited costs				Total Prospective					
	Desk audited costs					Prosp	ective Adjusted	for New co	sts	
			Field audited costs			_				
	Medicare - Prospective				Interim					
	X Payment System Rate				Total Interim					
			Average Nursing Home Rate			Settle	ment based on	costs		
			Hillsborough							
<u>Distribution:</u>					W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis					
	Fiscal Agent Contract Management									
	Perma	anent Fi	le							
	Progra	am Deve	elopment:							
		For	information Only (No Change in rate)							