

000141800 - 2018/10

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 Florida, Inc.	Provider Number : 000141800	
Heartland Home Health Care and Hospice	Date: 09/27/2018	
8130 Baymeadows Way W	Fiscal Year End : N/A	
Jacksonville, FL 322564409	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 / H51 Routine Home Care (1-60)	180.80	182.42	10/01/2018
	#651a / H5L Routine Home Care (61 +)	142.01	143.34	10/01/2018
	#652 / H52 Continuous Home Care	38.12	38.59	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	9.53	9.65	10/01/2018
	#655 / H55 Inpatient Respite Care	172.79	174.81	10/01/2018
	#656 / H56 General Inpatient Care	699.67	707.46	10/01/2018
	#659 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
	 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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000602600 - 2018/10

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: 09/27/2018	
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 / H51 Routine Home Care (1-60)	175.06	181.47	10/01/2018
	#651a / H5L Routine Home Care (61 +)	137.50	142.60	10/01/2018
	#652 / H52 Continuous Home Care	36.91	38.39	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	9.23	9.60	10/01/2018
	#655 / H55 Inpatient Respite Care	168.53	174.11	10/01/2018
	#656 / H56 General Inpatient Care	679.06	704.06	10/01/2018
	#659 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
_	 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 - 2018/10

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

Odyssey Health Care Miami-Dade Provider Number : 001572800		
	Date: 09/27/2018	
5755 Blue Lagoon Dr	Fiscal Year End : N/A	
Miami, FL 33126	Audit Status : N/A	

Provider	Provider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)	186.65	187.71	10/01/2018
	#651a / H5L Routine Home Care (61 +)	146.60	147.50	10/01/2018
	#652 / H52 Continuous Home Care	39.35	39.71	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	9.84	9.93	10/01/2018
	#655 / H55 Inpatient Respite Care	177.13	178.74	10/01/2018
	#656 / H56 General Inpatient Care	720.66	726.48	10/01/2018
	#659 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)

 $W. Rydell \ Samuel, \ Administrator$



001636100 - 2018/10

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

		Medicaid Reimbursement Per D	iem Rates for	NON-IN	stitutional	<u>Providers</u>	
Regency Hospice of NW Florida, Inc.			Provider Number : 001636100				
				Date :	09/27/2018		
490	00 Bayou Blvd.	, Ste 101		Fiscal `	Year End : N	I/A	
Pei	nsacola, FL 32	2503		Audit S	status : N/A		
Pro	vider Type:			Cui	rrent Rate	New Rate	Effective Date
	Rura	l Health Clinic					
	Swin	g-Bed Provider					
	Fede	rally Qualified Health Centers					
	X Hosp	ice Provider					
	#	651 / H51 Routine Home Care (1-60	0)		166.50	173.75	10/01/2018
	#	651a / H5L Routine Home Care (61	+)		130.78	136.53	10/01/2018
	#	652 / H52 Continuous Home Care			35.11	36.76	10/01/2018
	#	0551 / 0561 Continuous Home Car	e - SIA		8.78	9.19	10/01/2018
	#	655 / H55 Inpatient Respite Care			162.18	168.37	10/01/2018
	#	656 / H56 General Inpatient Care			648.36	676.31	10/01/2018
	#	659 Room and Board					
	Basis :		Rate	Гуре :			
•		 Budget	>	(Prospect	ive	
-		Unaudited costs			Total Pro	spective	
-		Desk audited costs			Prospect	ive Adjusted for	New costs
_		Field audited costs			_		
_		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
<u>-</u>		Average Nursing Home Rate Escambia			Settleme	nt based on cost	s
	<u>Distributio</u>	<u>n:</u>	_I 	.Rydell	Samuel, Ad	ministrator	
	Fiscal Agent		Me	Medicaid Cost Reimbursement Analysis			
	Contract Ma	nagement					
	Permanent F	File					
	Program De	velopment:					



002782200 - 2018/10

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 5200 Northeast 2nd Avenue	Provider Number : 002782200
	Date: 09/27/2018
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			
Х	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)	186.65	187.71	10/01/2018
	#651a / H5L Routine Home Care (61 +)	146.60	147.50	10/01/2018
	#652 / H52 Continuous Home Care	39.35	39.71	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	9.84	9.93	10/01/2018
	#655 / H55 Inpatient Respite Care	177.13	178.74	10/01/2018
	#656 / H56 General Inpatient Care	720.66	726.48	10/01/2018
	#659 Room and Board			

Basis :	\neg	ľ	Rate Type :]
	 Budget		Х	Prospective
	Unaudited costs	<u> </u>		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:
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 $W. Rydell \ Samuel, \ Administrator$



003815300 - 2018/10

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: 09/27/2018
150 S. Pine Island Road, Suite 200	Fiscal Year End : N/A
Plantation, FL 333242695	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 / H51 Routine Home Care (1-60)	189.99	191.53	10/01/2018
	#651a / H5L Routine Home Care (61 +)	149.22	150.51	10/01/2018
	#652 / H52 Continuous Home Care	40.06	40.52	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	10.01	10.13	10/01/2018
	#655 / H55 Inpatient Respite Care	179.62	181.58	10/01/2018
	#656 / H56 General Inpatient Care	732.65	740.21	10/01/2018
	#659 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
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 S	Samuel,	Administrator
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013656100 - 2018/10

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: 09/27/2018
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 / H51 Routine Home Care (1-60)	175.06	181.47	10/01/2018
	#651a / H5L Routine Home Care (61 +)	137.50	142.60	10/01/2018
	#652 / H52 Continuous Home Care	36.91	38.39	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	9.23	9.60	10/01/2018
	#655 / H55 Inpatient Respite Care	168.53	174.11	10/01/2018
	#656 / H56 General Inpatient Care	679.06	704.06	10/01/2018
	#659 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
	Brevard		_

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
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 $W. Rydell \ Samuel, \ Administrator$

Analysis



014043700 - 2018/10

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

Hernand	lernando-Pasco Hospice Provider Number : 014043700					
HPH Hos	spice	Da	Date: 09/27/2018 Fiscal Year End: N/A			
12107 M	ajestic Blvd	Fi				
Hudson,	FL	Audit Status : N/A				
Provider	Type:		Current Rate	New Rate	Effective Date	
	Rural Health Clinic					
	Swing-Bed Provider					
	Federally Qualified Health Centers					
Х	Hospice Provider					
	#651 / H51 Routine Home Care (1-60)		180.35	183.42	10/01/2018	

#6	51a / H5L Routine Home Care (61	+)	141.65	144.13	10/01/2018
#6	552 / H52 Continuous Home Care		38.03	38.81	10/01/2018
#0	0551 / 0561 Continuous Home Care	e - SIA	9.51	9.70	10/01/2018
#6	555 / H55 Inpatient Respite Care		172.46	175.55	10/01/2018
#6	#656 / H56 General Inpatient Care			711.05	10/01/2018
#6	559 Room and Board				
Basis :		Rate Typ	oe:		
	Budget	X	Prospective	e	
		i			

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
	— Pasco		_

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

 $W. Ry dell \ Samuel, \ Administrator$



014190000 - 2018/10

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	Provider Number: 014190000		
Keys	Date: 09/27/2018		
200 Lanidex Plz Ste 2101	Fiscal Year End : N/A		
200 Landex 1 12 Ole 2 10 1	Audit Status : N/A		
Parsippany, NJ 07054-2746	Addit Status . IVA		

Provider	Туре:	Current Rate	New Rate	Effective Date				
	Rural Health Clinic							
	Swing-Bed Provider							
Federally Qualified Health Centers								
X	Hospice Provider							
	#651 / H51 Routine Home Care (1-60)	186.65	187.71	10/01/2018				
	#651a / H5L Routine Home Care (61 +)	146.60	147.50	10/01/2018				
	#652 / H52 Continuous Home Care	39.35	39.71	10/01/2018				
	#0551 / 0561 Continuous Home Care - SIA	9.84	9.93	10/01/2018				
	#655 / H55 Inpatient Respite Care	177.13	178.74	10/01/2018				
	#656 / H56 General Inpatient Care	720.66	726.48	10/01/2018				
	#659 Room and Board							

Basis :		İ	Rate Type :	
	Budget		Х	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> </u>	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	

____ For information Only (No Change in rate)

Distribution:

W.Rydell Samuel, Administrator





Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

015219700 - 2018/10

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

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Compassionate Care Hospice of Central Florida			Provid	rovider Number : 015219700				
Da					ate: 09/27/2018			
2525 Dran	2525 Drane Field Rd Ste 4			Fiscal	Year End : N	I/A		
Lakeland,	FI 33811			Audit	Status : N/A			
Provider	Гуре:			Cı	urrent Rate	New Rate	Effective Date	
	Rural Health (Clinic						
	Swing-Bed Pr	ovider						
	Federally Qua	lified Health Centers						
X	Hospice Provi	ider						
	#651 / H51	Routine Home Care (1-60)		166.50	169.93	10/01/2018	
	#651a / H5	L Routine Home Care (61	+)		130.78	133.53	10/01/2018	
	#652 / H52	Continuous Home Care			35.11	35.95	10/01/2018	
	#0551 / 05	61 Continuous Home Care	e - SIA		8.78	8.99	10/01/2018	
	#655 / H55	Inpatient Respite Care			162.18	165.53	10/01/2018	
	#656 / H56	General Inpatient Care			648.36	662.57	10/01/2018	
	#659 Roon	n and Board						
Ва	sis:		Rate 1	ype :				
	Budge	et	x	(Prospect	ive		
-	Unaud	dited costs			Total Prospective			
	Desk	audited costs			Prospective Adjusted for New cost		New costs	
	Field a	audited costs						
	Medic	are - Prospective			Interim			
	X Paym	ent System Rate			Total Inte	erim		
	Avera	ge Nursing Home Rate			Settleme	nt based on cost	ts	
		Polk						
<u>Distr</u>	ibution:		W.	.Ryde	II Samuel, Ad	ministrator #	?	
Fisca	l Agent					ursement Analys	sis	
Contr	act Managemen	t				•		
Perm	anent File							



Program Development:

_ For information Only (No Change in rate)

Florida Agency for Health Care Administration

015328000 - 2018/10

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

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Seasons Hospice & Palliative Care Broward FL LLC			Provid	rovider Number : 015328000				
D					ate: 09/27/2018			
18′	15 Griffin Rd Ste	e 410		Fiscal Year End : N/A				
Da	nia Beach, Fl 3	3004		Audit	Status : N/A			
Pro	ovider Type:			Cı	urrent Rate	New Rate	Effective Date	
	Rural	Health Clinic				,		
	Swing	_J -Bed Provider						
	Feder	ally Qualified Health Centers						
	X Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)			189.99	191.53	10/01/2018	
	#6	51a / H5L Routine Home Care (61 +	-)		149.22	150.51	10/01/2018	
	#6	52 / H52 Continuous Home Care			40.06	40.52	10/01/2018	
	#0	551 / 0561 Continuous Home Care	- SIA		10.01	10.13	10/01/2018	
	#6	55 / H55 Inpatient Respite Care			179.62	181.58	10/01/2018	
	#6	56 / H56 General Inpatient Care			732.65	740.21	10/01/2018	
	#6	59 Room and Board						
	Basis :		Rate 1	Гуре	:			
<u></u>		 Budget	x	(Prospecti	ive		
-		Unaudited costs			Total Prospective			
-		Desk audited costs			Prospective Adjusted for New costs			
-		Field audited costs						
-		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
-		Average Nursing Home Rate			Settleme	nt based on cost	ts	
-		Broward						
	Distribution	<u>ı:</u>	W	.Ryde	ell Samuel, Ad	ministrator	~	
	Fiscal Agent		Me	edicai	id Cost Reimb	ursement Analys	sis	
	Contract Man	agement						
	Permanent F	ile						



015986100 - 2018/10

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 Di</u>	em Rates ic	or Nor	<u>1-institutional </u>	<u>Providers</u>		
Covenant Hospice, Inc			Provider Number : 015986100 Date : 09/27/2018					
5041 N. 12th Pensacola, FL 32504								
				Fiscal Year End : N/A				
				Aud	lit Status : N/A			
Pro	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	X Hospic	ce Provider						
	#65	51 / H51 Routine Home Care (1-60))		166.50	173.75	10/01/2018	
	#65	51a / H5L Routine Home Care (61	+)		130.78	136.53	10/01/2018	
	#65	52 / H52 Continuous Home Care			35.11	36.76	10/01/2018	
	#05	551 / 0561 Continuous Home Care	e - SIA		8.78	9.19	10/01/2018	
	#65	55 / H55 Inpatient Respite Care			162.18	168.37	10/01/2018	
	#65	56 / H56 General Inpatient Care			648.36	676.31	10/01/2018	
	#65	59 Room and Board						
	Basis :		Rate	е Туре	e :			
		Budget		Χ	Prospect	ive		
		Unaudited costs		Total		Prospective		
		Desk audited costs			Prospect	ive Adjusted for	New costs	
		Field audited costs						
		Medicare - Prospective			Interim			
	X	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate Escambia	_		Settleme	nt based on cost	s	
	Distribution	<u>.</u>	1	W.Ryo	dell Samuel, Ad	ministrator		
Fiscal Agent Contract Management Permanent File Program Development:			<u>-</u>	Medicaid Cost Reimbursement Analysis				



016254400 - 2018/10

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

Odyssey Healthcare of Marion County	Provider Number : 016254400		
Kindred at Home-Hospice	Date: 09/27/2018		
1300 N Semoran Blvd Ste 210	Fiscal Year End : N/A		
Orlando, Fl 32807	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)	180.10	183.30	10/01/2018
	#651a / H5L Routine Home Care (61 +)	141.45	144.03	10/01/2018
	#652 / H52 Continuous Home Care	37.97	38.78	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	9.49	9.69	10/01/2018
	#655 / H55 Inpatient Respite Care	172.27	175.46	10/01/2018
	#656 / H56 General Inpatient Care	697.14	710.61	10/01/2018
	#659 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
	- Orange		

<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 - 2018/10

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		
	Date: 09/27/2018		
214 E Washington St Apt C	Fiscal Year End : N/A		
Minneola, FI 34715	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 / H51 Routine Home Care (1-60)	180.10	183.30	10/01/2018
	#651a / H5L Routine Home Care (61 +)	141.45	144.03	10/01/2018
	#652 / H52 Continuous Home Care	37.97	38.78	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	9.49	9.69	10/01/2018
	#655 / H55 Inpatient Respite Care	172.27	175.46	10/01/2018
	#656 / H56 General Inpatient Care	697.14	710.61	10/01/2018
	#659 Room and Board		'	

Basis :			Rate Type :]
	Budget	'	Х	Prospective
	Unaudited costs	•		Total Prospective
	Desk audited costs	ļ .		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
	 Lake	-		=

<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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019255800 - 2018/10

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 Florida Inc.	Provider Number : 019255800		
Heartland Hospice	Date: 09/27/2018		
5975 Sunset Drive Suite 301	Fiscal Year End : N/A		
South Miami, FL 33143	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 / H51 Routine Home Care (1-60)	186.65	187.71	10/01/2018
	#651a / H5L Routine Home Care (61 +)	146.60	147.50	10/01/2018
	#652 / H52 Continuous Home Care	39.35	39.71	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	9.84	9.93	10/01/2018
	#655 / H55 Inpatient Respite Care	177.13	178.74	10/01/2018
	#656 / H56 General Inpatient Care	720.66	726.48	10/01/2018
	#659 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
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)

 $W. Rydell \ Samuel, \ Administrator$



087000500 - 2018/10

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

Tallahassee, Florida 32308

		Medicaid Reimbursement Per D	iem Rates for	Non-In	stitutional	<u>Providers</u>	
Hospice of I.R.C.				Provide	er Number :	087000500	
			Date: 09/27/2018				
11	11 36th Street			Fiscal \	ear End : N	I/A	
Vero Beach, FL 32960 Audit			Audit S	tatus : N/A			
Pr	ovider Type:			Cur	rent Rate	New Rate	Effective Date
	Rural	Health Clinic					
	Swing	-Bed Provider					
	Federa	ally Qualified Health Centers					
	X Hospid	ce Provider					
	#6	51 / H51 Routine Home Care (1-60	0)		175.06	176.41	10/01/2018
	#6	51a / H5L Routine Home Care (61	+)		137.50	138.62	10/01/2018
	#6	52 / H52 Continuous Home Care			36.91	37.32	10/01/2018
	#0	551 / 0561 Continuous Home Care	e - SIA		9.23	9.33	10/01/2018
#655 / H55 Inpatient Respite Care					168.53	170.35	10/01/2018
	#6	56 / H56 General Inpatient Care			679.06	685.87	10/01/2018
	#6	59 Room and Board					
	Basis :	7	Rate	Гуре :			
		Budget	>	<	Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	X	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate				Settleme	nt based on cost	is
		Indian River					
	Distribution	<u>.</u>		.Rvdell	Samuel, Ad	ministrator	
Fiscal Agent						oursement Analys	
	Contract Mana	agement					
	Permanent Fil	le					
	Program Deve	elopment:					



087246600 - 2018/10

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 Corporation - Dade County	Provider Number : 087246600
Attn: Angela Santana	Date: 09/27/2018
100 S. Biscayne Blvd	Fiscal Year End : N/A
Miami, FL 33131	Audit Status : N/A

Provider	rovider Type:		New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)	186.65	187.71	10/01/2018
	#651a / H5L Routine Home Care (61 +)	146.60	147.50	10/01/2018
	#652 / H52 Continuous Home Care	39.35	39.71	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	9.84	9.93	10/01/2018
	#655 / H55 Inpatient Respite Care	177.13	178.74	10/01/2018
	#656 / H56 General Inpatient Care	720.66	726.48	10/01/2018
	#659 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
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)

 $W. Rydell \ Samuel, \ Administrator$



087255500 - 2018/10

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

Tallahassee, Florida 32308

		Medicaid Reimbursement Per Di	iem Rates for	Non-In	stitutional	<u>Providers</u>	
St. Francis Hospice			Provide	Provider Number : 087255500			
				Date : 0	09/27/2018		
12	50-B Grumman I	Place		Fiscal \	ear End : N	I/A	
Tit	usville, FL 3278	0		Audit S	tatus : N/A		
Pro	ovider Type:			Cur	rent Rate	New Rate	Effective Date
	Rural I	Health Clinic					,
	Swing	-Bed Provider					
	Federa	ally Qualified Health Centers					
	X Hospid	ce Provider					
	#65	51 / H51 Routine Home Care (1-60	0)		175.06	181.47	10/01/2018
	#65	51a / H5L Routine Home Care (61	+)		137.50	142.60	10/01/2018
	#65	52 / H52 Continuous Home Care			36.91	38.39	10/01/2018
	#05	551 / 0561 Continuous Home Care	e - SIA		9.23	9.60	10/01/2018
#655 / H55 Inpatient Respite Care					168.53	174.11	10/01/2018
	#65	56 / H56 General Inpatient Care			679.06	704.06	10/01/2018
	#65	59 Room and Board					
	Basis :		Rate	Гуре :			
•		 Budget	>	<	Prospect	ive	
•		Unaudited costs			Total Pro	spective	
•		Desk audited costs			Prospect	ive Adjusted for	New costs
•		Field audited costs					
•		Medicare - Prospective			 Interim		
	Χ	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate				Settleme	nt based on cost	s
•		Brevard					
	Distribution	<u>:</u>	_IW	.Rydell	Samuel, Ad	ministrator	· .
Fiscal Agent				Medicaid Cost Reimbursement Analysis			
	Contract Mana	agement				•	
	Permanent Fil	е					
	Program Deve	elopment:					



087256300 - 2018/10

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

Tallahassee, Florida 32308

	Medicaid Reimbursement Per Die	em Rates for	Non-Ins	titutional	<u>Providers</u>		
Hospice of the Comforter P			Provider	Provider Number : 087256300			
			Date : 09/27/2018				
480 West Centr	al Pkwy		Fiscal Y	ear End : N	I/A		
Altamonte Sprin	ngs, FL 327143125		Audit Sta	atus : N/A			
Provider Type:			Curr	ent Rate	New Rate	Effective Date	
Rur	ral Health Clinic						
Swi	ing-Bed Provider						
Fed	lerally Qualified Health Centers						
X Hos	spice Provider						
	#651 / H51 Routine Home Care (1-60)		180.10	183.30	10/01/2018	
	#651a / H5L Routine Home Care (61	+)		141.45	144.03	10/01/2018	
	#652 / H52 Continuous Home Care			37.97	38.78	10/01/2018	
	#0551 / 0561 Continuous Home Care	- SIA		9.49	9.69	10/01/2018	
	#655 / H55 Inpatient Respite Care			172.27	175.46	10/01/2018	
	#656 / H56 General Inpatient Care			697.14	710.61	10/01/2018	
	#659 Room and Board						
Basis:		Rate 1	ype :]			
	Budget	x	,	_ Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs			_			
	Medicare - Prospective			Interim			
X	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	rs	
	Seminole						
<u>Distributi</u>	ion:	lW.	Rydell S	Samuel, Ad	ministrator #	?	
Fiscal Age	nt		-		ursement Analys		
Contract M	lanagement				,		
Permanent	t File						
Program D	evelopment:						



087407800 - 2018/10

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

		Medicald Kellibursellielit Fer D	ieiii ivales ioi	140	II-IIISHILUHOHAI	FIOVILLEIS		
Со	Community Hospice of Northeast			Pro	Provider Number : 087407800			
				Dat	ate: 09/27/2018			
426	66 Sunbeam Ro	ad		Fis	cal Year End : N	I/A		
Jac	cksonville, FL 3	2257		Aud	dit Status : N/A			
Pro	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural	Health Clinic						
	Swing	-Bed Provider						
	Feder	ally Qualified Health Centers						
	X Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-6	0)		180.80	182.42	10/01/2018	
	#6	51a / H5L Routine Home Care (61	+)		142.01	143.34	10/01/2018	
	#6	52 / H52 Continuous Home Care			38.12	38.59	10/01/2018	
	#0	551 / 0561 Continuous Home Car	e - SIA		9.53	9.65	10/01/2018	
	#6	55 / H55 Inpatient Respite Care			172.79	174.81	10/01/2018	
	#6	56 / H56 General Inpatient Care			699.67	707.46	10/01/2018	
	#6	59 Room and Board						
	Basis :	7	Rate	Тур	e:			
•		Budget		X	Prospect	ive		
•		Unaudited costs			Total Pro	spective		
•		Desk audited costs			Prospect	ive Adjusted for	New costs	
•		Field audited costs						
•		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
_		Average Nursing Home Rate Duval			Settleme	nt based on cost	s	
	Distribution	<u></u>	_I	V.Ry	dell Samuel, Ad	ministrator		
	Fiscal Agent		N	1edio	caid Cost Reimb	ursement Analys	sis	
	Contract Man	agement						
	Permanent Fi	le						
	Program Dev	elopment:						



087514700 - 2018/10

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

		Medicaid Reimbursement Per Di	em Rates for	NON-I	nstitutionai	<u>Providers</u>		
Hospice of Martin & St. Lucie				Provider Number: 087514700				
				Date: 09/27/2018				
12	01 SE Indian St	reet		Fiscal	Year End : N	I/A		
Stuart, FL 34997 Audit Status : N/A								
Pro	ovider Type:			Cı	urrent Rate	New Rate	Effective Date	
	Rural	Health Clinic						
	Swing	-Bed Provider						
	Feder	ally Qualified Health Centers						
	X Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)		185.18	185.01	10/01/2018	
	#6	51a / H5L Routine Home Care (61	+)		145.44	145.38	10/01/2018	
	#6	52 / H52 Continuous Home Care			39.04	39.14	10/01/2018	
	#0	551 / 0561 Continuous Home Care	e - SIA		9.76	9.78	10/01/2018	
#655 / H55 Inpatient Respite Care					176.04	176.74	10/01/2018	
	#6	56 / H56 General Inpatient Care			715.37	716.78	10/01/2018	
	#6	59 Room and Board						
	Basis :	7	Rate 7	Гуре :				
•		 Budget	X	(Prospect	ive		
		Unaudited costs			Total Pro	spective		
		Desk audited costs			Prospect	ive Adjusted for	New costs	
		Field audited costs						
•		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
•		Average Nursing Home Rate Martin			Settleme	nt based on cost	s	
	<u>Distribution</u>	<u>1:</u>	l W	.Ryde	II Samuel, Ad	ministrator		
	Fiscal Agent		Me	edicai	d Cost Reimb	oursement Analys	sis	
	Contract Man	agement						
	Permanent Fi	le						
	Program Dev	elopment:						



087516300 - 2018/10

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

		wedicaid Reimbursement Per D	iem Rates for	ION	n-institutionai	<u>Providers</u>	
Hospice of Palm Beach County				Provider Number : 087516300			
				Dat	e: 09/27/2018		
53	00 East Avenue			Fisc	cal Year End : N	I/A	
We	est Palm Beach,	FL 33407		Aud	dit Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	Rural	Health Clinic					
	Swing	-Bed Provider					
	Federa	ally Qualified Health Centers					
	X Hospi	ce Provider					
	#6	51 / H51 Routine Home Care (1-60	0)		182.46	185.02	10/01/2018
	#6	51a / H5L Routine Home Care (61	+)		143.31	145.39	10/01/2018
	#6	52 / H52 Continuous Home Care			38.47	39.15	10/01/2018
	#0	551 / 0561 Continuous Home Care	e - SIA		9.62		
	#6	55 / H55 Inpatient Respite Care			174.02		
	#6	56 / H56 General Inpatient Care			705.62	716.82	10/01/2018
	#6	59 Room and Board					
	Basis :		Rate	Тур	e :		
•		 Budget		Χ	Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for I	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
	Average Nursing Home Rate				Settleme	nt based on cost	s
		Palm Beach					
	Distribution	<u>:</u>	_I	V.Ryo	dell Samuel, Ad	ministrator	,
	Fiscal Agent		_			ursement Analys	sis
	Contract Man	agement				·	
	Permanent Fi	le					
	Program Deve	elopment:					



087519800 - 2018/10

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	Date: 09/27/2018
4200 NW 90th Blvd	Fiscal Year End : N/A
Gainesville, FL 326063809	Audit Status : N/A

Provider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)	194.67	183.96	10/01/2018
	#651a / H5L Routine Home Care (61 +)	152.90	144.55	10/01/2018
	#652 / H52 Continuous Home Care	41.05	38.92	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	10.26	9.73	10/01/2018
	#655 / H55 Inpatient Respite Care	183.09	175.95	10/01/2018
	#656 / H56 General Inpatient Care	749.45	712.99	10/01/2018
	#659 Room and Board			

Basis :	7	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
	— Alachua		

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

 $W. Rydell \ Samuel, \ Administrator$



087520100 - 2018/10

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>wedicaid Reimbursement Per D</u>	iem Rates for	NON	<u>-institutional</u>	<u>Providers</u>		
Но	Hospice of Marion County			Prov	Provider Number : 087520100			
	Da			Date	ate: 09/27/2018			
Ρ.0				Fisc	al Year End : N	I/A		
Oc				it Status : N/A	t Status : N/A			
Pr	ovider Type:			C	Current Rate	New Rate	Effective Date	
	Rural Health Clinic							
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	X Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60	0)		170.46	173.37	10/01/2018	
	#6	51a / H5L Routine Home Care (61	+)		133.88	136.24	10/01/2018	
	#6	52 / H52 Continuous Home Care			35.94	36.68	10/01/2018	
	#0	551 / 0561 Continuous Home Car	e - SIA		8.98	9.17	10/01/2018	
	#6	55 / H55 Inpatient Respite Care			165.11	168.09	10/01/2018	
	#6	56 / H56 General Inpatient Care			662.54	674.95	10/01/2018	
	#6	59 Room and Board						
	Basis :	7	Rate	Туре	:			
'		Budget	;	X	Prospect	ive		
		Unaudited costs			Total Pro	spective		
		Desk audited costs			Prospect	ospective Adjusted for New costs		
		Field audited costs						
		Medicare - Prospective			Interim			
	Χ	Payment System Rate	yment System Rate		Total Interim			
Average Nursing Home Rate			Settlement based on costs					
		Marion						
	Distribution	<u>:</u>	_I 	/.Ryd	lell Samuel, Ad	ministrator #	· · · · · · · · · · · · · · · · · · ·	
		edicaid Cost Reimbursement Analysis						
	Contract Man	agement				•		
	Permanent Fi	le						
	Program Deve	elopment:						



087522800 - 2018/10

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: 09/27/2018		
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			
Х	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)	175.06	181.47	10/01/2018
	#651a / H5L Routine Home Care (61 +)	137.50	142.60	10/01/2018
	#652 / H52 Continuous Home Care	36.91	38.39	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	9.23	9.60	10/01/2018
	#655 / H55 Inpatient Respite Care	168.53	174.11	10/01/2018
	#656 / H56 General Inpatient Care	679.06	704.06	10/01/2018
	#659 Room and Board			

Γ	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
	Χ	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)

 $W. Rydell\ Samuel,\ Administrator$



087523600 - 2018/10

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: 09/27/2018	
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 / H51 Routine Home Care (1-60)	166.69	171.99	10/01/2018
	#651a / H5L Routine Home Care (61 +)	130.92	135.15	10/01/2018
	#652 / H52 Continuous Home Care	35.15	36.39	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	8.79	9.10	10/01/2018
	#655 / H55 Inpatient Respite Care	162.32	167.07	10/01/2018
	#656 / H56 General Inpatient Care	649.03	670.00	10/01/2018
	#659 Room and Board			

Basis:			Rate Type :	7
	Budget		Х	Prospective
	Unaudited costs	i -		Total Prospective
	Desk audited costs	j -		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	-		_

<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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087524400 - 2018/10

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

		Medicaid Reimbursement Per D	iem R	ates for No	on-insi	<u>titutionai i</u>	<u>Providers</u>		
Βiς	g Bend Hospice			Pr	rovider Number : 087524400				
				Da	Date : 09/27/2018				
17	23 Mahan Cente	r Blvd.		Fi	scal Ye	ear End : N	I/A		
Та	llahassee, FL 32	23085428		Αι	udit Sta	itus : N/A			
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date	
	Rural I	Health Clinic							
	Swing-	Bed Provider							
	Federa	Illy Qualified Health Centers							
	X Hospic	e Provider							
	#65	51 / H51 Routine Home Care (1-6	0)			171.85	173.38	10/01/2018	
	#65	51a / H5L Routine Home Care (61	+)			134.97	136.25	10/01/2018	
	#65	52 / H52 Continuous Home Care				36.23	36.68	10/01/2018	
	#05	551 / 0561 Continuous Home Car	e - SI	4		9.06	9.17	10/01/2018	
	#655 / H55 Inpatient Respite Care					166.15	168.10	10/01/2018	
	#65	56 / H56 General Inpatient Care				667.54	675.00	10/01/2018	
	#65	9 Room and Board							
	Basis :	7	ĪΓ	Rate Ty	pe :]			
,		Budget		Х		Prospect	ive		
		Unaudited costs	-			Total Pro	spective		
		Desk audited costs				Prospect	ive Adjusted for I	New costs	
		Field audited costs				_			
		Medicare - Prospective				Interim			
	X Payment System Rate				Total Inte	erim			
Average Nursing Home Rate					Settleme	nt based on cost	s		
		Leon							
	Distribution	<u>:</u>		W.R	vdell S	amuel, Ad	ministrator #		
Fiscal Agent						ursement Analys	sis		
	Contract Mana	agement					•		
	Permanent Fil	e							
	Program Deve	elopment:							



087525200 - 2018/10

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

	Medicald Neillibursement Fer Die	ili Nates IOI IV	<u>on-manunonar</u>	FIOVILLEIS			
Hospice of	of the Florida Keys, Inc.	Pi	Provider Number : 087525200				
		Da	ate: 09/27/2018				
1319 Will	iam Street	Fi	scal Year End : N	N/A			
Key Wes	t, FL 330404736	Au	Audit Status : N/A				
Provider	Туре:		Current Rate	New Rate	Effective Date		
	Rural Health Clinic						
	Swing-Bed Provider						
	Federally Qualified Health Centers						
Х	Hospice Provider						
	#651 / H51 Routine Home Care (1-60)		168.44	172.76	10/01/2018		
	#651a / H5L Routine Home Care (61 +	+)	132.30	135.76	10/01/2018		
	#652 / H52 Continuous Home Care		35.52	36.55	10/01/2018		
	#0551 / 0561 Continuous Home Care	- SIA	8.88	9.14	10/01/2018		
	#655 / H55 Inpatient Respite Care		163.62	167.64	10/01/2018		
	#656 / H56 General Inpatient Care		655.31	672.76	10/01/2018		
	#659 Room and Board						
В	asis:	Rate Ty	pe:				
	Budget	X	 Prospect	tive			
	Unaudited costs		Total Pro	spective			
Desk audited costs			Prospect	tive Adjusted for	New costs		
	Field audited costs						
	Medicare - Prospective		Interim				
	X Payment System Rate		Total Inte	erim			
	Average Nursing Home Rate		Settleme	ent based on cos	ts		
	Monroe	<u> </u>					

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

 $W. Ry dell \ Samuel, \ Administrator$

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087526100 - 2018/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Lake and Sumter	Provider Number : 087526100		
	Date: 09/27/2018		
12300 Lane Park Road	Fiscal Year End : N/A		
Tavares, FL 32778	Audit Status : N/A		

Provider	r Type:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			
	Swing-Bed Provider			
	Federally Qualified Health Centers			
Х	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)	180.10	183.30	10/01/2018
	#651a / H5L Routine Home Care (61 +)	141.45	144.03	10/01/2018
	#652 / H52 Continuous Home Care	37.97	38.78	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	9.49	9.69	10/01/2018
	#655 / H55 Inpatient Respite Care	172.27	175.46	10/01/2018
	#656 / H56 General Inpatient Care	697.14	710.61	10/01/2018
	#659 Room and Board			

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

<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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087527900 - 2018/10

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

Tallahassee, Florida 32308

	-	Medicaid Reimbursement Per Di	em Ra	ates for in	on-ins	titutionai	<u>Providers</u>		
Tic	lewell Hospice &	Palliative Care		Pi	rovider Number : 087527900				
				Da	ate : 09	ate: 09/27/2018			
59	55 Rand Blvd			Fi	scal Y	ear End : N	I/A		
Sa	rasota, FL 3423	8		Au	udit Sta	atus : N/A			
Pro	ovider Type:				Curr	ent Rate	New Rate	Effective Date	
	Rural I	Health Clinic							
	Swing-	Bed Provider							
	Federa	Illy Qualified Health Centers							
	X Hospid	e Provider							
	#65	51 / H51 Routine Home Care (1-60)			189.16	194.96	10/01/2018	
	#65	51a / H5L Routine Home Care (61	+)			148.57	153.20	10/01/2018	
	#65	52 / H52 Continuous Home Care				39.88	41.25	10/01/2018	
	#05	551 / 0561 Continuous Home Care	- SIA			9.97	10.31	10/01/2018	
#655 / H55 Inpatient Respite Care					179.00	184.13	10/01/2018		
	#65	66 / H56 General Inpatient Care				729.65	752.54	10/01/2018	
	#65	9 Room and Board							
	Basis :			Rate Ty	pe :]			
`		Budget	_	Х		Prospect	ive		
		Unaudited costs	_			Total Pro	spective		
·		Desk audited costs				Prospect	ive Adjusted for I	New costs	
·		Field audited costs				_			
•		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	erim		
Average Nursing Home Rate					Settleme	nt based on cost	s		
		Sarasota							
	<u>Distribution</u> :	<u>.</u>	<u> </u>	W.R	ydell S	Samuel, Ad	ministrator #	·	
Fiscal Agent						ursement Analys	sis		
	Contract Mana	agement					•		
	Permanent File	e							
	Program Deve	elopment:							



087528700 - 2018/10

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

Tallahassee, Florida 32308

		Medicaid Reimbursement Per Di	em Rates for I	<u>Non-Insti</u>	tutional	<u>Providers</u>		
Но	spice of the Tre	asure Coast	F	Provider N	rovider Number : 087528700			
			[Date : 09/	Pate: 09/27/2018			
12	01 SE Indian St		F	Fiscal Yea	ar End : N	I/A		
Stı	uart, FL 34997		,	Audit Stat	us : N/A			
Pr	ovider Type:			Curre	nt Rate	New Rate	Effective Date	
	Rural	Health Clinic						
	Swing	-Bed Provider						
	Feder	ally Qualified Health Centers						
	X Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60))		185.18	185.01	10/01/2018	
	#6	51a / H5L Routine Home Care (61	+)		145.44	145.38	10/01/2018	
	#6	52 / H52 Continuous Home Care			39.04	39.14	10/01/2018	
	#0	551 / 0561 Continuous Home Care	e - SIA		9.76	9.78	10/01/2018	
#655 / H55 Inpatient Respite Care					176.04	176.74	10/01/2018	
	#6	56 / H56 General Inpatient Care			715.37	716.78	10/01/2018	
	#6	59 Room and Board						
	Basis :		Rate T	ype :				
		Budget	X		Prospect	ive		
		Unaudited costs			Total Pro	spective		
		Desk audited costs			Prospect	ive Adjusted for	New costs	
		Field audited costs						
		Medicare - Prospective			Interim			
	Х	Payment System Rate			Total Inte	erim		
Average Nursing Home Rate					Settleme	nt based on cost	S	
		St Lucie						
	Distribution	<u>ı:</u>	W.	Rydell Sa	amuel, Ad	ministrator #		
F: 1A .			-		ursement Analys			
	Contract Man	agement				·		
	Permanent Fi	le						
	Program Dev	elopment:						



087529500 - 2018/10

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: 09/27/2018		
1531 W. Palmetto Park Road	Fiscal Year End : N/A		
Boca Raton, FL 334863395	Audit Status : N/A		

Provider	Туре:	Current Rate	New Rate	Effective Date
	Rural Health Clinic			1
	Swing-Bed Provider			
	Federally Qualified Health Centers			
X	Hospice Provider			
	#651 / H51 Routine Home Care (1-60)	182.46	185.02	10/01/2018
	#651a / H5L Routine Home Care (61 +)	143.31	145.39	10/01/2018
	#652 / H52 Continuous Home Care	38.47	39.15	10/01/2018
	#0551 / 0561 Continuous Home Care - SIA	9.62	9.79	10/01/2018
	#655 / H55 Inpatient Respite Care	174.02	176.75	10/01/2018
	#656 / H56 General Inpatient Care	705.62	716.82	10/01/2018
	#659 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
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:

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 $W. Rydell \ Samuel, \ Administrator$



087532500 - 2018/10

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

Rural Health Clinic			<u>Medicaid Reimbursement Per Di</u>	em Rates for	NOI	<u>-institutionai</u>	<u>Providers</u>		
Fiscal Year End : N/A Audit Status : N/A	Hospice of the Florida Suncoast				Provider Number: 087532500				
Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider Hospice Hos	Da			Date	te: 09/27/2018				
Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers	57	5771 Rosevelt Blvd			Fisc	al Year End : N	I/A		
Rural Health Clinic	Cle	Clearwater, FL 337603770			Audi	it Status : N/A			
Swing-Bed Provider Federally Qualified Health Centers	Pro	ovider Type:				Current Rate	New Rate	Effective Date	
Rate Type :		Rura	Il Health Clinic						
X Hospice Provider		Swin	g-Bed Provider						
#651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 +) #651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Rate Type: X Prospective Total Prospective Adjusted for New costs		Fede	erally Qualified Health Centers						
#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Rate Type:		X Hosp	pice Provider						
#652 / H52 Continuous Home Care 38.03 38.81 10/01/2018 #0551 / 0561 Continuous Home Care - SIA 9.51 9.70 10/01/2018 #655 / H55 Inpatient Respite Care 172.46 175.55 10/01/2018 #656 / H56 General Inpatient Care 698.05 711.05 10/01/2018 #659 Room and Board Rate Type :		#	651 / H51 Routine Home Care (1-60))		180.35	183.42	10/01/2018	
#0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board Rate Type :		#	651a / H5L Routine Home Care (61	+)		141.65	144.13	10/01/2018	
#655 / H55 Inpatient Respite Care		#	652 / H52 Continuous Home Care			38.03	38.81	10/01/2018	
#656 / H56 General Inpatient Care #659 Room and Board Basis :	#0551 / 0561 Continuous Home Care - SIA					9.51	9.70	10/01/2018	
#659 Room and Board Basis :	#655 / H55 Inpatient Respite Care					172.46	175.55	10/01/2018	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Pinellas Rate Type: X Prospective Prospective Interim Total Interim Settlement based on costs Settlement based on costs	#656 / H56 General Inpatient Care					698.05	711.05	10/01/2018	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Prospective Prospective Adjusted for New costs Interim X Payment System Rate Average Nursing Home Rate Prospective Total Prospective Total Interim Settlement based on costs Settlement based on costs		#	659 Room and Board						
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Pinellas Total Prospective Prospective Adjusted for New costs Interim Total Interim Settlement based on costs		Basis :		Rate	Туре	:			
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Prospective Adjusted for New costs Interim Total Interim Settlement based on costs Prospective Adjusted for New costs Settlement based for New costs			Budget	,	Χ	Prospect	ive		
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Pinellas Field audited costs Interim Total Interim Settlement based on costs	•		Unaudited costs			Total Pro	spective		
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Pinellas Interim Total Interim Settlement based on costs	•		Desk audited costs			Prospect	ive Adjusted for	New costs	
X Payment System Rate Average Nursing Home Rate Pinellas Total Interim Settlement based on costs	•		Field audited costs						
Average Nursing Home Rate Pinellas Settlement based on costs	•		Medicare - Prospective			Interim			
Pinellas		Χ	Payment System Rate			Total Inte	erim		
	•		Average Nursing Home Rate			Settleme	nt based on cost	s	
Dietrikutien.	•		Pinellas						
<u>Distribution:</u> W.Rydell Samuel, Administrator		Distributio	<u> </u>	<u>I</u>	V.Rvd	dell Samuel Ad	ministrator #		
Fiscal Agent Medicaid Cost Reimbursement Analysis								sis	
Contract Management		-		141	.53100	0000 1001110	a. somone / mary		
Permanent File			_						
		Program De	velopment:						
		Program De	velopment:						



087535000 - 2018/10

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

		Medicaid Reimbursement Per L	nem Rates for	Non-in	Stitutional	<u>Providers</u>	
Hope Hospice & Palliative Care			Provide	Provider Number : 087535000			
				Date : 0	09/27/2018		
94	9470 Health Park Circle			Fiscal \	ear End : N	I/A	
Ft.	Myers, FL 339	083617		Audit S	tatus : N/A		
Pr	ovider Type:			Cur	rent Rate	New Rate	Effective Date
	Rural	Health Clinic					
	Swing	-Bed Provider					
	Federa	ally Qualified Health Centers					
	X Hospi	ce Provider					
	#6	51 / H51 Routine Home Care (1-6	60)		185.11	183.78	10/01/2018
	#6	51a / H5L Routine Home Care (6 ²	1 +)		145.39	144.42	10/01/2018
	#6	52 / H52 Continuous Home Care			39.03	38.88	10/01/2018
#0551 / 0561 Continuous Home Care - SIA				9.76	9.72	10/01/2018	
#655 / H55 Inpatient Respite Care					175.99	175.82	10/01/2018
#656 / H56 General Inpatient Care					715.14	712.36	10/01/2018
	#6	59 Room and Board					
	Basis :		Rate	Type :			
•		Budget		X	Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cost	S
		Lee					
	Distribution	<u>. </u>		/.Rydell	Samuel, Ad	ministrator	*
	Fiscal Agent					oursement Analys	sis
	Contract Man	agement				·	
	Permanent Fi	le					
	Program Dev	elopment:					



087536800 - 2018/10

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 D</u>	iem Rates for	NOn-	institutionai	<u>Providers</u>			
Hospice of Citrus County				Provider Number: 087536800					
				Date	Date : 09/27/2018				
PO I	PO Box 641270			Fisca	I Year End : N	I/A			
Bev	Beverly Hills, FL 34464			Audit	Status : N/A				
Prov	vider Type:			Cı	urrent Rate	New Rate	Effective Date		
	Rural	Health Clinic							
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	X Hospi	ce Provider							
	#6	51 / H51 Routine Home Care (1-60	0)		166.44	169.50	10/01/2018		
	#6	51a / H5L Routine Home Care (61	+)		130.72	133.19	10/01/2018		
	#6	52 / H52 Continuous Home Care			35.09	35.86	10/01/2018		
#0551 / 0561 Continuous Home Care - SIA			e - SIA		8.77	8.96	10/01/2018		
#655 / H55 Inpatient Respite Care					162.13	165.21	10/01/2018		
#656 / H56 General Inpatient Care					648.12	661.02	10/01/2018		
	#6	59 Room and Board							
Γ	Basis :	7	Rate	Type	:]				
_		Budget)	X	Prospect	ive			
		Unaudited costs			Total Pro	spective			
		Desk audited costs	-		Prospect	ive Adjusted for	New costs		
		Field audited costs							
		Medicare - Prospective			Interim				
	Χ	Payment System Rate			Total Inte	erim			
_		Average Nursing Home Rate Citrus			Settleme	nt based on cost	s		
	Distribution	<u>:</u>	<u> </u>	/.Ryde	ell Samuel, Ad	ministrator #			
	Fiscal Agent					ursement Analys	sis		
	Contract Man	agement				·			
	Permanent Fi	le							
	Program Deve	elopment:							



087537600 - 2018/10

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

Tallahassee, Florida 32308

		Medicaid Reimbursement Per Di	em Rates for	<u>r Non</u>	<u>-Institutional l</u>	<u>Providers</u>		
Avow Hospice Pro			Prov	rovider Number : 087537600				
					e : 09/27/2018			
10	1095 Whippoorwill Lane				al Year End : N	/A		
Na	ples, FL 34105			Audi	it Status : N/A			
Pr	ovider Type:			(Current Rate	New Rate	Effective Date	
	Rural I	Health Clinic						
	Swing-	-Bed Provider						
	Federa	Illy Qualified Health Centers						
	X Hospic	ce Provider						
	#65	51 / H51 Routine Home Care (1-60)		172.62	177.49	10/01/2018	
	#65	51a / H5L Routine Home Care (61	+)		135.58	139.47	10/01/2018	
	#65	52 / H52 Continuous Home Care			36.40	37.55	10/01/2018	
#0551 / 0561 Continuous Home Care - SIA				9.10	9.39	10/01/2018		
#655 / H55 Inpatient Respite Care					166.72	171.15	10/01/2018	
#656 / H56 General Inpatient Care					670.30	689.75	10/01/2018	
	#65	59 Room and Board						
	Basis :		Rate	Туре	:			
'		Budget		Χ	Prospecti	ve		
		Unaudited costs			Total Pro	spective		
		Desk audited costs			Prospecti	ve Adjusted for	New costs	
'		Field audited costs						
'		Medicare - Prospective			Interim			
	X	Payment System Rate			Total Inte	rim		
		Average Nursing Home Rate Collier			Settleme	nt based on cost	s	
		Gomer						
<u>Distribution:</u>			V	W.Rydell Samuel, Administrator				
	Fiscal Agent		N	/ledica	aid Cost Reimb	ursement Analys	sis	
	Contract Mana							
	Permanent Fil	e						
	Program Deve	elopment:						



087538400 - 2018/10

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

Tallahassee, Florida 32308

		Medicaid Reimbursement Per D	iem Rates for	Non-	<u>Institutional l</u>	<u>Providers</u>		
Hospice of Okeechobee Pro			Provi	rovider Number : 087538400				
	Da				ate: 09/27/2018			
41	411 SE 4th Street Fis			Fisca	I Year End : N	I/A		
Ok	eechobee, FL 3	34974		Audit	Status : N/A			
Pro	ovider Type:			С	urrent Rate	New Rate	Effective Date	
	Rural	Health Clinic				,		
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	X Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60	0)		168.44	172.76	10/01/2018	
	#6	51a / H5L Routine Home Care (61	+)		132.30	135.76	10/01/2018	
	#6	52 / H52 Continuous Home Care			35.52	36.55	10/01/2018	
#0551 / 0561 Continuous Home Care - SIA				8.88	9.14	10/01/2018		
#655 / H55 Inpatient Respite Care					163.62	167.64	10/01/2018	
#656 / H56 General Inpatient Care					655.31	672.76	10/01/2018	
	#6	59 Room and Board						
	Basis :	7	Rate	Туре	:			
•		 Budget		X	Prospecti	ive		
•		Unaudited costs	-		Total Pro	spective		
		Desk audited costs			Prospecti	ive Adjusted for I	New costs	
		Field audited costs						
		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate			Settleme	nt based on cost	s	
		Okeechobee						
	Distribution	<u>:</u>	_I	V.Ryde	ell Samuel, Ad	ministrator #	,	
Fiscal Agent		_			ursement Analys			
	Contract Man	agement				•		
	Permanent Fi	le						
	Program Deve	elopment:						



087569400 - 2018/10

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 Di</u>	em Rates for	NON-I	nstitutionai	<u>Providers</u>		
Catholic Hospice				Provider Number: 087569400				
				Date: 09/27/2018				
148	14875 NW 77th Ave Miami Lakes, FL 33014			Fiscal	Year End : N	I/A		
Mia				Audit	Status : N/A			
Pro	ovider Type:			Cı	urrent Rate	New Rate	Effective Date	
	Rural	Health Clinic						
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	X Hospid	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)		186.65	187.71	10/01/2018	
	#6	51a / H5L Routine Home Care (61	+)		146.60	147.50	10/01/2018	
	#6	52 / H52 Continuous Home Care			39.35	39.71	10/01/2018	
	#0551 / 0561 Continuous Home Care - SIA				9.84	9.93	10/01/2018	
	#655 / H55 Inpatient Respite Care				177.13	178.74	10/01/2018	
	#656 / H56 General Inpatient Care				720.66	726.48	10/01/2018	
	#6	59 Room and Board						
	Basis :		Rate	Туре :	:			
		Budget	\	X	Prospect	ive		
		Unaudited costs			Total Pro	spective		
		Desk audited costs			Prospect	ive Adjusted for	New costs	
		Field audited costs						
-		Medicare - Prospective			Interim			
	Χ	X Payment System Rate			Total Interim			
•		Average Nursing Home Rate Dade			Settleme	nt based on cost	s	
	Distribution	<u>.</u>	I W	'.Ryde	II Samuel, Ad	ministrator		
	Fiscal Agent		Me	Medicaid Cost Reimbursement Analysis				
	Contract Mana							
	Permanent Fil	e						
	Program Deve	elopment:						



087570800 - 2018/10

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

Tallahassee, Florida 32308

		Medicaid Reimbursement Per Di	em Rates for	Non-Instit	utional	<u>Providers</u>		
Gulfside Regional Hospice				Provider N	rovider Number : 087570800			
		I	Date : 09/2	27/2018				
61	6111 Trouble Creek Rd			iscal Yea	r End : N	I/A		
Ne	w Port Richey, I	FL 34653	,	Audit Statu	ıs : N/A			
Pr	ovider Type:			Currer	nt Rate	New Rate	Effective Date	
	Rural	Health Clinic				,	,	
	Swing	-Bed Provider						
	Feder	ally Qualified Health Centers						
	X Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60))		180.35	183.42	10/01/2018	
	#6	51a / H5L Routine Home Care (61	+)		141.65	144.13	10/01/2018	
	#6	52 / H52 Continuous Home Care			38.03	38.81	10/01/2018	
#0551 / 0561 Continuous Home Care - SIA					9.51	9.70	10/01/2018	
	#6	55 / H55 Inpatient Respite Care			172.46	175.55	10/01/2018	
	#6			698.05	711.05	10/01/2018		
	#6	59 Room and Board						
	Basis :		Rate T	ype :				
		Budget	X		Prospect	ive		
		Unaudited costs		-	Total Pro	spective		
		Desk audited costs			Prospect	ive Adjusted for I	New costs	
		Field audited costs						
		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Inte	erim		
		Average Nursing Home Rate			Settleme	nt based on cost	S	
		Pasco						
	Distribution	<u></u>	W.	Rydell Sa	muel, Ad	ministrator #		
	Fiscal Agent					ursement Analys		
	Contract Man	agement				·		
	Permanent Fi	le						
	Program Dev	elopment:						



150001500 - 2018/10

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

Tallahassee, Florida 32308

		Medicaid Reimbursement Per Di	em Rates for	Non-Ins	<u>titutional</u>	<u>Providers</u>		
Hospice Care of South FI.				Provider	Number :	150001500		
				Date : 09	9/27/2018			
72	70 N.W. 12th St.	, PH#6		iscal Y	ear End : N	I/A		
Mia	ami, FL 33126		,	Audit Sta	atus : N/A			
Pro	ovider Type:			Curr	ent Rate	New Rate	Effective Date	
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	X Hospic	ce Provider						
	#65	51 / H51 Routine Home Care (1-60)		182.97	187.71	10/01/2018	
	#65	51a / H5L Routine Home Care (61	+)		143.69	147.50	10/01/2018	
	#65	52 / H52 Continuous Home Care			38.58	39.71	10/01/2018	
	#05	551 / 0561 Continuous Home Care		9.64	9.93	10/01/2018		
	#65	55 / H55 Inpatient Respite Care			173.63	178.74	10/01/2018	
	#65			706.39	726.48	10/01/2018		
	#65	59 Room and Board						
	Basis :		Rate T	уре :]			
•		Budget	X		Prospect	ive		
•		Unaudited costs			Total Pro	spective		
•		Desk audited costs			Prospect	ive Adjusted for	New costs	
•		Field audited costs			_			
•		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Interim			
•		Average Nursing Home Rate			Settleme	nt based on cost	s	
•		 Dade			_			
	Distribution:		I W.	Rydell S	Samuel, Ad	ministrator	,	
Fiscal Agent						ursement Analys		
	Contract Mana	agement				•		
	Permanent Fil	le						
	Program Deve	elopment:						



150003100 - 2018/10

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	<u>Medicaid Reimbursement Per D</u>	iem Rates for	NON-II	nstitutionai	<u>Providers</u>		
Florida Hospital Hospice Care			Provider Number : 150003100				
	Da			ate: 09/27/2018			
770 W. Granada B				Year End : N	I/A		
Ormond Beach, Fl				Status : N/A			
Provider Type:			Cu	rrent Rate	New Rate	Effective Date	
Rural	Health Clinic						
Swing	_J -Bed Provider						
Feder	ally Qualified Health Centers						
X Hospi	ce Provider						
#6	51 / H51 Routine Home Care (1-6	0)		166.69	171.99	10/01/2018	
#6	51a / H5L Routine Home Care (61	+)		130.92	135.15	10/01/2018	
#6	52 / H52 Continuous Home Care			35.15	36.39	10/01/2018	
#0	#0551 / 0561 Continuous Home Care - SIA			8.79	9.10	10/01/2018	
#655 / H55 Inpatient Respite Care				162.32	167.07	10/01/2018	
#6			649.03	670.00	10/01/2018		
#6	59 Room and Board						
Basis :	7	Rate	Гуре :				
	 Budget	>	(Prospect	ive		
	Unaudited costs			Total Pro	spective		
	Desk audited costs			Prospect	ive Adjusted for	New costs	
	Field audited costs						
	Medicare - Prospective			Interim			
X	Payment System Rate			Total Inte	erim		
	Average Nursing Home Rate			Settleme	nt based on cost	is	
	Volusia						
Distribution	<u>ı:</u>	_I	.Rydel	I Samuel, Ac	Iministrator #	7	
Fiscal Agent			Medicaid Cost Reimbursement Analysis				
Contract Man	agement				,		
Permanent F	ile						
Program Dev	elopment:						



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		<u>Medicaid Reimbursement Per Di</u>	em Rates to	r nor	<u>ı-ınstitutionai</u>	<u>Providers</u>		
Hospice of Emerald Coast				Provider Number : 150009100				
				Date: 09/27/2018				
РС	PO Box 2127			Fisc	al Year End : N	I/A		
Do	than, AL 36302			Aud	it Status : N/A			
Pro	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural	Health Clinic						
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	X Hospid	ce Provider						
	#6	51 / H51 Routine Home Care (1-60))		170.54	170.56	10/01/2018	
	#6	51a / H5L Routine Home Care (61	+)		133.94	134.03	10/01/2018	
	#6	52 / H52 Continuous Home Care			35.96	36.09	10/01/2018	
	#0551 / 0561 Continuous Home Care - SIA				8.99	9.02	10/01/2018	
	#6			165.17	166.00	10/01/2018		
	#656 / H56 General Inpatient Care				662.83	664.86	10/01/2018	
	#6	59 Room and Board						
[Basis :		Rate	Туре	e :			
		Budget		Χ	Prospect	ive		
_		Unaudited costs			Total Pro	spective		
_		Desk audited costs			Prospect	ive Adjusted for	New costs	
_		Field audited costs						
		Medicare - Prospective			Interim			
_	Χ	Payment System Rate			Total Interim			
-		Average Nursing Home Rate Bay			Settleme	nt based on cost	s	
	Distribution	· •	V	N.Ryc	dell Samuel, Ad	ministrator	,	
	Fiscal Agent		<u></u>	Medic	aid Cost Reimb	ursement Analys	sis	
	Contract Mana	agement						
	Permanent Fil	е						
	Program Deve	elopment:						



150013900 - 2018/10

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Florida - Congress Ave	Provider Number : 150013900
Attn: Angela Santana	Date: 09/27/2018
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 / H51 Routine Home Care (1-60)	182.46	185.02	10/01/2018	
	#651a / H5L Routine Home Care (61 +)	143.31	145.39	10/01/2018	
	#652 / H52 Continuous Home Care	38.47	39.15	10/01/2018	
	#0551 / 0561 Continuous Home Care - SIA	9.62	9.79	10/01/2018	
	#655 / H55 Inpatient Respite Care	174.02	176.75	10/01/2018	
	#656 / H56 General Inpatient Care	705.62	716.82	10/01/2018	
	#659 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
	Palm Beach		-

<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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150021000 - 2018/10

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		Medicald Kellibursellient Fer D	neili Nates ioi	140	<u> </u>	FIOVILLEIS		
Good Shepherd Hospice, Inc			ovider Number : 150021000					
Dat				ate: 09/27/2018				
115 South Missouri Ave				scal Year End : N/A				
Lak	Lakeland, FL 33815			dit Status : N/A				
Pro	vider Type:				Current Rate	New Rate	Effective Date	
	Rural I	Health Clinic						
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	X Hospic	ce Provider						
	#65	51 / H51 Routine Home Care (1-6	60)		166.50	169.93	10/01/2018	
	#65	51a / H5L Routine Home Care (61	1 +)		130.78	133.53	10/01/2018	
	#65	52 / H52 Continuous Home Care			35.1	1 35.95	10/01/2018	
	#05	551 / 0561 Continuous Home Car	re - SIA		8.78 162.18			
	#65	55 / H55 Inpatient Respite Care						
	#65	56 / H56 General Inpatient Care			648.30	662.57	10/01/2018	
	#65	59 Room and Board						
	Basis :		Rate	Тур	pe:			
		Budget		Χ	Prospec	tive		
-		Unaudited costs			Total Pr	ospective		
-		Desk audited costs			Prospec	tive Adjusted for	New costs	
-		Field audited costs						
-		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Interim			
-		Average Nursing Home Rate Polk			Settleme	ent based on cost	s	
	Distribution	<u>:</u>		V.Ry	ydell Samuel, A	dministrator		
	Fiscal Agent Med			1edi	licaid Cost Reimbursement Analysis			
	Contract Mana	agement						
	Permanent Fil	e						
	Program Deve	elopment:						



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	<u> Medicaid Neillibursellielit Fer Di</u>	ieiii ivales ioi	NOII-IIISIIIUIIOII	ai Fiovideis			
LifePath Hospice, Inc.			Provider Numbe	ovider Number : 150022800			
		Date: 09/27/201	ate: 09/27/2018				
3010 W. Azeele Street Fis			Fiscal Year End	: N/A			
Tampa, F	Tampa, FL 33609			Ά			
Provider	Type:		Current Rat	e New Rate	Effective Date		
	Rural Health Clinic						
	Swing-Bed Provider						
	Federally Qualified Health Centers						
Х	Hospice Provider						
	#651 / H51 Routine Home Care (1-60	0)	180	35 183.42	10/01/2018		
	#651a / H5L Routine Home Care (61	+)	141	65 144.13	10/01/2018		
	#652 / H52 Continuous Home Care		38	03 38.81	10/01/2018		
	#0551 / 0561 Continuous Home Card	e - SIA	9	51 9.70	10/01/2018		
	#655 / H55 Inpatient Respite Care		172	46 175.55	10/01/2018		
	#656 / H56 General Inpatient Care		698	05 711.05	10/01/2018		
	#659 Room and Board						
В	asis:	Rate T	ype :				
	Budget	X	Prosp	ective			
	Unaudited costs	-	Total I	Total Prospective			
	Desk audited costs		Prosp	Prospective Adjusted for New costs			
	Field audited costs						
	Medicare - Prospective		Interin	า			
	X Payment System Rate		Total I	Total Interim			
Average Nursing Home Rate			Settle	ment based on cos	ts		
	Hillsborough						
Dist	<u>ribution:</u>	W.	Rydell Samuel,	Administrator #			
Fisca			dicaid Cost Reimbursement Analysis				
Cont	tract Management						
Pern	nanent File						
Prog	gram Development:						