



Florida Agency for Health Care Administration  
 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 West, Suite 201 Suite 201  
 Jacksonville, FL 32256

Provider Number: 000141800  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$146.03	\$149.01	10/01/2014
#652 Continuous Home Care	35.48	36.20	10/01/2014
#655 Inpatient Respite Care	\$161.15	\$164.46	10/01/2014
#656 General Inpatient Care	\$651.84	\$665.17	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent  
 Contract Management  
 Permanent File  
 Program Development:

For information Only ( No Change in rate)



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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Samaritan Care Hospice of Osceola, LLC  
 Samaritan Care Hospice  
 1300 North Semoran Blvd, Suite 210  
 Orlando, FL 32807

Provider Number: 000532400  
 Date: 10/06/2014  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$148.21	\$150.20 ✓	10/01/2014
#652 Continuous Home Care	36.01	36.49 ✓	10/01/2014
#655 Inpatient Respite Care	\$163.02	\$165.47 ✓	10/01/2014
#656 General Inpatient Care	\$660.86	\$670.07 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Vitas Healthcare Corp of Central Florida  
 Attn: Angela Santana  
 100 S. Biscayne Blvd Suite 1400  
 Miami, FL 33131

Provider Number: 000602600  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$145.53	\$147.18 ✓	10/01/2014
#652 Continuous Home Care	35.36	35.76 ✓	10/01/2014
#655 Inpatient Respite Care	\$160.73	\$162.89 ✓	10/01/2014
#656 General Inpatient Care	\$649.80	\$657.59 ✓	10/01/2014
#658 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Odyssey Health Care Miami-Dade  
 6161 Blue Lagoon Dr Suite 170  
 Miami, FL 33126

Provider Number: 001572800  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$159.66	\$159.13 ✓	10/01/2014
#652 Continuous Home Care	38.79	38.66 ✓	10/01/2014
#655 Inpatient Respite Care	\$172.84	\$173.12 ✓	10/01/2014
#656 General Inpatient Care	\$708.28	\$707.05 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>    <input type="checkbox"/> Total Prospective</p> <p>    <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>    <input type="checkbox"/> Total Interim</p> <p>    <input type="checkbox"/> Settlement based on costs</p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Regency Hospice of NW Florida, Inc.

Provider Number: 001636100

Date: 10/06/2014

4900 Bayou Blvd., Ste 101

Fiscal Year End: N/A

Pensacola, FL 32503

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$134.79	\$137.62 ✓	10/01/2014
#652 Continuous Home Care	32.75	33.43 ✓	10/01/2014
#655 Inpatient Respite Care	\$151.52	\$154.70 ✓	10/01/2014
#656 General Inpatient Care	\$605.32	\$618.03 ✓	10/01/2014
#658 Room and Board			

**Basis:**

- Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

- Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Seasons Hospice and Palliative Care of Southern FL  
 5200 Northeast 2nd Avenue  
 Miami, FL 32405

Provider Number: 002782200  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$159.66	\$159.13 ✓	10/01/2014
#652 Continuous Home Care	38.79	38.66 ✓	10/01/2014
#655 Inpatient Respite Care	\$172.84	\$173.12 ✓	10/01/2014
#656 General Inpatient Care	\$708.28	\$707.05 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Brevard HMA, LLC  
 Wuesthoff Brevard Hospice & Palliative Care  
 8060 Spyglass Rd.  
 Viera, FL 32940

Provider Number: 003694700  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$145.53	\$147.18 ✓	10/01/2014
#652 Continuous Home Care	35.36	35.76 ✓	10/01/2014
#655 Inpatient Respite Care	\$160.73	\$162.89 ✓	10/01/2014
#656 General Inpatient Care	\$649.80	\$657.59 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

HCR Manor Care of Florida III, Inc.  
 Heartland Hospice Services - Plantation  
 150 S. Pine Island Road, Suite 200  
 Plantation, FL 33324

Provider Number: 003815300  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$162.21	\$164.76 ✓	10/01/2014
#652 Continuous Home Care	39.41	40.03 ✓	10/01/2014
#655 Inpatient Respite Care	\$175.02	\$177.94 ✓	10/01/2014
#656 General Inpatient Care	\$718.81	\$730.32 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

HCR Manor Care Services of FL II, Inc.  
 Heartland Hospice Services (Homestead)  
 381 N. Krome Ave, Suite 207  
 Homestead, FL 33030

Provider Number: 004244800  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$159.66	\$159.13 ✓	10/01/2014
#652 Continuous Home Care	38.79	38.66 ✓	10/01/2014
#655 Inpatient Respite Care	\$172.84	\$173.12 ✓	10/01/2014
#656 General Inpatient Care	\$708.28	\$707.05 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Compassionate Care Hospice of Miami Dade, Inc.  
 Compassionate Care Hospice  
 2393 EF Griffin Road  
 Bartow, FL 33830

Provider Number: 004579400  
 Date: 10/06/2014  
 Fiscal Year End: N/A  
 Audit Status: N/A

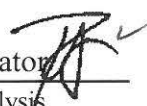
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$139.24	\$141.57 ✓	10/01/2014
#652 Continuous Home Care	33.83	34.39 ✓	10/01/2014
#655 Inpatient Respite Care	\$155.34	\$158.08 ✓	10/01/2014
#656 General Inpatient Care	\$623.76	\$634.37 ✓	10/01/2014
#658 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of I.R.C.  
 1110 35th St  
 Vero Beach, FL 32960

Provider Number: 087000500  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$145.66	\$146.85 ✓	10/01/2014
#652 Continuous Home Care	35.39	35.68 ✓	10/01/2014
#655 Inpatient Respite Care	\$160.84	\$162.61 ✓	10/01/2014
#656 General Inpatient Care	\$650.33	\$656.23 ✓	10/01/2014
#658 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Vitas Healthcare Corporation - Dade County  
 Attn: Angela Santana  
 100 S. Biscayne Blvd Suite 1400  
 Miami, FL 33131

Provider Number: 087246600  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$159.66	\$159.13 ✓	10/01/2014
#652 Continuous Home Care	38.79	38.66 ✓	10/01/2014
#655 Inpatient Respite Care	\$172.84	\$173.12 ✓	10/01/2014
#656 General Inpatient Care	\$708.28	\$707.05 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

St. Francis Hospice  
  
 1250-B Grumman Place  
 Titusville, FL 32780

Provider Number: 087255500  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$145.53	\$147.18 ✓	10/01/2014
#652 Continuous Home Care	35.36	35.76 ✓	10/01/2014
#655 Inpatient Respite Care	\$160.73	\$162.89 ✓	10/01/2014
#656 General Inpatient Care	\$649.80	\$657.59 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of the Comforter

Provider Number: 087256300

480 West Central Pkwy

Date: 10/06/2014

Altamonte Springs, FL 32714

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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$148.21	\$150.20 ✓	10/01/2014
#652 Continuous Home Care	36.01	36.49 ✓	10/01/2014
#655 Inpatient Respite Care	\$163.02	\$165.47 ✓	10/01/2014
#656 General Inpatient Care	\$660.86	\$670.07 ✓	10/01/2014
#658 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Community Hospice of Northeast  
  
 4266 Sunbeam Road  
 Jacksonville, FL 32257

Provider Number: 087407800  
 Date: 10/06/2014  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$146.03	\$149.01 ✓	10/01/2014
#652 Continuous Home Care	35.48	36.20 ✓	10/01/2014
#655 Inpatient Respite Care	\$161.15	\$164.46 ✓	10/01/2014
#656 General Inpatient Care	\$651.84	\$665.17 ✓	10/01/2014
#658 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Martin & St. Lucie  
 1201 SE Indian Street  
 Stuart, FL 34997

Provider Number: 087514700  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$153.62	\$153.40 ✓	10/01/2014
#652 Continuous Home Care	37.32	37.27 ✓	10/01/2014
#655 Inpatient Respite Care	\$167.66	\$168.21 ✓	10/01/2014
#656 General Inpatient Care	\$683.26	\$683.32 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hernando-Pasco Hospice, Inc.  
 12107 Majestic Blvd.  
 Hudson, FL 34667

Provider Number: 087515500  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$147.66	\$150.34 ✓	10/01/2014
#652 Continuous Home Care	35.87	36.52 ✓	10/01/2014
#655 Inpatient Respite Care	\$162.55	\$165.59 ✓	10/01/2014
#656 General Inpatient Care	\$658.60	\$670.66 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Palm Beach County  
 5300 East Avenue  
 West Palm Beach, FL 33407

Provider Number: 087516300  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$154.53	\$156.11	10/01/2014
#652 Continuous Home Care	37.54	37.93	10/01/2014
#655 Inpatient Respite Care	\$168.44	\$170.53	10/01/2014
#656 General Inpatient Care	\$687.04	\$694.52	10/01/2014
#658 Room and Board			

Basis:	Rate Type :
<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Interim
<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Covenant Hospice, Inc  
 5041 N 12th Ave  
 Pensacola, FL 32504

Provider Number: 087517100  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$134.79	\$137.62 ✓	10/01/2014
#652 Continuous Home Care	32.75	33.43 ✓	10/01/2014
#655 Inpatient Respite Care	\$151.52	\$154.70 ✓	10/01/2014
#656 General Inpatient Care	\$605.32	\$618.03 ✓	10/01/2014
#658 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

North Central Florida Hospice  
 Attn: Revenue Accounting Manager  
 4200 N.W. 90th Blvd.  
 Gainesville, FL 32606

Provider Number: 087519800  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$154.21	\$157.36 ✓	10/01/2014
#652 Continuous Home Care	37.47	38.23 ✓	10/01/2014
#655 Inpatient Respite Care	\$168.16	\$171.60 ✓	10/01/2014
#656 General Inpatient Care	\$685.70	\$699.70 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>  <input type="checkbox"/> Total Prospective</p> <p>  <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>  <input type="checkbox"/> Total Interim</p> <p>  <input type="checkbox"/> Settlement based on costs</p>
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 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Marion County

Provider Number: 087520100

Date: 10/06/2014

PO Box 4860

Fiscal Year End: N/A

Ocala, FL 34478

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$141.35	\$143.14 ✓	10/01/2014
#652 Continuous Home Care	34.34	34.77 ✓	10/01/2014
#655 Inpatient Respite Care	\$157.14	\$159.42 ✓	10/01/2014
#656 General Inpatient Care	\$632.47	\$640.85 ✓	10/01/2014
#658 Room and Board			

**Basis:**

- Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

- Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Health First

Provider Number: 087522800

Date: 10/06/2014

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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$145.53	\$147.18 ✓	10/01/2014
#652 Continuous Home Care	35.36	35.76 ✓	10/01/2014
#655 Inpatient Respite Care	\$160.73	\$162.89 ✓	10/01/2014
#656 General Inpatient Care	\$649.80	\$657.59 ✓	10/01/2014
#658 Room and Board			

**Basis:**

- Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

- Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Volusia  
 3800 Woodbriar Trail  
 Port Orange, FL 32129

Provider Number: 087523600  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$144.20	\$144.64 ✓	10/01/2014
#652 Continuous Home Care	35.03	35.14 ✓	10/01/2014
#655 Inpatient Respite Care	\$159.59	\$160.71 ✓	10/01/2014
#656 General Inpatient Care	\$644.29	\$647.07 ✓	10/01/2014
#658 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Big Bend Hospice

Provider Number: 087524400

Date: 10/06/2014

1723 Mahan Center Blvd.

Fiscal Year End: N/A

Tallahassee, FL 32308

Audit Status: N/A

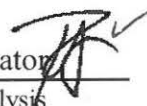
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$142.07	\$142.77 ✓	10/01/2014
#652 Continuous Home Care	34.52	34.68 ✓	10/01/2014
#655 Inpatient Respite Care	\$157.76	\$159.10 ✓	10/01/2014
#656 General Inpatient Care	\$635.45	\$639.31 ✓	10/01/2014
#658 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of the Florida Keys, Inc.  
 1319 William Street  
 Key West, FL 33040

Provider Number: 087525200  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$137.05	\$138.27 ✓	10/01/2014
#652 Continuous Home Care	33.30	33.59 ✓	10/01/2014
#655 Inpatient Respite Care	\$153.46	\$155.25 ✓	10/01/2014
#656 General Inpatient Care	\$614.70	\$620.71 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Lake and Sumter  
  
 12300 Lane Park Road  
 Tavares, FL 32778

Provider Number: 087526100  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$148.21	\$150.20 ✓	10/01/2014
#652 Continuous Home Care	36.01	36.49 ✓	10/01/2014
#655 Inpatient Respite Care	\$163.02	\$165.47 ✓	10/01/2014
#656 General Inpatient Care	\$660.86	\$670.07 ✓	10/01/2014
#658 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Tidewell Hospice & Palliative Care

Provider Number: 087527900

Date: 10/06/2014

5955 Rand Ave

Fiscal Year End: N/A

Sarasota, FL 34238

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care	\$151.41	\$154.24 ✓	10/01/2014
#652 Continuous Home Care	36.79	37.47 ✓	10/01/2014
#655 Inpatient Respite Care	\$165.76	\$168.93 ✓	10/01/2014
#656 General Inpatient Care	\$674.11	\$686.81 ✓	10/01/2014
#658 Room and Board			

**Basis:**

- Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

- Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of the Treasure Coast  
  
 1201 SE Indian St  
 Stuart, FL 34997

Provider Number: 087528700  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$153.62	\$153.40 ✓	10/01/2014
#652 Continuous Home Care	37.32	37.27 ✓	10/01/2014
#655 Inpatient Respite Care	\$167.66	\$168.21 ✓	10/01/2014
#656 General Inpatient Care	\$683.26	\$683.32 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice by the Sea

1531 W. Palmetto Park Road  
 Boca Raton, FL 33486

Provider Number: 087529500  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$154.53	\$156.11 ✓	10/01/2014
#652 Continuous Home Care	37.54	37.93 ✓	10/01/2014
#655 Inpatient Respite Care	\$168.44	\$170.53 ✓	10/01/2014
#656 General Inpatient Care	\$687.04	\$694.52 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>    <input type="checkbox"/> Total Prospective</p> <p>    <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>    <input type="checkbox"/> Total Interim</p> <p>    <input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of the Florida Suncoast  
 5771 Roosevelt Blvd  
 Clearwater, FL 33760

Provider Number: 087532500  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$147.66	\$150.34 ✓	10/01/2014
#652 Continuous Home Care	35.87	36.52 ✓	10/01/2014
#655 Inpatient Respite Care	\$162.55	\$165.59 ✓	10/01/2014
#656 General Inpatient Care	\$658.60	\$670.66 ✓	10/01/2014
#658 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hope Hospice & Palliative Care  
 9470 Health Park Circle  
 Ft. Myers, FL 33908

Provider Number: 087535000  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$148.98	\$146.00 ✓	10/01/2014
#652 Continuous Home Care	36.20	35.47 ✓	10/01/2014
#655 Inpatient Respite Care	\$163.68	\$161.87 ✓	10/01/2014
#656 General Inpatient Care	\$664.06	\$652.70 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Citrus County	Provider Number: 087536800
	Date: 10/06/2014
4005 N. Lacanto Hwy	Fiscal Year End: N/A
Beverly Hills, FL 34465	Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$137.05	\$135.56	10/01/2014
#652 Continuous Home Care	33.30	32.93	10/01/2014
#655 Inpatient Respite Care	\$153.46	\$152.21	10/01/2014
#656 General Inpatient Care	\$614.70	\$608.55	10/01/2014
#658 Room and Board			

**Basis:**

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

**Rate Type :**

- Prospective
  - Total Prospective
  - Prospective Adjusted for New Costs
- Interim
  - Total Interim
  - Settlement based on costs

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Avow Hospice

Provider Number: 087537600

Date: 10/06/2014

1095 Whippoorwill Lane

Fiscal Year End: N/A

Naples, FL 34105

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$150.20	\$150.70 ✓	10/01/2014
#652 Continuous Home Care	36.49	36.61 ✓	10/01/2014
#655 Inpatient Respite Care	\$164.73	\$165.90 ✓	10/01/2014
#656 General Inpatient Care	\$669.13	\$672.16 ✓	10/01/2014
#658 Room and Board			

**Basis:**

- Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

- Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Okeechobee  
 411 SE 4th Street  
 Okeechobee, FL 34974

Provider Number: 087538400  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$137.05	\$138.27 ✓	10/01/2014
#652 Continuous Home Care	33.30	33.59 ✓	10/01/2014
#655 Inpatient Respite Care	\$153.46	\$155.25 ✓	10/01/2014
#656 General Inpatient Care	\$614.70	\$620.71 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Catholic Hospice

Provider Number: 087569400

14875 NW 77th Ave

Date: 10/06/2014

Miami Lakes, FL 33014

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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$159.66	\$159.13 ✓	10/01/2014
#652 Continuous Home Care	38.79	38.66 ✓	10/01/2014
#655 Inpatient Respite Care	\$172.84	\$173.12 ✓	10/01/2014
#656 General Inpatient Care	\$708.28	\$707.05 ✓	10/01/2014
#658 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Gulfside Regional Hospice

Provider Number: 087570800

Date: 10/06/2014

6111 Trouble Creek Rd

Fiscal Year End: N/A

New Port Richey, FL 35653

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$147.66	\$150.34 ✓	10/01/2014
#652 Continuous Home Care	35.87	36.52 ✓	10/01/2014
#655 Inpatient Respite Care	\$162.55	\$165.59 ✓	10/01/2014
#656 General Inpatient Care	\$658.60	\$670.66 ✓	10/01/2014
#658 Room and Board			

**Basis:**

- Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

- Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Gold Coast	Provider Number: 150000700
	Date: 10/06/2014
2101 W. Commercial Blvd Suite 4500	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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$162.21	\$161.53	10/01/2014
#652 Continuous Home Care	39.41	39.24	10/01/2014
#655 Inpatient Respite Care	\$175.02	\$174.45	10/01/2014
#656 General Inpatient Care	\$718.81	\$716.01	10/01/2014
#658 Room and Board			

**Basis:**

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

**Rate Type :**

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice Care of South Fl.  
 7270 N.W. 12th St., PH#6  
 Miami, FL 33126

Provider Number: 150001500  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$159.66	\$159.13 ✓	10/01/2014
#652 Continuous Home Care	38.79	38.66 ✓	10/01/2014
#655 Inpatient Respite Care	\$172.84	\$173.12 ✓	10/01/2014
#656 General Inpatient Care	\$708.28	\$707.05 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>    <input type="checkbox"/> Total Prospective</p> <p>    <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>    <input type="checkbox"/> Total Interim</p> <p>    <input type="checkbox"/> Settlement based on costs</p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Florida Hospital Hospice Care

Provider Number: 150003100

Date: 10/06/2014

770 W. Granada Blvd Suite 304 Suite 319

Fiscal Year End: N/A

Ormond Beach, FL 32174

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$144.20	\$144.64 ✓	10/01/2014
#652 Continuous Home Care	35.03	35.14 ✓	10/01/2014
#655 Inpatient Respite Care	\$159.59	\$160.71 ✓	10/01/2014
#656 General Inpatient Care	\$644.29	\$647.07 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Emerald Coast

Provider Number: 150009100

2925 Martin Luther King Jr Blvd  
 Panama City, FL 32405

Date: 10/06/2014

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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$136.11	\$137.62 ✓	10/01/2014
#652 Continuous Home Care	33.07	33.43 ✓	10/01/2014
#655 Inpatient Respite Care	\$152.66	\$154.70 ✓	10/01/2014
#656 General Inpatient Care	\$610.79	\$618.03 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Vitas Healthcare Corp of Florida - Congress Ave  
 Attn: Angela Santana  
 100 S. Biscayne Blvd Suite 1400  
 Miami, FL 33131

Provider Number: 150013900  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$154.53	\$156.11 ✓	10/01/2014
#652 Continuous Home Care	37.54	37.93 ✓	10/01/2014
#655 Inpatient Respite Care	\$168.44	\$170.53 ✓	10/01/2014
#656 General Inpatient Care	\$687.04	\$694.52 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p> <input type="checkbox"/> Budget  <input type="checkbox"/> Unaudited costs  <input type="checkbox"/> Desk audited costs  <input type="checkbox"/> Field audited costs  <input type="checkbox"/> Medicare - Prospective  <input checked="" type="checkbox"/> Payment System Rate  <input type="checkbox"/> Average Nursing Home Rate         </p>	<p><b>Rate Type :</b></p> <p> <input checked="" type="checkbox"/> Prospective                <input type="checkbox"/> Total Prospective                <input type="checkbox"/> Prospective Adjusted for New Costs    <input type="checkbox"/> Interim                <input type="checkbox"/> Total Interim                <input type="checkbox"/> Settlement based on costs         </p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Good Shepherd Hospice, Inc  
 115 South Missouri Ave  
 Lakeland, FL 33815

Provider Number: 150021000  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$139.24	\$141.57 ✓	10/01/2014
#652 Continuous Home Care	33.83	34.39 ✓	10/01/2014
#655 Inpatient Respite Care	\$155.34	\$158.08 ✓	10/01/2014
#656 General Inpatient Care	\$623.76	\$634.37 ✓	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p> <input type="checkbox"/> Budget  <input type="checkbox"/> Unaudited costs  <input type="checkbox"/> Desk audited costs  <input type="checkbox"/> Field audited costs  <input type="checkbox"/> Medicare - Prospective  <input checked="" type="checkbox"/> Payment System Rate  <input type="checkbox"/> Average Nursing Home Rate         </p>	<p><b>Rate Type :</b></p> <p> <input checked="" type="checkbox"/> Prospective  <input type="checkbox"/> Total Prospective  <input type="checkbox"/> Prospective Adjusted for New Costs    <input type="checkbox"/> Interim  <input type="checkbox"/> Total Interim  <input type="checkbox"/> Settlement based on costs         </p>
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

LifePath Hospice, Inc.  
 3010 W. Azeele Street  
 Tampa, FL 33609

Provider Number: 150022800  
 Date: 10/06/2014  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$147.66	\$150.34	10/01/2014
#652 Continuous Home Care	35.87	36.52	10/01/2014
#655 Inpatient Respite Care	\$162.55	\$165.59	10/01/2014
#656 General Inpatient Care	\$658.60	\$670.66	10/01/2014
#658 Room and Board			

<p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p>    <input type="checkbox"/> Total Prospective</p> <p>    <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p>    <input type="checkbox"/> Total Interim</p> <p>    <input type="checkbox"/> Settlement based on costs</p>
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