

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:	10/06/2014
8130 Baymeadows Way West, Suite 201 Suite 201	Fiscal Year End:	N/A
Jacksonville, FL 32256	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	8		
Federally Qualified Health Centers	V		
X 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			

Bas	sis:	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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Samaritan Care Hospice of Osceola, LLC	Provider Number:	000532400
Samaritan Care Hospice	Date:	10/06/2014
1300 North Semoran Blvd, Suite 210	Fiscal Year End:	N/A
Orlando EL 32807	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider		D.	
#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:	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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Central Florida	Provider Number:	000602600
Attn: Angela Santana	Date:	10/06/2014
100 S. Biscayne Blvd Suite 1400	Fiscal Year End:	N/A
Miami El 33131	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$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:	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

W. Rydell Samuel, Administrator

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Health Care Miami-Dade	Provider Number:	001572800
	Date:	10/06/2014
6161 Blue Lagoon Dr Suite 170	Fiscal Year End:	N/A
Miami, FL 33126	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			* _
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$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:	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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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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			20 20
X Hospice Provider			
#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 _{\(\sigma\)}	10/01/2014
#658 Room and Board	к		

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Seasons Hospice and Palliative Care of Southern FL	Provider Number:	002782200
X	Date:	10/06/2014
5200 Northeast 2nd Avenue	Fiscal Year End:	N/A
Miami, FL 32405	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$159.66	\$159.13	10/01/2014
#652 Continuous Home Care	38.79	38.66 _V	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:	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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard HMA, LLC	Provider Number:	003694700
Wuesthoff Brevard Hospice & Palliative Care	Date:	10/06/2014
8060 Spyglass Rd.	Fiscal Year End:	N/A
Viera, FL 32940	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		,	
Swing-Bed Provider		*	
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$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	*		

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

vider Number: 003815300 Date: 10/06/2014

scal Year End:

N/A

Audit Status:

N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		V	
Swing-Bed Provider			
Federally Qualified Health Centers	6		
X Hospice Provider			
#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			

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	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of FL II, Inc.	Provider Number:	004244800
Heartland Hospice Services (Homestead)	Date:	10/06/2014
381 N. Krome Ave, Suite 207	Fiscal Year End:	N/A
Homestead, FL 33030	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	*		
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$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 _V	10/01/2014
#656 General Inpatient Care	\$708.28	\$707.05	10/01/2014
#658 Room and Board	E		

Ba	sis:	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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade, Inc.	Provider Number:	004579400
Compassionate Care Hospice	Date:	10/06/2014
2393 EF Griffin Road	Fiscal Year End:	N/A
Bartow, FL 33830	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$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:	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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C.	Provider Number:	087000500
	Date:	10/06/2014
1110 35th St	Fiscal Year End:	N/A
Vero Beach, FL 32960	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	2		
Federally Qualified Health Centers			
X Hospice Provider			
#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		X)	

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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corporation - Dade County	Provider Number:	087246600
Attn: Angela Santana	Date:	10/06/2014
100 S. Biscayne Blvd Suite 1400	Fiscal Year End:	N/A
Miami FI 33131	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			Y .
Federally Qualified Health Centers	¥		
X Hospice Provider			
#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 _{\(\sigma\)}	10/01/2014
#656 General Inpatient Care	\$708.28	\$707.05 _{\(\sigma\)}	10/01/2014
#658 Room and Board			

Ba	sis:	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	

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type		-	Surrent Date	Now Data	Effective D
Titusville, FL 32780			Audi	t Status:	N/A
1250-B Grumman Place			Fiscal Y	ear End:	N/A
			Date:	10/06/2014	
St. Francis Hospice			Provider 1	Number:	087255500

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider		10	86
#651 Routine Home Care	\$145.53	\$147.18 ₁	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:	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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter	Provider Number:	087256300
	Date:	10/06/2014
480 West Central Pkwy	Fiscal Year End:	N/A
Altamonte Springs, FL 32714	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers		.8	
X 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	31,		

Ba	asis:	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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast	Provider Number:	087407800
	Date:	10/06/2014
4266 Sunbeam Road	Fiscal Year End:	N/A
Jacksonville, FL 32257	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	ii ii		
Swing-Bed Provider		N	
Federally Qualified Health Centers			18
X Hospice Provider			
#651 Routine Home Care	\$146.03	\$149.01	10/01/2014
#652 Continuous Home Care	35.48	36.20 _{\(\sigma\)}	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:	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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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For	information	Only (No	Change	in rate)



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

Hospice of Martin & St. Lucie	Provider Number:	087514700
	Date:	10/06/2014
1201 SE Indian Street	Fiscal Year End:	N/A
Stuart, FL 34997	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			×
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider		v.	
#651 Routine Home Care	\$153.62	\$153.40	10/01/2014
#652 Continuous Home Care	37.32	37.27 _{\(\sigma\)}	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			

Ba	sis:	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

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.	-	Provider 1	Number:	087515500 10/06/2014
12107 Majestic Blvd.		Fiscal Y	2	N/A
Hudson, FL 34667			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider		* .		
#651 Routine Home Care	*	\$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:	Rate T	ype:		
Budget	X Pr	ospective		
Unaudited costs		Total Prospective		
Desk audited costs		Prospective Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Inter	im		
Y Payment System Rate	T	otal Interim		
Average Nursing Home Rate	Se	ettlement 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 Palm Beach County	Provider Number:	087516300
	Date:	10/06/2014
5300 East Avenue	Fiscal Year End:	N/A
West Palm Beach, FL 33407	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#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 _{\(\sigma\)}	10/01/2014
#656 General Inpatient Care	\$687.04	\$694.52	10/01/2014
#658 Room and Board			

Basis:	Rate Type :
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	7
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	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	Provider Number:	087517100
	Date:	10/06/2014
5041 N 12th Ave	Fiscal Year End:	N/A
Pensacola, FL 32504	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			-
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$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 _{\(\pi\)}	10/01/2014
#658 Room and Board		y-	

Ba	sis:	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	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Central Florida Hospice	Provider Number:	087519800
Attn: Revenue Accounting Manager	Date:	10/06/2014
4200 N.W. 90th Blvd.	Fiscal Year End:	N/A
Gainesville, FL 32606	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			-
#651 Routine Home Care	\$154.21	\$157.36 _{\(\sigma\)}	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			

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		

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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			
X Hospice Provider			
#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:	Rate Type:
Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospec	ve Interim
X Payment System R	T C to a state sta
Average Nursing H	ne Rate 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			
X Hospice Provider			
#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:	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		

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Volusia	Provider Number:	087523600
JAPAN STANDARD N STANDARD STA	Date:	10/06/2014
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			H
Federally Qualified Health Centers			· ·
X Hospice Provider			S
#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			

Ba	sis:	Rate Type :	
	Budget	X Prospective	
313-4	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	

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			
X Hospice Provider	*		
#651 Routine Home Care	\$142.07	\$142.77	10/01/2014
#652 Continuous Home Care	34.52	34.68 _{\(\sigma\)}	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:	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	

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Keys, Inc.	Provider Number:	087525200
	Date:	10/06/2014
1319 William Street	Fiscal Year End:	N/A
Key West, FL 33040	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers	1		
X Hospice Provider			
#651 Routine Home Care	\$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			

Basis:		Ra	te Type :
Budge		X	Prospective
Unaud	ited costs		Total Prospective
Desk a	udited costs		Prospective Adjusted for New Costs
Field a	udited costs		
Medica	are - Prospective		Interim
	nt System Rate		Total Interim
Average	e Nursing Home Rate	() .	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 Lake and Sumter	Provider Number:	087526100
*	Date:	10/06/2014
12300 Lane Park Road	Fiscal Year End:	N/A
Tavares, FL 32778	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#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:	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

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Sarasota, FL 34238

Florida Agency for Health Care Administration

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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 El 3/238	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers	a/		
X 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:	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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Treasure Coast	Provider Number:	087528700
•	Date:	10/06/2014
1201 SE Indian St	Fiscal Year End:	N/A
Stuart, FL 34997	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider		Х	
#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			

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	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice by the Sea	Provider Number:	087529500
	Date:	10/06/2014
1531 W. Palmetto Park Road	Fiscal Year End:	N/A
Boca Raton, FL 33486	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$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			W

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	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Suncoast	Provider Number:	087532500
	Date:	10/06/2014
5771 Rosevelt Blvd	Fiscal Year End:	N/A
Clearwater, FL 33760	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers		ă2	
X Hospice Provider			1
#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:		Rate Type:
Budget		X Prospective
Unaudited co	osts	Total Prospective
Desk audited	costs	Prospective Adjusted for New Costs
Field audited	costs	
Medicare - P	rospective	Interim
X Payment Sys		Total Interim
Average Nurs	ing Home Rate	Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hope Hospice & Palliative Care	Provider Number:	087535000
· · · · · · · · · · · · · · · · · · ·	Date:	10/06/2014
9470 Health Park Circle	Fiscal Year End:	N/A
Ft. Myers, FL 33908	Audit Status:	N/A

Current Rate	New Rate	Effective Date
	0	
30		
\$148.98	\$146.00	10/01/2014
36.20	35.47 √	10/01/2014
\$163.68	\$161.87	10/01/2014
\$664.06	\$652.70 _v	10/01/2014
	\$148.98 36.20 \$163.68	\$148.98 \$146.00 \(\) 36.20 35.47 \(\) \$163.68 \$161.87 \(\)

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	

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 1		087536800
4005 N. Lacanto Hwy Beverly Hills, FL 34465	Fiscal Y Audi	Date: ear End: t Status:	10/06/2014 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	A / A /		
Federally Qualified Health Centers			
X Hospice Provider			
#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			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs		RV
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avow Hospice		Provider	Number: Date:	087537600 10/06/2014
1095 Whippoorwill Lane		Fiscal Y		N/A
Naples, FL 34105			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		4		
Swing-Bed Provider			*	
Federally Qualified Health Cente	rs			
X Hospice Provider				
#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:	Rate Type:	44		
Budget	X Prospectiv	ve		
Unaudited costs	Total F	rospective		
Desk audited costs	ctive Adjusted for N	ew Costs		
Field audited costs			27	
Medicare - Prospective				
	X Payment System Rate Total Into			
Average Nursing Home Rate	Settlemen	nt based on costs		

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Okeechobee	Provider Number:		
	Date:	10/06/2014	
411 SE 4th Street	Fiscal Year End:	N/A	
Okeechobee, FL 34974	Audit Status:	N/A	

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$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			

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

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Catholic Hospice			Provider Number:	087569400
			Date:	10/06/2014
14875 NW 77th Ave		140	Fiscal Year End:	N/A
Miami Lakes, FL 33014			Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$159.66	\$159.13 _{\(\sigma\)}	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:	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 F	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	4		
X Hospice Provider			
#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:	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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Gold Coast	Provider Number: Date:		150000700 10/06/2014	
2101 W. Commercial Blvd Suite 4500	Fiscal Year End:		N/A	
Ft Lauderdale, FL 33309	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers			A VALVA V	
X Hospice Provider				
#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	#655 Inpatient Respite Care \$175.02 \$17		10/01/2014	
#656 General Inpatient Care	56 General Inpatient Care \$718.81 \$716.01		10/01/2014	
Budget Unaudited costs	Rate Type: X Prospective Total Prospective			
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interim Settlement based on costs	lew Costs		
<u>Distribution:</u> Fiscal Agent	W. Rydell Samuel, Ad Medicaid Cost Reimburser		RV	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice Care of South Fl.	Provider Number:	150001500
	Date:	10/06/2014
7270 N.W. 12th St., PH#6	Fiscal Year End:	N/A

Miami, FL 33126

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$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:	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 Ra	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

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			
X Hospice Provider			
#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 _V	10/01/2014
#656 General Inpatient Care	\$644.29	\$647.07	10/01/2014
#658 Room and Board			

Basis	s:	Rate Type:
I	Budget	X Prospective
Ţ	Unaudited costs	Total Prospective
I	Desk audited costs	Prospective Adjusted for New Costs
I	Field audited costs	
1	Medicare - Prospective	Interim
	Payment System Rate	Total Interim
A	Average Nursing Home Rate	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 Emerald Coast	Provider Number:	150009100
Trospice of Elliciata Coast	Date:	10/06/2014
2925 Martin Luther King Jr Blvd	Fiscal Year End:	N/A
Panama City, FL 32405	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		1	
Swing-Bed Provider			
Federally Qualified Health Centers	la de la companya de		
X Hospice Provider			
#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 _v	10/01/2014
#658 Room and Board			ē

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

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Medicaid Cost Reimbursement Analysis

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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:	10/06/2014
100 S. Biscayne Blvd Suite 1400	Fiscal Year End:	N/A
Miami FL 33131	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	\$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			N

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Shepherd Hospice, Inc	Provider Number:	150021000
	Date:	10/06/2014
115 South Missouri Ave	Fiscal Year End:	N/A
Lakeland, FL 33815	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		×	
Swing-Bed Provider			
Federally Qualified Health Centers		7.	
X 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:	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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.	Provider Number:	150022800
	Date:	10/06/2014
3010 W. Azeele Street	Fiscal Year End:	N/A
Tampa, FL 33609	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			12
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider		. *	
#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 _y	10/01/2014
#656 General Inpatient Care	\$658.60	\$670.66	10/01/2014
#658 Room and Board			

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

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