



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 W Suite
 Jacksonville, FL 32256

Provider Number: 000141800
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	199.43	202.09	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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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Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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., Ste 210
 Orlando, FL 32807

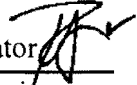
Provider Number: 000532400
 Date: 01/29/2015
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	209.14	209.95 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate </p>	<p>Rate Type :</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

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

Provider Number: 000602600
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board County : Brevard	211.85	211.82	01/01/2015

<p>Basis:</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>Rate Type :</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

Odyssey Health Care Miami-Dade
 5755 Blue Lagoon Dr Suite 170
 Miami, FL 33126

Provider Number: 001572800
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	207.74	216.20 ✓	01/01/2015

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 type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Regency Hospice of NW Florida, Inc.
 4900 Bayou Blvd., Ste 101
 Pensacola, FL 32503

Provider Number: 001636100
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	205.11	204.47 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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

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

Provider Number: 002782200
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board County : Dade	226.59	226.75	01/01/2015

<p>Basis:</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>Rate Type :</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: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board County : Brevard	214.53	211.82	01/01/2015

<p>Basis:</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>Rate Type :</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: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	209.36	213.59 ✓	01/01/2015

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 type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

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 Tallahassee, Florida 32308

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: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	201.95	207.16 ✓	01/01/2015

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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input checked="" type="checkbox"/> Average Nursing Home Rate	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Compassionate Care Hospice of Miami Dade, Inc.
 Compassionate Care Hospice
 600 Highland Drive STE 624
 Westampton, NJ 08060

Provider Number: 004579400
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board County : Polk	190.01	203.85	01/01/2015

<p>Basis:</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>Rate Type :</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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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C.
 1111 36th Street
 Vero Beach, FL 32960

Provider Number: 087000500
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	203.50	204.79 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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 Corporation - Dade County
 Attn: Angela Santana
 100 S. Biscayne Blvd Suite 1400
 Miami, FL 33131

Provider Number: 087246600
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board County : Dade	225.39	226.75	01/01/2015

<p>Basis:</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>Rate Type :</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

Provider Number: 087255500

Date: 01/29/2015

1250-B Grumman Place

Fiscal Year End: N/A

Titusville, FL 32780

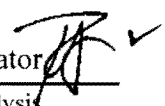
Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	207.58	208.33 ✓	01/01/2015

Basis: <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 type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate	Rate Type : <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
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter
 480 West Central Pkwy
 Altamonte Springs, FL 32714

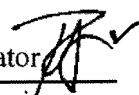
Provider Number: 087256300
 Date: 01/29/2015
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	211.68	215.91 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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

Community Hospice of Northeast
 4266 Sunbeam Road
 Jacksonville, FL 32257

Provider Number: 087407800
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	204.46	208.53	01/01/2015

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 type="checkbox"/> Payment System Rate	<input type="checkbox"/> Total Interim
<input checked="" type="checkbox"/> Average Nursing Home Rate	<input type="checkbox"/> Settlement based on costs

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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: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	225.99	227.43	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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

Hernando-Pasco Hospice, Inc.

 12107 Majestic Blvd.
 Hudson, FL 34667

Provider Number: 087515500
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	203.64	206.41 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate </p>	<p>Rate Type :</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

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

Provider Number: 087516300
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	219.38	222.77	✓ 01/01/2015

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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input checked="" type="checkbox"/> Average Nursing Home Rate	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 087517100
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	206.53	207.69	01/01/2015

<p>Basis:</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 Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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

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

Provider Number: 087519800
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board County : Alachua	202.20	216.37	01/01/2015

<p>Basis:</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>Rate Type :</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

Hospice of Marion County

 P.O. Box 4860
 Ocala, FL 34478

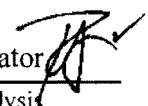
Provider Number: 087520100
 Date: 01/29/2015
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	216.34	211.75 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate </p>	<p>Rate Type :</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

Hospice of Health First

Provider Number: 087522800

Date: 01/29/2015

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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	211.28	219.74 ✓	01/01/2015

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 Volusia
 3800 Woodbriar Trail
 Port Orange, FL 32129

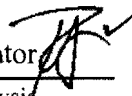
Provider Number: 087523600
 Date: 01/29/2015
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	201.59	208.83 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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

Big Bend Hospice

Provider Number: 087524400

Date: 01/29/2015

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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	216.96	214.31	✓ 01/01/2015

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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input checked="" type="checkbox"/> Average Nursing Home Rate	

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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: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	224.76	227.62 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate </p>	<p>Rate Type :</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

Hospice of Lake and Sumter

 12300 Lane Park Road
 Tavares, FL 32778

Provider Number: 087526100
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	207.51	211.03 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate </p>	<p>Rate Type :</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

Tidewell Hospice & Palliative Care
 5955 Rand Blvd
 Sarasota, FL 34238

Provider Number: 087527900
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board County : Sarasota	221.42	225.38	01/01/2015

<p>Basis:</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>Rate Type :</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 Treasure Coast

 1201 SE Indian St
 Stuart, FL 34997

Provider Number: 087528700
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	219.72	217.90 ✓	01/01/2015

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"/> Interim
<input type="checkbox"/> Medicare - Prospective	<input type="checkbox"/> Total Interim
<input type="checkbox"/> Payment System Rate	<input type="checkbox"/> Settlement based on costs
<input checked="" type="checkbox"/> Average Nursing Home Rate	

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice by the Sea

Provider Number: 087529500

Date: 01/29/2015

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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	220.61	221.78 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Suncoast

 5771 Roosevelt Blvd
 Clearwater, FL 33760

Provider Number: 087532500
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	212.45	214.35 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate </p>	<p>Rate Type :</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

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

Provider Number: 087535000
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	218.68	217.26 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Citrus County

 PO Box 641270
 Beverly Hills, FL 34464

Provider Number: 087536800
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	200.68	202.55 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate </p>	<p>Rate Type :</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

Avow Hospice
 1095 Whippoorwill Lane
 Naples, FL 34105

Provider Number: 087537600
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	220.97	222.93 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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 Okeechobee
 411 SE 4th Street
 Okeechobee, FL 34974

Provider Number: 087538400
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board County : Okeechobee	241.40	245.78	01/01/2015

<p>Basis:</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>Rate Type :</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
 14875 NW 77th Ave
 Miami Lakes, FL 33014


Provider Number: 087569400
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	234.96	234.92 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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

Gulfside Regional Hospice
 6111 Trouble Creek Rd
 New Port Richey, FL 34653

Provider Number: 087570800
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	203.63	206.93 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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 Gold Coast

Provider Number: 150000700

2101 W. Commercial Blvd Suite 4500
 Ft Lauderdale, FL 33309


Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	208.52	217.97✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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 Care of South Fl.
 7270 N.W. 12th St., PH#6
 Miami, FL 33126

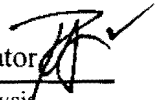
Provider Number: 150001500
 Date: 01/29/2015
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	240.72	244.87 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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
 770 W. Granada Blvd Suite 319
 Ormond Beach , FL 32174

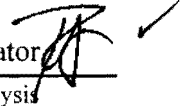
Provider Number: 150003100
 Date: 01/29/2015
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	215.72	227.07 ✓	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</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
 PO Box 2127
 Dothan, AL 36302

Provider Number: 150009100
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board County : Bay	207.89	207.79	01/01/2015

<p style="text-align: center; border: 1px solid black; display: inline-block; margin: 0;">Basis:</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 style="text-align: center; border: 1px solid black; display: inline-block; margin: 0;">Rate Type :</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

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

Provider Number: 150013900
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board County : Palm Beach	221.24	225.22	01/01/2015

<p>Basis:</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>Rate Type :</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

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

Provider Number: 150021000
 Date: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	201.90	207.18	✓ 01/01/2015

<p style="text-align: center; border: 1px solid black; display: inline-block; margin-bottom: 5px;">Basis:</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 type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate </p>	<p style="text-align: center; border: 1px solid black; display: inline-block; margin-bottom: 5px;">Rate Type :</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: 01/29/2015
 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			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#654 ICF/IID LC - 7 Room and Board			
#654 ICF/IID LC - 8 & 9 Room and Board			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	208.26	214.60	01/01/2015

<p>Basis:</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 type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate </p>	<p>Rate Type :</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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