



Florida Agency for Health Care Administration  
 State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21  
 Tallahassee, Florida 32308

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

HCR Manor Care Services of Florida, Inc.  
 Heartland Home Health Care and Hospice  
 8130 Baymeadows Way West, Suite 201 Suite 201  
 Jacksonville, FL 32256

Provider Number: 000141800  
 Date: 10/14/2011  
 Fiscal Year End: N/A  
 Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$141.97     | \$142.88 | 10/01/2011     |
| #652 Continuous Home Care          | 34.49        | 34.71    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$155.49     | \$157.28 | 10/01/2011     |
| #656 General Inpatient Care        | \$632.19     | \$637.26 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent  
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 Permanent File  
 Program Development:

For information Only ( No Change in rate)



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

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

Provider Number: 000532400  
 Date: 10/14/2011  
 Fiscal Year End: N/A  
 Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$140.34     | \$145.88 | 10/01/2011     |
| #652 Continuous Home Care          | 34.10        | 35.44    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$154.10     | \$159.86 | 10/01/2011     |
| #656 General Inpatient Care        | \$625.47     | \$649.69 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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

Provider Number: 000602600  
 Date: 10/14/2011  
 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                   |              |          |                |
| <input checked="" type="checkbox"/> Hospice Provider |              |          |                |
| #651 Routine Home Care                               | \$141.49     | \$146.40 | 10/01/2011     |
| #652 Continuous Home Care                            | 34.38        | 35.57    | 10/01/2011     |
| #655 Inpatient Respite Care                          | \$155.09     | \$160.30 | 10/01/2011     |
| #656 General Inpatient Care                          | \$630.22     | \$651.84 | 10/01/2011     |
| #659 Room and Board                                  |              |          |                |

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

Odyssey Health Care Miami-Dade

Provider Number: 001572800

Date: 10/14/2011

5775 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                   |              |          |                |
| <input checked="" type="checkbox"/> Hospice Provider |              |          |                |
| #651 Routine Home Care                               | \$150.92     | \$156.26 | 10/01/2011     |
| #652 Continuous Home Care                            | 36.67        | 37.96    | 10/01/2011     |
| #655 Inpatient Respite Care                          | \$163.16     | \$168.75 | 10/01/2011     |
| #656 General Inpatient Care                          | \$669.22     | \$692.65 | 10/01/2011     |
| #659 Room and Board                                  |              |          |                |

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

Regency Hospice of NW Florida, Inc.

Provider Number: 001636100

4900 Bayou Blvd., Ste 101

Date: 10/14/2011

Pensacola, FL 32503

Fiscal Year End: N/A

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$133.60     | \$136.10 | 10/01/2011     |
| #652 Continuous Home Care          | 32.46        | 33.07    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$148.33     | \$151.48 | 10/01/2011     |
| #656 General Inpatient Care        | \$597.57     | \$609.23 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

Seasons Hospice and Palliative Care of Southern FL

Provider Number: 002782200

Date: 10/14/2011

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                   |              |          |                |
| <input checked="" type="checkbox"/> Hospice Provider |              |          |                |
| #651 Routine Home Care                               | \$150.92     | \$156.26 | 10/01/2011     |
| #652 Continuous Home Care                            | 36.67        | 37.96    | 10/01/2011     |
| #655 Inpatient Respite Care                          | \$163.16     | \$168.75 | 10/01/2011     |
| #656 General Inpatient Care                          | \$669.22     | \$692.65 | 10/01/2011     |
| #659 Room and Board                                  |              |          |                |

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

Brevard HMA, LLC

Wuesthoff Brevard Hospice & Palliative Care

8060 Spyglass Rd.

Viera, FL 32940

Provider Number: 003694700

Date: 10/14/2011

Fiscal Year End: N/A

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$141.49     | \$146.40 | 10/01/2011     |
| #652 Continuous Home Care          | 34.38        | 35.57    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$155.09     | \$160.30 | 10/01/2011     |
| #656 General Inpatient Care        | \$630.22     | \$651.84 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

Hospice of I.R.C.

Provider Number: 087000500

Date: 10/14/2011

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                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$144.67     | \$145.17 | 10/01/2011     |
| #652 Continuous Home Care          | 35.15        | 35.27    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$157.81     | \$159.25 | 10/01/2011     |
| #656 General Inpatient Care        | \$643.38     | \$646.77 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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

Provider Number: 087246600  
 Date: 10/14/2011  
 Fiscal Year End: N/A  
 Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$150.92     | \$156.26 | 10/01/2011     |
| #652 Continuous Home Care          | 36.67        | 37.96    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$163.16     | \$168.75 | 10/01/2011     |
| #656 General Inpatient Care        | \$669.22     | \$692.65 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

|  |   |
|--|---|
| <p><b>Basis:</b></p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p> | <p><b>Rate Type :</b></p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p> |
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 Tallahassee, Florida 32308

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

St. Francis Hospice

Provider Number: 087255500

Date: 10/14/2011

1250-B Grumman Place

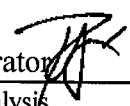
Fiscal Year End: N/A

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 |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$141.49     | \$146.40 | 10/01/2011     |
| #652 Continuous Home Care          | 34.38        | 35.57    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$155.09     | \$160.30 | 10/01/2011     |
| #656 General Inpatient Care        | \$630.22     | \$651.84 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

Hospice of the Comforter

Provider Number: 087256300

480 West Central Pkwy

Date: 10/14/2011

Altamonte Springs, FL 32714

Fiscal Year End: N/A

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$140.34     | \$145.88 | 10/01/2011     |
| #652 Continuous Home Care          | 34.10        | 35.44    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$154.10     | \$159.86 | 10/01/2011     |
| #656 General Inpatient Care        | \$625.47     | \$649.69 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

Community Hospice of Northeast

Provider Number: 087407800

Date: 10/14/2011

4266 Sunbeam Road

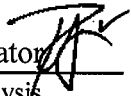
Fiscal Year End: N/A

Jacksonville, FL 32257

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$141.97     | \$142.88 | 10/01/2011     |
| #652 Continuous Home Care          | 34.49        | 34.71    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$155.49     | \$157.28 | 10/01/2011     |
| #656 General Inpatient Care        | \$632.19     | \$637.26 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

W. Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration  
 State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21  
 Tallahassee, Florida 32308

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

Hospice Care of S.E. Florida  
 309 S.E. 18th Street  
 Ft. Lauderdale, FL 33316

Provider Number: 087473600  
 Date: 10/14/2011  
 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                   |              |          |                |
| <input checked="" type="checkbox"/> Hospice Provider |              |          |                |
| #651 Routine Home Care                               | \$155.45     | \$156.60 | 10/01/2011     |
| #652 Continuous Home Care                            | 37.77        | 38.05    | 10/01/2011     |
| #655 Inpatient Respite Care                          | \$167.04     | \$169.04 | 10/01/2011     |
| #656 General Inpatient Care                          | \$687.97     | \$694.07 | 10/01/2011     |
| #659 Room and Board                                  |              |          |                |

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

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

Hospice of Martin & St. Lucie

Provider Number: 087514700

1201 SE Indian Street

Date: 10/14/2011

Stuart, FL 34997

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                   |              |          |                |
| <input checked="" type="checkbox"/> Hospice Provider |              |          |                |
| #651 Routine Home Care                               | \$150.30     | \$162.66 | 10/01/2011     |
| #652 Continuous Home Care                            | 36.52        | 39.52    | 10/01/2011     |
| #655 Inpatient Respite Care                          | \$162.63     | \$174.23 | 10/01/2011     |
| #656 General Inpatient Care                          | \$666.67     | \$719.14 | 10/01/2011     |
| #659 Room and Board                                  |              |          |                |

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

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

Hernando-Pasco Hospice, Inc.

Provider Number: 087515500

Date: 10/14/2011

12107 Majestic Blvd.

Fiscal Year End: N/A

Hudson, FL 34667

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$140.67     | \$144.70 | 10/01/2011     |
| #652 Continuous Home Care          | 34.18        | 35.16    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$154.38     | \$158.85 | 10/01/2011     |
| #656 General Inpatient Care        | \$626.80     | \$644.83 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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

Hospice of Palm Beach County

Provider Number: 087516300

5300 East Avenue

Date: 10/14/2011

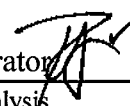
West Palm Beach, FL 33407

Fiscal Year End: N/A

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$150.13     | \$154.17 | 10/01/2011     |
| #652 Continuous Home Care          | 36.48        | 37.46    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$162.48     | \$166.96 | 10/01/2011     |
| #656 General Inpatient Care        | \$665.96     | \$684.01 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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

Covenant Hospice, Inc

Provider Number: 087517100

Date: 10/14/2011

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 |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$133.60     | \$136.10 | 10/01/2011     |
| #652 Continuous Home Care          | 32.46        | 33.07    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$148.33     | \$151.48 | 10/01/2011     |
| #656 General Inpatient Care        | \$597.57     | \$609.23 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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 Tallahassee, Florida 32308

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

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

Provider Number: 087519800  
 Date: 10/14/2011  
 Fiscal Year End: N/A  
 Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$140.63     | \$145.85 | 10/01/2011     |
| #652 Continuous Home Care          | 34.17        | 35.43    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$154.34     | \$159.83 | 10/01/2011     |
| #656 General Inpatient Care        | \$626.63     | \$649.56 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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 Tallahassee, Florida 32308

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

Hospice of Marion County

Provider Number: 087520100

Date: 10/14/2011

PO Box 4860

Fiscal Year End: N/A

Ocala, FL 34478

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$136.18     | \$138.41 | 10/01/2011     |
| #652 Continuous Home Care          | 33.09        | 33.63    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$150.53     | \$153.46 | 10/01/2011     |
| #656 General Inpatient Care        | \$608.22     | \$618.77 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

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

Hospice of Health First

Provider Number: 087522800

Date: 10/14/2011

1900 Dairy Road

Fiscal Year End: N/A

West Melbourne, FL 32904

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$141.49     | \$146.40 | 10/01/2011     |
| #652 Continuous Home Care          | 34.38        | 35.57    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$155.09     | \$160.30 | 10/01/2011     |
| #656 General Inpatient Care        | \$630.22     | \$651.84 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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

Hospice of Volusia

Provider Number: 087523600

Date: 10/14/2011

3800 Woodbriar Trail

Fiscal Year End: N/A

Port Orange, FL 32129

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$139.44     | \$141.29 | 10/01/2011     |
| #652 Continuous Home Care          | 33.88        | 34.33    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$153.32     | \$155.92 | 10/01/2011     |
| #656 General Inpatient Care        | \$621.71     | \$630.69 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

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

Big Bend Hospice

Provider Number: 087524400

Date: 10/14/2011

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                   |              |          |                |
| <input checked="" type="checkbox"/> Hospice Provider |              |          |                |
| #651 Routine Home Care                               | \$134.59     | \$142.04 | 10/01/2011     |
| #652 Continuous Home Care                            | 32.70        | 34.51    | 10/01/2011     |
| #655 Inpatient Respite Care                          | \$149.18     | \$156.57 | 10/01/2011     |
| #656 General Inpatient Care                          | \$601.67     | \$633.82 | 10/01/2011     |
| #659 Room and Board                                  |              |          |                |

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

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

Hospice of the Florida Keys, Inc.

Provider Number: 087525200

Date: 10/14/2011

1319 William Street  
 Key West, FL 33040

Fiscal Year End: N/A

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$136.28     | \$137.77 | 10/01/2011     |
| #652 Continuous Home Care          | 33.11        | 33.47    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$150.62     | \$152.91 | 10/01/2011     |
| #656 General Inpatient Care        | \$608.64     | \$616.15 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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 Medicaid Cost Reimbursement Analysis

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

Hospice of Lake and Sumter

Provider Number: 087526100

12300 Lane Park Road

Date: 10/14/2011

Tavares, FL 32778

Fiscal Year End: N/A

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$140.34     | \$145.88 | 10/01/2011     |
| #652 Continuous Home Care          | 34.10        | 35.44    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$154.10     | \$159.86 | 10/01/2011     |
| #656 General Inpatient Care        | \$625.47     | \$649.69 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

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

Tidewell Hospice & Palliative Care

Provider Number: 087527900

Date: 10/14/2011

5955 Rand Ave

Fiscal Year End: N/A

Sarasota, FL 34238

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$148.61     | \$149.30 | 10/01/2011     |
| #652 Continuous Home Care          | 36.11        | 36.27    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$161.18     | \$162.78 | 10/01/2011     |
| #656 General Inpatient Care        | \$659.66     | \$663.84 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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 Medicaid Cost Reimbursement Analysis

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

Hospice of the Treasure Coast

Provider Number: 087528700

1201 SE Indian St  
 Stuart, FL 34997

Date: 10/14/2011  
 Fiscal Year End: N/A  
 Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$150.30     | \$162.66 | 10/01/2011     |
| #652 Continuous Home Care          | 36.52        | 39.52    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$162.63     | \$174.23 | 10/01/2011     |
| #656 General Inpatient Care        | \$666.67     | \$719.14 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Hospice by the Sea

Provider Number: 087529500

1531 W. Palmetto Park Road  
 Boca Raton, FL 33486

Date: 10/14/2011  
 Fiscal Year End: N/A  
 Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$150.13     | \$154.17 | 10/01/2011     |
| #652 Continuous Home Care          | 36.48        | 37.46    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$162.48     | \$166.96 | 10/01/2011     |
| #656 General Inpatient Care        | \$665.96     | \$684.01 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Hospice of the Florida Suncoast

Provider Number: 087532500

5771 Rosevelt Blvd  
 Clearwater, FL 33760

Date: 10/14/2011

Fiscal Year End: N/A

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$140.67     | \$144.70 | 10/01/2011     |
| #652 Continuous Home Care          | 34.18        | 35.16    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$154.38     | \$158.85 | 10/01/2011     |
| #656 General Inpatient Care        | \$626.80     | \$644.83 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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

Hope Hospice & Palliative Care

Provider Number: 087535000

9470 Health Park Circle  
 Ft. Myers, FL 33908

Date: 10/14/2011  
 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                   |              |          |                |
| <input checked="" type="checkbox"/> Hospice Provider |              |          |                |
| #651 Routine Home Care                               | \$141.65     | \$146.22 | 10/01/2011     |
| #652 Continuous Home Care                            | 34.42        | 35.53    | 10/01/2011     |
| #655 Inpatient Respite Care                          | \$155.23     | \$160.15 | 10/01/2011     |
| #656 General Inpatient Care                          | \$630.89     | \$651.11 | 10/01/2011     |
| #659 Room and Board                                  |              |          |                |

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

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

Hospice of Citrus County

Provider Number: 087536800

4005 N. Lacanto Hwy  
 Beverly Hills, FL 34465

Date: 10/14/2011

Fiscal Year End: N/A

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$136.28     | \$137.77 | 10/01/2011     |
| #652 Continuous Home Care          | 33.11        | 33.47    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$150.62     | \$152.91 | 10/01/2011     |
| #656 General Inpatient Care        | \$608.64     | \$616.15 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

Avow Hospice

Provider Number: 087537600

Date: 10/14/2011

1095 Whippoorwill Lane

Fiscal Year End: N/A

Naples, FL 34105

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$147.84     | \$151.64 | 10/01/2011     |
| #652 Continuous Home Care          | 35.92        | 36.84    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$160.52     | \$164.79 | 10/01/2011     |
| #656 General Inpatient Care        | \$656.49     | \$673.52 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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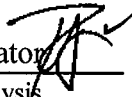
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number: 087538400  
 Date: 10/14/2011  
 Fiscal Year End: N/A  
 Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$136.28     | \$137.77 | 10/01/2011     |
| #652 Continuous Home Care          | 33.11        | 33.47    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$150.62     | \$152.91 | 10/01/2011     |
| #656 General Inpatient Care        | \$608.64     | \$616.15 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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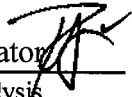
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Catholic Hospice  
 14875 NW 77th Ave  
 Miami Lakes, FL 33014

Provider Number: 087569400  
 Date: 10/14/2011  
 Fiscal Year End: N/A  
 Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$150.92     | \$156.26 | 10/01/2011     |
| #652 Continuous Home Care          | 36.67        | 37.96    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$163.16     | \$168.75 | 10/01/2011     |
| #656 General Inpatient Care        | \$669.22     | \$692.65 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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 Medicaid Cost Reimbursement Analysis

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

Gulfside Regional Hospice

Provider Number: 087570800

Date: 10/14/2011

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                   |              |          |                |
| <input checked="" type="checkbox"/> Hospice Provider |              |          |                |
| #651 Routine Home Care                               | \$140.67     | \$144.70 | 10/01/2011     |
| #652 Continuous Home Care                            | 34.18        | 35.16    | 10/01/2011     |
| #655 Inpatient Respite Care                          | \$154.38     | \$158.85 | 10/01/2011     |
| #656 General Inpatient Care                          | \$626.80     | \$644.83 | 10/01/2011     |
| #659 Room and Board                                  |              |          |                |

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

Hospice of Gold Coast

Provider Number: 150000700

Date: 10/14/2011

2101 W. Commercial Blvd Suite 4500

Fiscal Year End: N/A

Ft Lauderdale, FL 33309

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$155.45     | \$156.60 | 10/01/2011     |
| #652 Continuous Home Care          | 37.77        | 38.05    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$167.04     | \$169.04 | 10/01/2011     |
| #656 General Inpatient Care        | \$687.97     | \$694.07 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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

Hospice Care of South Fl.

Provider Number: 150001500

Date: 10/14/2011

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                   |              |          |                |
| <input checked="" type="checkbox"/> Hospice Provider |              |          |                |
| #651 Routine Home Care                               | \$150.92     | \$156.26 | 10/01/2011     |
| #652 Continuous Home Care                            | 36.67        | 37.96    | 10/01/2011     |
| #655 Inpatient Respite Care                          | \$163.16     | \$168.75 | 10/01/2011     |
| #656 General Inpatient Care                          | \$669.22     | \$692.65 | 10/01/2011     |
| #659 Room and Board                                  |              |          |                |

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

Florida Hospital Hospice Care

Provider Number: 150003100

Date: 10/14/2011

770 W. Granada Blvd Suite 304 Suite 319

Fiscal Year End: N/A

Ormond Beach, FL 32174

Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$139.44     | \$141.29 | 10/01/2011     |
| #652 Continuous Home Care          | 33.88        | 34.33    | 10/01/2011     |
| #655 Inpatient Respice Care        | \$153.32     | \$155.92 | 10/01/2011     |
| #656 General Inpatient Care        | \$621.71     | \$630.69 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

Hospice of Emerald Coast

Provider Number: 150009100

Date: 10/14/2011

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                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$133.73     | \$132.88 | 10/01/2011     |
| #652 Continuous Home Care          | 32.49        | 32.28    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$148.43     | \$148.72 | 10/01/2011     |
| #656 General Inpatient Care        | \$598.08     | \$595.89 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

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

Provider Number: 150013900  
 Date: 10/14/2011  
 Fiscal Year End: N/A  
 Audit Status: N/A

| Provider Type:                     | Current Rate | New Rate | Effective Date |
|------------------------------------|--------------|----------|----------------|
| Rural Health Clinic                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$150.13     | \$154.17 | 10/01/2011     |
| #652 Continuous Home Care          | 36.48        | 37.46    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$162.48     | \$166.96 | 10/01/2011     |
| #656 General Inpatient Care        | \$665.96     | \$684.01 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

Good Shepherd Hospice, Inc

Provider Number: 150021000

Date: 10/14/2011

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 |              |          |                |
| <b>X</b> Hospice Provider          |              |          |                |
| #651 Routine Home Care             | \$134.42     | \$138.18 | 10/01/2011     |
| #652 Continuous Home Care          | 32.66        | 33.57    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$149.03     | \$153.26 | 10/01/2011     |
| #656 General Inpatient Care        | \$600.96     | \$617.83 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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

LifePath Hospice, Inc.

Provider Number: 150022800

Date: 10/14/2011

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                |              |          |                |
| Swing-Bed Provider                 |              |          |                |
| Federally Qualified Health Centers |              |          |                |
| <b>X Hospice Provider</b>          |              |          |                |
| #651 Routine Home Care             | \$140.67     | \$144.70 | 10/01/2011     |
| #652 Continuous Home Care          | 34.18        | 35.16    | 10/01/2011     |
| #655 Inpatient Respite Care        | \$154.38     | \$158.85 | 10/01/2011     |
| #656 General Inpatient Care        | \$626.80     | \$644.83 | 10/01/2011     |
| #659 Room and Board                |              |          |                |

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|--|---|
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