

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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HCR Manor Care Services of Florida, Inc.	Provider Number:	000141800
Heartland Home Health Care and Hospice	Date:	01/09/2012
8130 Baymeadows Way W Suite	Fiscal Year End:	N/A
Jacksonville, FL 32256	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$182.71	\$184.21	01/01/2012

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

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Provider Type:	Current Rate New Rate	Effective Da
Orlando, FL 32807	Audit Status:	N/A
1300 North Semoran Blvd., Ste 210	Fiscal Year End:	N/A
Samaritan Care Hospice	Date:	01/09/2012
Samaritan Care Hospice of Osceola, LLC	Provider Number:	000532400
		O K G

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$191.81	\$192.24 ¹	01/01/2012

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

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Vitas Healthcare Corp of Central Florida		Provider 1		000602600
Attn: Angela Santana		Fiscal Y	Date:	01/09/2012
100 S. Biscayne Blvd Suite 1400 Miami, FL 33131			t Status:	N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		Current Rate	THEW INAIC	Effective Date
Swing-Bed Provider				
Federally Qualified Health Centers	1			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$192.08	\$192.65	01/01/2012
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectivePayment System RateXAverage Nursing Home Rate	Prospecture Interim Total Interim	rospective ctive Adjusted for N	ew Costs	——————————————————————————————————————
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		



Medicaid Reimbursement P	Diem Rates fo	or Non-Institut	ional Provide	<u>rs</u>
Odyssey Health Care Miami-Dade		Provider 1	Number: Date:	001572800 01/09/2012
5755 Blue Lagoon Dr Suite 170		Fiscal Y		N/A
Miami, FL 33126		Audi	t Status:	N/A
Provider Type:	. (Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$194.25	\$195.45~	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Interim Total Interir	ve Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		ell Samuel, Ad Cost Reimbursen		



<u>Medicaid Reimbursen</u>	nent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Regency Hospice of NW Florida, Inc.		Provider 1		001636100
4900 Bayou Blvd., Ste 101		Fiscal Y	Date: ear End:	01/09/2012 N/A
Pensacola, FL 32503			t Status:	N/A
Provider Type:		Comment Data	Name Date	
Rural Health Clinic		Current Rate	New Rate	Effective Date
Swing-Bed Provider			·	
Federally Qualified Health Centers				
X Hospice Provider				·
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$177.94	\$183.12	01/01/2012
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective Payment System Rate	Interim			
X Average Nursing Home Rate	Total Inte			
	Settlemen	t based on costs		
	W D	.d11 () 1	1	RY
		dell Samuel, Adid Cost Reimbursem		
To 1 12 11	1,104104	id Cost Rollingarbon.	ioni z marysąs	
Distribution: Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimburser	ment Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Seasons Hospice and Palliative Care of Southern FL		Provider Number: Date:		002782200 01/09/2012
5200 Northeast 2nd Avenue		Fiscal Y	ear End:	N/A
Miami, FL 32405		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				·
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$207.54	\$207.59	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
<u>Distribution:</u> Fiscal Agent		vdell Samuel, Adid Cost Reimbursem		R
Contract Management Permanent File Program Development: For information Only (No Change in rate)				
1 of information only (140 Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard HMA, LLC Wuesthoff Brevard Hospice & Palliative Ca	wo.	Provider 1	Number: Date:	003694700 01/09/2012
8060 Spyglass Rd.	16	Fiscal Y		N/A
Viera, FL 32940			t Status:	N/A
Provider Type:	1111111	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	-			· · · · · · · · · · · · · · · · · · ·
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$191.84	\$191.00	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	ProspeInterimTotal Inte	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		/dell Samuel, Ad aid Cost Reimbursen		R



Medicaid Reimburs	ement Per Diem Rates	tor Non-Institut	ional Provide	<u>rs</u>
Hospice of I.R.C.		Provider 1		087000500
1111 36th Street		Fiscal Y	Date:	01/09/2012
			t Status:	N/A N/A
Vero Beach, FL 32960			· Diatas.	IV/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Center	s .			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$188.11	\$181.44	01/01/2012
/				
Basis:	Rate Type :			
Budget Unaudited costs	X Prospectiv	re rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective Payment System Rate	Interim Total Inte	win		
X Average Nursing Home Rate	***************************************	at based on costs		
	W Rs	dell Samuel, Ad	ministrator	
		id Cost Reimbursen		
Distribution:			•	
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
For information Only (No Change in rate)			



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate	Now Date	Ecc. 4t. D
Miami, FL 33131	Audi	t Status:	N/A
100 S. Biscayne Blvd Suite 1400	Fiscal Y		N/A
Attn: Angela Santana		Date:	01/09/2012
Vitas Healthcare Corporation - Dade County	Provider N	Number:	087246600

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$199.17	\$200.75	01/01/2012

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Medicaid Reimbursem	ent Per Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
St. Francis Hospice		Provider l		087255500
1250-B Grumman Place		Fiscal Y	Date:	01/09/2012
			t Status:	N/A N/A
Titusville, FL 32780			t Status,	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers		·		
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$188.53	\$191.42	01/01/2012
Basis: BudgetUnaudited costsDesk audited costs Field audited costs		4	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate	Total Int	erim		
X Average Nursing Home Rate	Settleme	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File		ydell Samuel, Ad aid Cost Reimbursen		
Program Development: For information Only (No Change in rate)				



<u>Medicaid Reimbursen</u>	nent Per Diem Rates	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Hospice of the Comforter		Provider Number:		087256300
480 West Central Pkwy		Fiscal V	Date: ear End:	01/09/2012
Altamonte Springs, FL 32714			it Status:	N/A N/A
1 0,		· · · · · · · · · · · · · · · · · · ·		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$191.18	\$198.23 ¹	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospecture Interim Total Interim	rospective ctive Adjusted for N	ew Costs	
Distribution		dell Samuel, Adid Cost Reimbursem		R/
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
Permanent File				



	Number: Date: Year End: it Status: New Rate	087407800 01/09/2012 N/A N/A
Aud	ear End: it Status:	N/A
	*	
Current Rate	New Rate	
		Effective Date
\$187.00	\$187.52	01/01/2012
	Jew Costs	
***************************************		R
_	te Type: Prospective Total Prospective Prospective Adjusted for Naterim Total Interim Settlement based on costs W. Rydell Samuel, Advanced.	rospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Hospice Care of S.E. Florida		Provider 1	Number:	087473600
200 G.F. 104 G		T' 137	Date:	01/09/2012
309 S.E. 18th Street		Fiscal Y	ear End: t Status:	N/A
Ft. Lauderdale, FL 33316		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			_	
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$194.16	\$193.58	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Pro	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Adiid Cost Reimbursem		
For information Only (No Change in rate)				



sement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	rs
	Provider 1	Number:	087514700
	T211 37	Date:	01/09/2012
			N/A
·	Auu	n Status.	N/A
	Current Rate	New Rate	Effective Date
'S			
	\$196.19	\$194.98°	01/01/2012
Total P Prospect Interim Total Inte	rospective ctive Adjusted for N crim	ew Costs	
			R
	Rate Type: X Prospective Total Prospection Total Interime Total Interime Settlement W. Ry	Fiscal Y Audi Current Rate \$196.19 Rate Type: X Prospective Total Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad	Fiscal Year End: Audit Status: Current Rate New Rate s196.19 \$194.98* Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim Total Interim



sement Per Diem Rate	es for Non-Institut	<u>ional Provide</u>	<u>rs</u>
	Provider		087515500
	173		01/09/2012
			N/A
	Aud	n Status.	N/A
	Current Rate	New Rate	Effective Dat
'S			
-			
4	\$189.79	\$187.64	01/01/2012
Total Prospo Interim Total Int	Prospective ective Adjusted for N erim	ew Costs	
			<u> </u>
	Rate Type: X Prospecti Total Prospecti Interim Total Int Settleme W. R	Fiscal Y Aud Current Rate S189.79 Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad	\$189.79 \$187.64 Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim



<u>Medicaid Reimburs</u> Hospice of Palm Beach County				
Hospice of Faim Beach County		Provider 1	087516300 01/09/2012	
5300 East Avenue		Fiscal Y	Date: ear End:	01/09/2012 N/A
West Palm Beach, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Dat
Rural Health Clinic				21100010211
Swing-Bed Provider				
Federally Qualified Health Centers	S			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$201.45	\$201.08	01/01/2012
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs	T			
Medicare - Prospective Payment System Rate	Interim Total Inte	rim		
X Average Nursing Home Rate		t based on costs		
				R/
		dell Samuel, Ad id Cost Reimbursen		
Distribution:				
Fiscal Agent				•
Contract Management Permanent File				
Program Development:				



Miculatu Reimbursem	ent Per Diem Rates	ior Non-Institut	<u>ional Provide</u>	<u>rs</u>
Covenant Hospice, Inc		Provider 1	087517100	
2041 N. 104		Eigen 1 X	Date:	01/09/2012
041 N. 12th		Fiscal Y	ear End: t Status:	N/A N/A
Pensacola, FL 32504		7144	i Diaids.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		·		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$187.39	\$190.07	01/01/2012
Basis:	Rate Type :			
Budget	X Prospectiv	ve		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate	Total Inte	erim		
X Average Nursing Home Rate	Settlemen	nt based on costs		
			,,,,,,,,	7/
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	•
Distribution:				
Fiscal Agent Contract Management				
Permanent File				



sement Per Diem Rates	<u> ior Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
	Provider 1	Number:	087519800
		Date:	01/09/2012
			N/A
	Audi	it Status:	N/A
	Current Rate	New Rate	Effective Date
'S			
	\$183.99	\$185.40°	01/01/2012
Total P Prospect Interim Total Inte	rospective ctive Adjusted for N rim	ew Costs	
	Rate Type: X Prospectiv Total P Prospection Interim Total Interim Settlemen W. Ry	Provider Fiscal Y Audi Current Rate \$183.99 Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Additional Additional Processing	Fiscal Year End: Audit Status: Current Rate New Rate \$183.99 \$185.40^\(^\) Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Hospice of Marion County		Provider ?		087520100
P.O. Box 4860		Fige 1 V	Date: ear End:	01/09/2012
Ocala, FL 34478			it Status:	N/A N/A
Ocaia, PL 34478		7 144		IVA
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$191.78	\$196.52 ^{\(\)}	01/01/2012
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectivePayment System RateXAverage Nursing Home Rate	Interim Total Inte	rospective ctive Adjusted for N	ministrator	R/
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



sement I et Diem Rates	101 INOH-HISHUU	ionai Provide	<u>rs</u>
	Provider 1		087522800
	Figoal V		01/09/2012
			N/A N/A
******	T	VALUE	T
	Current Rate	New Rate	Effective Dat
<u>'S</u>			
	\$194.64	\$192.61	01/01/2012
Total P Prospect Interim Total Inte	rospective ctive Adjusted for N erim	ew Costs	
			R.
	Rate Type: X Prospective Total Prospection Interim Total Interim Settlemen W. Ry	Rate Type: X Prospective Total Prospective Adjusted for N	Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim



			ional Provide	18
Hospice of Volusia	7	Provider 1		087523600
3800 Woodbriar Trail		Fiscal Y	Date:	01/09/2012
Port Orange, FL 32129			t Status:	N/A N/A
				11/21
Provider Type:		Current Rate	New Rate	Effective Dat
Rural Health Clinic .				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$188.23	\$185.82 ^V	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Interim Total Interi Settlement W. Ryd	we Adjusted for N m based on costs ell Samuel, Ad	ministrator	<u> </u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Medicaid	Cost Reimbursen	nent Analysifs 🐧	



Big Bend Hospice		Provider 1	Number: Date:	087524400
1723 Mahan Center Blvd.		Fiscal Y	ear End:	01/09/2012 N/A
Tallahassee, FL 32308			t Status:	N/A
Provider Type:	10.4	Current Rate	New Rate	Effective Date
Rural Health Clinic			,	
Swing-Bed Provider				
Federally Qualified Health Center	S			
X Hospice Provider				<u> </u>
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				/
#659 Room and Board		\$190.66	\$189.86 ^V	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
		vdell Samuel, Ad id Cost Reimbursen		



Hospice of the Florida Keys, Inc.		s for Non-Institut Provider 1		087525200
,		1,0,,441	Date:	01/09/2012
1319 William Street		Fiscal Year End:		N/A
Key West, FL 33040		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Swing-Bed Provider				
Federally Qualified Health Centers	S			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$187.21	\$175.88	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Adiid Cost Reimbursem		



Medicaid Reimburseme	ent Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Hospice of Lake and Sumter		Provider		087526100
2300 Lane Park Road		Figaal V	Date: ear End:	01/09/2012
			ear End: it Status:	N/A N/A
Tavares, FL 32778		7 tuu.	n Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$192.46	\$193.67	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		vdell Samuel, Ad id Cost Reimbursen		<u>R</u>
Fiscal Agent Contract Management Permanent File				



<u>Medicaid Reimburs</u>	ement Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Tidewell Hospice & Palliative Care		Provider 1	Number:	087527900
5055 D 1 D1 1		Fiscal Y	Date:	01/09/2012
5955 Rand Blvd			ear End: it Status:	N/A N/A
Sarasota, FL 34238		Aud.	n Status,	IV/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Center	S			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				/
#659 Room and Board		\$199.19	\$199.60 ^V	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospection Interim Total Interim Settlement	rospective ctive Adjusted for N		r R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	<u></u>	id Cost Reimbursen		
For information Only (No Change in rate	2)			



Medicaid Reimbursement P	er Diem Rates	for Non-Institut	ional Provide	rs
Hospice of the Treasure Coast	Hospice of the Treasure Coast		Number: Date:	087528700 01/09/2012
1201 SE Indian St		Fiscal Y		N/A
Stuart, FL 34997			t Status:	N/A
Provider Type:		Cyman Data	Name Date	Tice (D
Rural Health Clinic	 	Current Rate	New Rate	Effective Date
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$191.25	\$193.34 ^V	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Total P Prospect Interim Total Inte	rospective ctive Adjusted for No		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		id Cost Reimbursem	VI_I	



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Hospice by the Sea		Provider 1		087529500
1531 W. Palmetto Park Road		Fiscal Y	Date: ear End:	01/09/2012 N/A
Boca Raton, FL 33486			t Status:	N/A
1		1 3 3 3 3 3		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care		·		
#652 Continuous Home Care				•
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$200.56	\$201.30	01/01/2012
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
Distribution:		dell Samuel, Ad id Cost Reimbursen		R L
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Hospice of the Florida Suncoast		Provider 1		087532500
5771 Rosevelt Blvd	·	Fiscal Y	Date: ear End:	01/09/2012 N/A
Clearwater, FL 33760			t Status:	N/A
Provider Type:	10/11	Current Rate	New Rate	Effective Date
Rural Health Clinic			Tion Rate	Effective Date
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$194.71	\$193.98V	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inte	rospective ctive Adjusted for No	ew Costs	
<u>Distribution:</u> Fiscal Agent		dell Samuel, Adı id Cost Reimbursem		Z (
Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

nent I et Diem Kates			087535000
		Date:	01/09/2012
			N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
			7
		,	
			,
	\$195.00	\$195.40 ⁱ	01/01/2012
Total P Prospect Interim Total Inte	rospective ctive Adjusted for N crim	ew Costs	
			R
	Rate Type: X Prospective Total Prospection Interim Total Integrated Settlement W. Ry	Provider I Fiscal Y Audi Current Rate \$195.00 Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad	Fiscal Year End: Audit Status: Current Rate New Rate \$195.00 \$195.40* Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	ional Provide	rs
Hospice of Citrus County		Provider 1	Number: Date:	087536800 01/09/2012
PO Box 641270		Fiscal Y		N/A
Beverly Hills, FL 34464		Audi	t Status:	N/A
Provider Type:	•	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			, , , , , , , , , , , , , , , , , , , ,	
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				·
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$181.25	\$184.13 ¹	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		R
For information Only (No Change in rate)				



Medicaid Reimburse	<u>ment Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u> i	<u>rs</u>
Avow Hospice		Provider 1	087537600 01/09/2012	
1095 Whippoorwill Lane		Fiscal Y	Date: ear 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				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				7
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$197.18	\$198.35 ^V	01/01/2012
Basis:	Rate Type :			-
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inte	rospective ctive Adjusted for No	ew Costs	
		dell Samuel, Adi		R L
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



ment I et Dieni Kat	<u>es for Non-Institut</u>	<u>ional Provide</u>	rs
Hospice of Okeechobee		Number:	087538400
	· E' 137		01/09/2012
			N/A
	Audi	u Status:	N/A
	Current Rate	New Rate	Effective Date
	ė.		
: Okeechobee	\$216.35	\$217.07	01/01/2012
Total Prosp Interim Total In	Prospective ective Adjusted for Noterim	ew Costs	
			R
	: Okeechobee Rate Type: X Prospect Total Prosp Interim Total In Settleme W. R	Provider I Fiscal Y Audi Current Rate Current Rate Settlement based on costs Fiscal Y Audi Current Rate Settlement based on costs W. Rydell Samuel, Additional Auditions and the settlement Auditions and the settle	: Okeechobee \$216.35 \$217.07 Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim



<u>Medicaid Reimburse</u>	ment Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Catholic Hospice		Provider Number: Date:		087569400 01/09/2012
14875 NW 77th Ave		Fiscal Y	ear End:	N/A
Miami Lakes, FL 33014		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				-
Federally Qualified Health Centers				
X Hospice Provider	,			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				/
#659 Room and Board		\$205.55	\$208.69 ^V	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
<u>Distribution:</u> Fiscal Agent		dell Samuel, Adid Cost Reimbursen		R
Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



mem Per Diem Rates	<u> 10r Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>	
Gulfside Regional Hospice		Provider Number: Date:		
	Fiscal Y	ear End:	01/09/2012 N/A	
New Port Richey, FL 34653 Provider Type:		Audit Status:		
		New Rate	Effective Date	
	\$189.30	\$191.00	01/01/2012	
X Prospectiv Total P Prospec	rospective ctive Adjusted for No rim	ew Costs		
			<u>R</u>	
	Rate Type: X Prospective Total P Prospective Interim Total Inte	Rate Type: X Prospective Total Prospective Prospective Adjusted for No. Interim Total Interim Settlement based on costs W. Rydell Samuel, Additional Additional Prospection of the cost	Rate Type: X Prospective Total Prospective Adjusted for New Costs Interim Total Interim Priscal Year End: Audit Status: New Rate New Rate	



Medicaid Reimburser	ment Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Hospice of Gold Coast		Provider 1	Number: Date:	150000700 01/09/2012
2101 W. Commercial Blvd Suite 4500		Fiscal Y		N/A
Ft Lauderdale, FL 33309		Audi	t Status:	N/A
Provider Type:	79	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers			.,,	
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				,
#659 Room and Board		\$192.82	\$190.47 ^V	01/01/2012
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursem		R
For information Only (No Change in rate)				



<u>Medicaid Reimburse</u>	ment Per Diem Rates	<u>s for Non-Institut</u>	ional Provide	rs
Hospice Care of South Fl.			Number:	150001500
7270 N.W. 12th St., PH#6		Fiscal Y	Date:	01/09/2012
Miami, FL 33126			t Status:	N/A N/A
				IV/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$180.80	\$185.70	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospection Interim Total Interim Settlemen W. Ry	rospective ctive Adjusted for No rim t based on costs	ministrator	₹
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	Medica	id Cost Reimbursem	ent Analysis V	



<u>Wedicald Reimbursem</u>	ent Per Diem Rates			<u>rs</u>
Florida Hospital Hospice Care		Provider 1	150003100	
770 W. Granada Blvd Suite 319		Date: Fiscal Year End:		01/09/2012 N/A
Ormond Beach, FL 32174			t Status:	N/A
Provider Type:		Current Rate	Now Date	Tiec C. D. A.
Rural Health Clinic		Current Rate	New Rate	Effective Date
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider			······································	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				/
#659 Room and Board		\$203.60	\$202.05 \tag{1}	01/01/2012
		1		
Basis:	Rate Type :			
	Zames Zape .			
Budget	X Prospectiv			·
Unaudited costs Desk audited costs		rospective ctive Adjusted for New Costs		
Field audited costs	Prospec	tive Adjusted for No	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate	Total Inte	rim		
X Average Nursing Home Rate	Settlemen	t based on costs		
				-
	W. Ry	dell Samuel, Adı	ministrator	K
		id Cost Reimbursem		
Distribution:	·			
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Hospice of Emerald Coast		Provider Number:		 150009100
		Date:		01/09/2012
PO Box 2127 Dothan, AL 36302		Fiscal Y	ear End: t Status:	N/A
		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers	8			,
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$182.86	\$186.51 ^V	01/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File	p-p-4	ydell Samuel, Ad aid Cost Reimbursen		R



Provider I Fiscal Y Audi	Date: ear End:	150013900 01/09/2012
	ear End:	
Audi		N/A
	t Status:	N/A
Current Rate	New Rate	Effective Date
		/
\$201.16	\$201.56	01/01/2012
ective tal Prospective espective Adjusted for N	ew Costs	72/
	e: ective tal Prospective ospective Adjusted for N Interim ement based on costs Rydell Samuel, Ad	e: ective tal Prospective ospective Adjusted for New Costs Interim



*	Medicaid Reimburs	sement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Good Shepherd	Good Shepherd Hospice, Inc			Provider Number: Date:		
115 South Misso	ouri Ave	,	Fiscal Y	ear End:	01/09/2012 N/A	
Lakeland, FL			Audi	it Status:	N/A	
Provider Type	:		Current Rate	New Rate	Effective Date	
Rural Hea	ılth Clinic					
Swing-Bed	d Provider					
Federally	Qualified Health Center	rs				
X Hospice P	rovider					
#651 Ro	outine Home Care					
#652 Co	ontinuous Home Care					
#655 In	patient Respite Care					
#656 Ge	eneral Inpatient Care			• • • • • • • • • • • • • • • • • • • •		
#659 Ro	oom and Board		\$185.10	\$188.07	01/01/2012	
Desk a Field a Medica Payme	t ited costs udited costs udited costs are - Prospective nt System Rate e Nursing Home Rate	Interim Total Inte	rospective ctive Adjusted for N		R.	
Distribution: Fiscal Agent Contract Manag Permanent File Program Develo	gement		aid Cost Reimburser		 	
For inform	nation Only (No Change in rat	te)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.	iont I of Dieni Rates	Provider 1		150022800	
		TO' 1 T.	Date:	01/09/2012	
3010 W. Azeele Street		Fiscal Y	ear End: t Status:	N/A	
Tampa, FL 33609		Audi	i Siaius.	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		\$187.51	\$188.70 [~]	01/01/2012	
Basis:	Rate Type:				
D.1.					
Budget Unaudited costs	X Prospectiv	e rospective			
Desk audited costs		pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
Payment System Rate X Average Nursing Home Rate	Total Inte				
A Average Nuising Home Nate	Settlemen	at based on costs			
				R/	
		dell Samuel, Ad		<u> </u>	
	Medica	id Cost Reimburser	nent Analysis	•	
Distribution:					
Fiscal Agent Contract Management					
Permanent File					
Program Development:			•		
For information Only (No Change in rate)					