



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

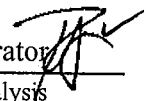
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 000141800
 Date: 01/09/2012
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$182.71	\$184.21	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:
 Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

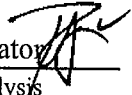
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 000532400
 Date: 01/09/2012
 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			
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 ✓	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

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

Provider Number: 000602600
 Date: 01/09/2012
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$192.08	\$192.65 ✓	01/01/2012

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

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

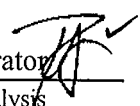
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 001572800
 Date: 01/09/2012
 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			
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

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

Regency Hospice of NW Florida, Inc.

Provider Number: 001636100

Date: 01/09/2012

4900 Bayou Blvd., Ste 101

Fiscal Year End: N/A

Pensacola, FL 32503

Audit Status: N/A

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

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

Seasons Hospice and Palliative Care of Southern FL

Provider Number: 002782200

Date: 01/09/2012

5200 Northeast 2nd Avenue

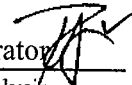
Fiscal Year End: N/A

Miami, FL 32405

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$207.54	\$207.59 ^v	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

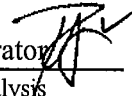
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 003694700
 Date: 01/09/2012
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$191.84	\$191.00	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



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 of I.R.C.

Provider Number: 087000500

Date: 01/09/2012

1111 36th Street

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			
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

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

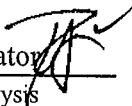
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 087246600
 Date: 01/09/2012
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$199.17	\$200.75	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



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

St. Francis Hospice

Provider Number: 087255500

Date: 01/09/2012

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			
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

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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 of the Comforter

Provider Number: 087256300

Date: 01/09/2012

480 West Central Pkwy

Fiscal Year End: N/A

Altamonte Springs, FL 32714

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
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 ^{1/2}	01/01/2012

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

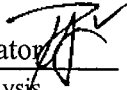
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast
 4266 Sunbeam Road
 Jacksonville, FL 32257

Provider Number: 087407800
 Date: 01/09/2012
 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			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$187.00	\$187.52 ^v	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



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: 01/09/2012
 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			
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

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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 of Martin & St. Lucie

Provider Number: 087514700

Date: 01/09/2012

1201 SE Indian Street

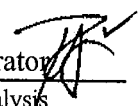
Fiscal Year End: N/A

Stuart, FL 34997

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$196.19	\$194.98 ²	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

Hernando-Pasco Hospice, Inc.

Provider Number: 087515500

Date: 01/09/2012

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			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$189.79	\$187.64	01/01/2012

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

Provider Number: 087516300
 Date: 01/09/2012
 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			
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

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

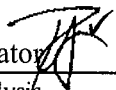
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 087517100
 Date: 01/09/2012
 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			
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 ¹	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



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

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

Provider Number: 087519800
 Date: 01/09/2012
 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			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$183.99	\$185.40 ^v	01/01/2012

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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 of Marion County

Provider Number: 087520100

Date: 01/09/2012

P.O. Box 4860

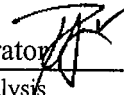
Fiscal Year End: N/A

Ocala, FL 34478

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$191.78	\$196.52 ^v	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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 of Health First
 1900 Dairy Road
 West Melbourne, FL 32904

Provider Number: 087522800
 Date: 01/09/2012
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$194.64	\$192.61	01/01/2012

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



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 of Volusia

Provider Number: 087523600

Date: 01/09/2012

3800 Woodbriar Trail

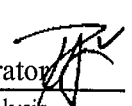
Fiscal Year End: N/A

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			
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 ✓	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

Big Bend Hospice

Provider Number: 087524400

1723 Mahan Center Blvd.

Date: 01/09/2012

Tallahassee, FL 32308

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			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$190.66	\$189.86 ✓	01/01/2012

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

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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 of the Florida Keys, Inc.

Provider Number: 087525200

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			
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

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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 of Lake and Sumter

 12300 Lane Park Road
 Tavares, FL 32778

Provider Number: 087526100
 Date: 01/09/2012
 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			
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

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

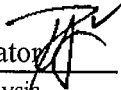
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 087527900
 Date: 01/09/2012
 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			
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 [✓]	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



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 of the Treasure Coast

Provider Number: 087528700

1201 SE Indian St

Date: 01/09/2012

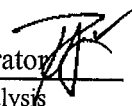
Stuart, FL 34997

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$191.25	\$193.34 ^v	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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 by the Sea

1531 W. Palmetto Park Road
 Boca Raton, FL 33486

Provider Number: 087529500
 Date: 01/09/2012
 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			
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

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

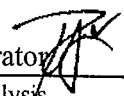
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 087532500
 Date: 01/09/2012
 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			
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	\$193.98 ^v	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

Hope Hospice & Palliative Care

Provider Number: 087535000

Date: 01/09/2012

9470 Health Park Circle

Fiscal Year End: N/A

Ft. Myers, FL 33908

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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$195.00	\$195.40	01/01/2012

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

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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 of Citrus County

Provider Number: 087536800

Date: 01/09/2012

PO Box 641270

Fiscal Year End: N/A

Beverly Hills, FL 34464

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	\$181.25	\$184.13 ^v	01/01/2012

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

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

Avow Hospice
 1095 Whippoorwill Lane
 Naples, FL 34105

Provider Number: 087537600
 Date: 01/09/2012
 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			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$197.18	\$198.35 ^v	01/01/2012

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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 of Okeechobee
 411 SE 4th Street
 Okeechobee, FL 34974

Provider Number: 087538400
 Date: 01/09/2012
 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			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board County : Okeechobee	\$216.35	\$217.07	01/01/2012

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

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

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

Provider Number: 087569400
 Date: 01/09/2012
 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			
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

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

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

Gulfside Regional Hospice

Provider Number: 087570800

Date: 01/09/2012

6111 Trouble Creek Rd

Fiscal Year End: N/A

New Port Richey, FL 34653

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	\$189.30	\$191.00	01/01/2012

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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 of Gold Coast

Provider Number: 150000700

Date: 01/09/2012

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			
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

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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 South Fl.

Provider Number: 150001500

Date: 01/09/2012

7270 N.W. 12th St., PH#6

Fiscal Year End: N/A

Miami, FL 33126

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$180.80	\$185.70	01/01/2012

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

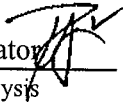
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Hospital Hospice Care
 770 W. Granada Blvd Suite 319
 Ormond Beach , FL 32174

Provider Number: 150003100
 Date: 01/09/2012
 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			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$203.60	\$202.05 ✓	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



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 of Emerald Coast

Provider Number: 150009100

Date: 01/09/2012

PO Box 2127

Fiscal Year End: N/A

Dothan, AL 36302

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	\$182.86	\$186.51 ^v	01/01/2012

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

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

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

Provider Number: 150013900
 Date: 01/09/2012
 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			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$201.16	\$201.56	01/01/2012

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

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

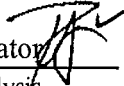
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 150021000
 Date: 01/09/2012
 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			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$185.10	\$188.07	01/01/2012

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



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

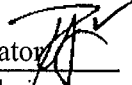
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 150022800
 Date: 01/09/2012
 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			
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

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

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)