

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.	Provider Number:	000141800
Heartland Home Health Care and Hospice	Date:	07/08/2011
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	\$189.94	\$182.71	07/01/2011

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Samaritan Care Hospice of Osceola, LLC	Provider Number:	000532400
Samaritan Care Hospice	Date:	07/08/2011
1300 North Semoran Blvd., Ste 210	Fiscal Year End:	N/A
Orlando, FL 32807	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			·
X Hospice Provider			
#651 Routine Home Care		-	
#652 Continuous Home Care			٠.
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$200.11	\$191.81	07/01/2011

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

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

Vitas Healthcare Corp of Central Florida	Provider Number:	000602600
Attn: Angela Santana	Date:	07/08/2011
100 S. Biscayne Blvd Suite 1400	Fiscal Year End:	N/A
Miami, FL 33131	Audit Status:	N/A
·		

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care		į	
#656 General Inpatient Care		1	
#659 Room and Board	\$199.26	\$192.08	07/01/2011

Basis:	Rate Type :
Budget Unaudited costs	X Prospective Total Prospective
Desk audited costs Field audited costs	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

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Medicaid Reimbursemo	nt Per Diem Rates	for Non-Instituti	onal Provide	<u>rs</u>
Odyssey Health Care Miami-Dade		Provider Number: Date:		001572800 07/08/2011
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		\$199.22	\$193.68	07/01/2011
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	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		



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Regency Hospice of NW Florida, Inc.		Provider I	Number: Date:	001636100 07/08/2011
4900 Bayou Blvd., Ste 101			ear End:	N/A
Pensacola, FL 32503		Audit Status: N/A		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		\$188.44	\$177.94	97/01/2011
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inte	rospective stive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		dell Samuel, Ad id Cost Reimbursen		<u>R</u>
For information Only (No Change in rate)				



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Medicaid Reimbursement P	er Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Seasons Hospice and Palliative Care of Southern FL		Provider Number: Date:		002782200 07/12/2011	
5200 Northeast 2nd Avenue		Fiscal Y		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		\$216.52	\$207.54	07/01/2011	
Basis:	Rate Type :				
Budget X	Prospectiv	e			
Unaudited costs		Prospective			
Desk audited costs	Prospec	ctive Adjusted for New Costs			
Field audited costs Medicare - Prospective	Interim				
Payment System Rate	Total Inte	rim			
X Average Nursing Home Rate		t based on costs			
<u>Distribution:</u> Fiscal Agent		dell Samuel, Ad id Cost Reimbursen		R/	
Contract Management Permanent File					
Program Development:					
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Hospice of I.R.C.	Provider Number: Date:		087000500		
1111 36th Street		Fiscal Y		07/08/2011 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		\$198.24	\$188.11	07/01/2011	
Basis:	Rate Type :				
Budget	X Prospectiv	re			
Unaudited costs		rospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs Medicare - Prospective	Interim				
Payment System Rate	Total Inte	erim			
X Average Nursing Home Rate	Settlemen	nt based on costs			
		dell Samuel, Ad		R	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corporation - Dade County Attn: Angela Santana 100 S. Biscayne Blvd Suite 1400 Miami, FL 33131		Provider N	Number: Date:	087246600 07/08/2011 N/A 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		\$205.86	\$199.17	07/01/2011
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospe 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

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Medicaid Reimbursement Per Diem Rates	for Non-Instituti	onal Provide	<u>rs</u>
St. Francis Hospice	Provider 1	Number: Date:	087255500 07/08/2011
1250-B Grumman Place	Fiscal Y		N/A
Titusville, FL 32780	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	\$195.14	\$188.53	07/01/2011
Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Total Interpretations Total Interpretations Total Interpretations Total Interpretations	Prospective ctive Adjusted for N	ew Costs	
	/dell Samuel, Ad nid Cost Reimbursen		<u>R</u>



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Hospice of the Comforter	Provider Number: Date: Fiscal Year End: Audit Status:		087256300 07/08/2011		
480 West Central Pkwy Altamonte Springs, FL 32714			N/A 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		\$199.57	\$191.18	07/01/2011	
Basis:	Rate Type :				
Budget	X Prospectiv	re			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ospective Adjusted for New Costs			
Field audited costs	T. 4 . 1				
Medicare - Prospective Payment System Rate	Interim Total Inte	rim			
X Average Nursing Home Rate		nt based on costs			
		dell Samuel, Ad		R	
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Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	r <u>s</u>	
Community Hospice of Northeast		Provider 1		087407800	
4266 Sunbeam Road		Fiscal Y	Date:	0 7 /08/2011 N/A	
Jacksonville, FL 32257			t Status:	N/A	
·		T			
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		\$193.77	\$187.00	07/01/2011	
Basis:	Rate Type:				
Budget	X Prospectiv	'e			
Unaudited costs		rospective			
Desk audited costs	Prospec	pective Adjusted for New Costs			
Field audited costs Medicare - Prospective	Interim				
Payment System Rate	Total Inte	rim			
X Average Nursing Home Rate	Settlemer	nt based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		R/	
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Hospice Care of S.E. Florida		Provider N	Number: Date:	087473600 07/08/2011
309 S.E. 18th Street		Fiscal Y		N/A
Ft. Lauderdale, FL 33316		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		\$201.19	\$193.77	07/01/2011
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate X Average Nursing Home Rate	Total Inte			
A Average rousing from chare	Settlemei	t based on costs		
		dell Samuel, Ad		R
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Hospice of Martin & St. Lucie 1201 SE Indian Street		Provider N Fiscal Y	Date:	087514700 07/08/2011 N/A
Stuart, FL 34997		Audi	t Status:	N/A
Provider Type:	· · · · · · · · · · · · · · · · · · ·	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				; :
Federally Qualified Health Centers			.1	
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$200.50	\$196.19	07/01/2011
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inte	rospective stive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		<u>R</u>
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Hernando-Pasco Hospice, Inc.		Provider 1	087515500		
12107 Majestic Blvd.		Fiscal Y	07/08/2011 N/A		
Hudson, FL 34667		Audi	it Status:	N/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		\$197.15	\$189.79	07/01/2011	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospective Interim Total Interim	rospective ctive Adjusted for N	lew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		P.	
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Hospice of Palm Beach County		Provider l	Number: Date:	087516300 07/08/2011
5300 East Avenue		Fiscal Y		N/A
West Palm Beach, FL 33407		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		\$209.11	\$201.45	07/01/2011
	•			
Basis:	Rate Type	:	•	
Budget	X Prospec	tive		
Unaudited costs		l Prospective		
Desk audited costs Field audited costs	Pros	pective Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate	Total I	nterim		
X Average Nursing Home Rate	Settlen	nent based on costs		
		Rydell Samuel, Ad icaid Cost Reimbursen		
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Covenant Hospice, Inc	Provider 1	087517100 07/08/2011		
5041 N. 12th		Fiscal Y	N/A	
Pensacola, FL 32504		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers			·	
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			:	·
#656 General Inpatient Care				:
#659 Room and Board		\$192.55	\$187.39	07/01/2011
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Interim Total Inter	ospective tive Adjusted for N	ew Costs	7 ./
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Wuesthoff Health Services, Inc.	Provider Number: 087518000 Date: 07/08/2011			
8060 Spyglass Hill Rd		Fiscal Y	N/A	
Melbourne, FL 32940		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		\$202.13	\$191.84	07/01/2011
Basis:	Rate Type:			
Budget	X Prospectiv	re e		
Unaudited costs	Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs	T . A t			
Medicare - Prospective Payment System Rate	Interim Total Inte	rim		
X Average Nursing Home Rate		nt based on costs		
		dell Samuel, Ad		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
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North Central Florida Hospice Attn: Revenue Accounting Manager 4200 NW 90th Blvd		Provider I Fiscal Y	Number: Date:	087519800 07/08/2011 N/A N/A
Gainesville, FL 32606				Ţ· ·····
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				٠.
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$191.61	\$183.99	07/01/2011
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectivePayment System RateXAverage Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
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Hospice of Marion County	Provider !	087520100		
P.O. Box 4860		Fiscal Y	Date: ear End:	07/08/2011 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		\$199.45	\$191.78	07/01/2011
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectivePayment System RateXAverage Nursing Home Rate	Prospection Prospe	rospective tive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		dell Samuel, Ad id Cost Reimbursen		



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Tallahassee, Florida 32308

Hospice of Health First		Provider 1	Number: Date:	087522800
1900 Dairy Road		Fiscal Y		07/08/2011 N/A
West Melbourne, FL 32904		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			i	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			,	
#656 General Inpatient Care			, , , , , , , , , , , , , , , , , , ,	
#659 Room and Board		\$201.49	\$194.64	07/01/2011
Basis:	Rate Type:			
Budget	X Prospectiv	'e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate	Total Inte	rim		
X Average Nursing Home Rate	Settlemer	it based on costs		
		dell Samuel, Ad		
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				087523600
3800 Woodbriar Trail Port Orange, FL 32129 Fiscal Year End: Audit Status:				07/08/2011 N/A 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		\$195.48	\$188.23	07/01/2011
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 Reimbursen		
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Big Bend Hospice	Provider l	Date:	087524400 07/08/2011
1723 Mahan Center Blvd.	Fiscal Y		N/A
Tallahassee, FL 32308	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	\$199.64	\$190.66	07/01/2011
Basis: Rate Type	:		
Budget X Prospe	ctive		
Unaudited costs Tota	al Prospective		
	spective Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective Interim			
Payment System Rate Total	Interim		
X Average Nursing Home Rate Settler	nent based on costs		
	Rydell Samuel, Adlicaid Cost Reimbursen		
Distribution:			
Fiscal Agent Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in rate)			



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Hospice of the Florida Keys, Inc.		Provider 1		087525200
1319 William Street		Fiscal Y	Date: ear End:	07/08/2011 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	\$186.27	07/01/2011
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospe	tive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate	Total Inte	rim		
X Average Nursing Home Rate	Settlemer	t based on costs		
		dell Samuel, Ad		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
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Hospice of Lake and Sumter		Provider Number: Date:		087526100 07/08/2011	
12300 Lane Park Road		Fiscal Y		N/A	
Tavares, FL 32778		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		\$200.24	\$192.46	07/01/2011	
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, Ad id Cost Reimbursen		R	



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Tidewell Hospice & Palliative Care		Provider Number: Date:		087527900 07/08/2011	
5955 Rand Blvd		Fiscal Ye		N/A	
Sarasota, FL 34238		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		\$207.06	\$199.19	07/01/2011	
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: For information Only (No Change in rate)		dell Samuel, Ad id Cost Reimbursen			



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Hospice of the Treasure Coast	Provider 1	087528700 07/08/2011 N/A		
1201 CF In How C4	Fiscal Y			
1201 SE Indian St		Audi	N/A	
Stuart, FL 34997				
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		\$199.05	\$191.25	07/01/2011
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Interim Total Inte	rospective etive Adjusted for N rim at based on costs		7 Z/
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		dell Samuel, Ad id Cost Reimburser		



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Hospice by the Sea Provider Number: 087529500			
Fiscal Ye		07/08/2011 N/A	
Audit	t Status:	N/A	
urrent Rate	New Rate	Effective Date	
\$207.98	\$200.56	07/01/2011	
pective e Adjusted for No ased on costs	Jew Costs		
ll Samuel, Ad Cost Reimbursem		<u>F</u>	



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Hospice of the Florida Suncoast	Provider 1	087532500			
5771 Rosevelt Blvd		Fiscal Y	Date: ear End:	07/08/2011 N/A	
Clearwater, FL 33760		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic	· .	Current Rate	Tiew Rate	Enecuve 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		\$203.03	\$194.71	07/01/2011	
Basis:	Rate Type:				
Budget	X Prospectiv	42			
Unaudited costs		rospective			
Desk audited costs		Prospective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
Payment System Rate X Average Nursing Home Rate	Total Inte				
	Settlemen	nt based on costs			
	W D	dell Samuel, Ad	ministrator	R /	
		id Cost Reimbursen		 	
			, ,		
Distribution:					
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
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Hope Hospice & Palliative Care	Provider Number:		087535000		
9470 Health Park Circle		Fiscal Y	Date: ear End:	07/08/2011 N/A	
Ft. Myers, FL 33908		Audi	N/A		
		Current Rate	New Rate	Effective Date	
Provider Type:		Current Nate	New Rate	Elective 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		\$203.62	\$195.00	07/01/2011	
Basis:	Rate Type:				
Budget	X Prospectiv	re			
Unaudited costs		rospective			
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs		
Field audited costs	•				
Medicare - Prospective Payment System Rate	Interim Total Inte	nterim			
X Average Nursing Home Rate		it based on costs			
	<u></u>	dell Samuel, Ad		R'	
Distributions					
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Hospice of Citrus County		Provider 1	Number: Date:	087536800 07/08/2011
PO Box 641270		Fiscal Y		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		\$188.30	\$181.25	07/01/2011
Basis:	Rate Type:			•
Budget	X Prospectiv	re		
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		
		dell Samuel, Ad		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



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Avow Hospice		Provider Number: Date:		087537600 07/08/2011
1095 Whippoorwill Lane Naples, FL 34105		Fiscal Year End: Audit Status:		N/A 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		\$206.01	\$197.18	07/01/2011
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	R.
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		dell Samuel, Ad id Cost Reimbursen		<u>, </u>



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Hospice of Okeechobee		Provider l	Number: Date:	087538400
411 SE 4th Street		Fiscal Y		07/08/2011 N/A
Okeechobee, FL 34974			t Status:	N/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				: .
	y : Okeechobee	\$215.87	\$216.35	07/01/2011
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prosj Interim Total Is	tive Prospective Dective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		Rydell Samuel, Adcaid Cost Reimburser		<u>F'</u>
For information Only (No Change in rate	e)			



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Catholic Hospice	Provider Number: Date:		087569400 07/08/2011 N/A	
14875 NW 77th Ave Miami Lakes, FL 33014 Provider Type:		Fiscal Y		
		Audi	N/A	
		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		\$212.45	\$205.55	07/01/2011
Basis:	Rate Type:			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospective Interim Total Interim	rospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	<u></u>	dell Samuel, Adid Cost Reimburser		
For information Only (No Change in rate)				



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Gulfside Regional Hospice 6111 Trouble Creek Rd New Port Richey, FL 34653		Provider Number: Date: Fiscal Year End: Audit Status:		087570800 07/08/2011 N/A N/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			1						
#659 Room and Board		\$196.42	\$189.30	07/01/2011					
Basis:	Rate Type :								
Budget	X Prospectiv	7 <u>0</u>							
Unaudited costs		rospective		•					
Desk audited costs	Prospe	Prospective Adjusted for New Costs							
Field audited costs									
Medicare - Prospective	Interim								
Payment System Rate X Average Nursing Home Rate	W. R	nt based on costs /dell Samuel, Ac		R'					
	Medic	uid Cost Reimburser	nem Amanysıps						
Distribution: Fiscal Agent Contract Management Permanent File Program Development:									
For information Only (No Change in rat	e)								



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	150000700 07/08/2011 N/A		
ear End:			
Audit Status: N/A			
New Rate	Effective Date		
\$192.82	07/01/2011		
Prospective			
pective Adjusted for New Costs			
nterim			
lministrator nent Analysis	<u> </u>		



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Hospice Care of South Fl.		Provider Number: Date:		150001500 07/08/2011	
7270 N.W. 12th St., PH#6		Fiscal Y	ear End: it Status:	N/A N/A	
Miami, FL 33126		Audi	IN/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			,	y	
#652 Continuous Home Care					
#655 Inpatient Respite Care			· ·		
#656 General Inpatient Care					
#659 Room and Board		\$187.49	\$180.80	07/01/2011	
Basis:	Rate Type :				
Budget	X Prospecti	ve			
Unaudited costs		l Prospective			
Desk audited costs	Prospe	ective Adjusted for N	New Costs		
Field audited costs Medicare - Prospective	Interim				
Payment System Rate	Total Int	erim			
X Average Nursing Home Rate	Settleme	nt based on costs		-	
		1.11.0		W.	
		ydell Samuel, A		4—	
	Medic	aid Cost (Cilliouise	ment rumiy 545		
Distribution:					
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rat	te)				



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Florida Hospital Hospice Care		Provider Number: Date:		150003100 07/08/2011
770 W. Granada Blvd Suite 319 Ormond Beach, FL 32174		Fiscal Year End: Audit Status:		N/A N/A
Provider Type:	•	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			18, 12	
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		\$210.94	\$203.60	07/01/2011
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospe Interim Total Int	Prospective ctive Adjusted for N	Jew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Medic	ydell Samuel, Ad aid Cost Reimburser		
For information Only (No Change in rate))			



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Hospice of Emerald Coast		Fiscal Y	07/08/2011 N/A	
PO Box 2127			t Status:	N/A
Dothan, AL 36302		· · · · · · · · · · · · · · · · · · ·		
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			, v	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$193.80	\$182.86	07/01/2011
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospe Interim Total Int	Prospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		ydell Samuel, Ac aid Cost Reimburser		



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Vitas Healthcare Corp of Florida - Congres	ss Ave	Provider Number:		150013900 07/08/2011	
Attn: Angela Santana		Fiscal Y	Date: ear End:	07/08/2011 N/A	
100 S. Biscayne Blvd Suite 1400 Miami, FL 33131 Provider Type:			t Status:	N/A	
		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			\$201.16		
#659 Room and Board		\$207.94		07/01/2011	
Basis:	Rate Type:		t. e		
Budget	X Prospectiv	ve			
Unaudited costs		l Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs Medicare - Prospective	Interim				
Payment System Rate	Total Int	erim			
X Average Nursing Home Rate	Settleme	nt based on costs			
		ydell Samuel, Ad aid Cost Reimburser		R	
Distribution: Fiscal Agent Contract Management Permanent File					
Program Development:					
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Good Shepherd Hospice, Inc 115 South Missouri Ave Lakeland, FL 33815		Provider Number: Date: Fiscal Year End: Audit Status:		150021000 07/08/2011 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic			<u> </u>		
Swing-Bed Provider		1			
Federally Qualified Health Centers	<u> </u>				
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		\$192.15	\$185.10	07/01/2011	
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	ProspeInterimTotal Int	Prospective ctive Adjusted for N	Jew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser			
For information Only (No Change in rate	e)				



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LifePath Hospice, Inc.	Provider Number: Date:		150022800 07/08/2011 N/A N/A	
3010 W. Azeele Street Tampa, FL 33609 Fiscal Ye Audit				
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		\$194.51	\$187.51	07/01/2011
Basis:	Rate Type:		•	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad		
For information Only (No Change in rate)	,			