



Florida Agency for Health Care Administration  
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

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

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

Provider Number: 000141800  
 Date: 09/18/2012  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$142.88	\$144.40	10/01/2012
#652 Continuous Home Care	34.71	35.08	10/01/2012
#655 Inpatient Respite Care	\$157.28	\$159.15	10/01/2012
#656 General Inpatient Care	\$637.26	\$644.31	10/01/2012
#658 Room and Board			

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent  
 Contract Management  
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 Program Development:

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

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

Provider Number: 000532400  
 Date: 09/18/2012  
 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	\$145.88	\$147.06	10/01/2012
#652 Continuous Home Care	35.44	35.73	10/01/2012
#655 Inpatient Respite Care	\$159.86	\$161.43	10/01/2012
#656 General Inpatient Care	\$649.69	\$655.33	10/01/2012
#658 Room and Board			

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

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

Provider Number: 000602600  
 Date: 09/18/2012  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$146.40	\$146.13	10/01/2012
#652 Continuous Home Care	35.57	35.50	10/01/2012
#655 Inpatient Respite Care	\$160.30	\$160.63	10/01/2012
#656 General Inpatient Care	\$651.84	\$651.48	10/01/2012
#658 Room and Board			

**Basis:**

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

**Rate Type :**

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

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

Odyssey Health Care Miami-Dade  
 6161 Blue Lagoon Dr Suite 170  
 Miami, FL 33126

Provider Number: 001572800  
 Date: 09/18/2012  
 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	\$156.26	\$157.44	10/01/2012
#652 Continuous Home Care	37.96	38.25	10/01/2012
#655 Inpatient Respite Care	\$168.75	\$170.32	10/01/2012
#656 General Inpatient Care	\$692.65	\$698.28	10/01/2012
#658 Room and Board			

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

Regency Hospice of NW Florida, Inc.

Provider Number: 001636100

Date: 09/18/2012

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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$136.10	\$134.97	10/01/2012
#652 Continuous Home Care	33.07	32.79	10/01/2012
#655 Inpatient Respite Care	\$151.48	\$151.07	10/01/2012
#656 General Inpatient Care	\$609.23	\$605.30	10/01/2012
#658 Room and Board			

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

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

Provider Number: 002782200  
 Date: 09/18/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$156.26	\$157.44	10/01/2012
#652 Continuous Home Care	37.96	38.25	10/01/2012
#655 Inpatient Respite Care	\$168.75	\$170.32	10/01/2012
#656 General Inpatient Care	\$692.65	\$698.28	10/01/2012
#658 Room and Board			

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

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

Provider Number: 003694700  
 Date: 09/18/2012  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$146.40	\$146.13	10/01/2012
#652 Continuous Home Care	35.57	35.50	10/01/2012
#655 Inpatient Respite Care	\$160.30	\$160.63	10/01/2012
#656 General Inpatient Care	\$651.84	\$651.48	10/01/2012
#658 Room and Board			

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

HCR Manor Care of Florida III, Inc.  
 Heartland Hospice Services - Plantation  
 150 S. Pine Island Road, Suite 200  
 Plantation, FL 33324

Provider Number: 003815300  
 Date: 09/18/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$156.60	\$158.25	10/01/2012
#652 Continuous Home Care	38.05	38.45	10/01/2012
#655 Inpatient Respite Care	\$169.04	\$171.01	10/01/2012
#656 General Inpatient Care	\$694.07	\$701.64	10/01/2012
#658 Room and Board			

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

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

HCR Manor Care Services of FL II, Inc.  
 Heartland Hospice Services (Homestead)  
 381 N. Krome Ave, Suite 207  
 Homestead, FL 33030

Provider Number: 004244800  
 Date: 09/18/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$156.26	\$157.44	10/01/2012
#652 Continuous Home Care	37.96	38.25	10/01/2012
#655 Inpatient Respite Care	\$168.75	\$170.32	10/01/2012
#656 General Inpatient Care	\$692.65	\$698.28	10/01/2012
#658 Room and Board			

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

Compassionate Care Hospice of Miami Dade, Inc.  
 Compassionate Care Hospice  
 2393 EF Griffin Road  
 Bartow, FL 33830

Provider Number: 004579400  
 Date: 09/18/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$138.18	\$139.51	10/01/2012
#652 Continuous Home Care	33.57	33.90	10/01/2012
#655 Inpatient Respite Care	\$153.26	\$154.96	10/01/2012
#656 General Inpatient Care	\$617.83	\$624.09	10/01/2012
#658 Room and Board			

**Basis:**

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

**Rate Type :**

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

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

Hospice of I.R.C.  
 1110 35th St  
 Vero Beach, FL 32960

Provider Number: 087000500  
 Date: 09/18/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$145.17	\$146.03	10/01/2012
#652 Continuous Home Care	35.27	35.48	10/01/2012
#655 Inpatient Respite Care	\$159.25	\$160.54	10/01/2012
#656 General Inpatient Care	\$646.77	\$651.04	10/01/2012
#658 Room and Board			

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

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

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

Provider Number: 087246600  
 Date: 09/18/2012  
 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	\$156.26	\$157.44	10/01/2012
#652 Continuous Home Care	37.96	38.25	10/01/2012
#655 Inpatient Respite Care	\$168.75	\$170.32	10/01/2012
#656 General Inpatient Care	\$692.65	\$698.28	10/01/2012
#658 Room and Board			

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

St. Francis Hospice

Provider Number: 087255500

Date: 09/18/2012

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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$146.40	\$146.13	10/01/2012
#652 Continuous Home Care	35.57	35.50	10/01/2012
#655 Inpatient Respite Care	\$160.30	\$160.63	10/01/2012
#656 General Inpatient Care	\$651.84	\$651.48	10/01/2012
#658 Room and Board			

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

Hospice of the Comforter

Provider Number: 087256300

Date: 09/18/2012

480 West Central Pkwy

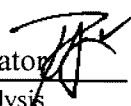
Fiscal Year End: N/A

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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$145.88	\$147.06	10/01/2012
#652 Continuous Home Care	35.44	35.73	10/01/2012
#655 Inpatient Respite Care	\$159.86	\$161.43	10/01/2012
#656 General Inpatient Care	\$649.69	\$655.33	10/01/2012
#658 Room and Board			

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

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

Community Hospice of Northeast  
 4266 Sunbeam Road  
 Jacksonville, FL 32257

Provider Number: 087407800  
 Date: 09/18/2012  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$142.88	\$144.40	10/01/2012
#652 Continuous Home Care	34.71	35.08	10/01/2012
#655 Inpatient Respite Care	\$157.28	\$159.15	10/01/2012
#656 General Inpatient Care	\$637.26	\$644.31	10/01/2012
#658 Room and Board			

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

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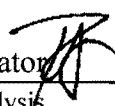
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Martin & St. Lucie  
  
 1201 SE Indian Street  
 Stuart, FL 34997

Provider Number: 087514700  
 Date: 09/18/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$162.66	\$154.18	10/01/2012
#652 Continuous Home Care	39.52	37.46	10/01/2012
#655 Inpatient Respite Care	\$174.23	\$167.52	10/01/2012
#656 General Inpatient Care	\$719.14	\$684.77	10/01/2012
#658 Room and Board			

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

W. Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

Hernando-Pasco Hospice, Inc.

Provider Number: 087515500

Date: 09/18/2012

12107 Majestic Blvd.

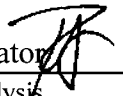
Fiscal Year End: N/A

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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$144.70	\$146.46	10/01/2012
#652 Continuous Home Care	35.16	35.58	10/01/2012
#655 Inpatient Respite Care	\$158.85	\$160.91	10/01/2012
#656 General Inpatient Care	\$644.83	\$652.84	10/01/2012
#658 Room and Board			

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

W. Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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

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

Provider Number: 087516300  
 Date: 09/18/2012  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$154.17	\$154.60	10/01/2012
#652 Continuous Home Care	37.46	37.56	10/01/2012
#655 Inpatient Respite Care	\$166.96	\$167.88	10/01/2012
#656 General Inpatient Care	\$684.01	\$686.52	10/01/2012
#658 Room and Board			

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

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

Provider Number: 087517100  
 Date: 09/18/2012  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$136.10	\$134.97	10/01/2012
#652 Continuous Home Care	33.07	32.79	10/01/2012
#655 Inpatient Respite Care	\$151.48	\$151.07	10/01/2012
#656 General Inpatient Care	\$609.23	\$605.30	10/01/2012
#658 Room and Board			

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

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

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

Provider Number: 087519800  
 Date: 09/18/2012  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$145.85	\$149.74	10/01/2012
#652 Continuous Home Care	35.43	36.38	10/01/2012
#655 Inpatient Respite Care	\$159.83	\$163.72	10/01/2012
#656 General Inpatient Care	\$649.56	\$666.42	10/01/2012
#658 Room and Board			

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Hospice of Marion County

Provider Number: 087520100

Date: 09/18/2012

PO Box 4860

Fiscal Year End: N/A

Ocala, FL 34478

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
<b>#651 Routine Home Care</b>	<b>\$138.41</b>	<b>\$139.70</b>	<b>10/01/2012</b>
<b>#652 Continuous Home Care</b>	<b>33.63</b>	<b>33.94</b>	<b>10/01/2012</b>
<b>#655 Inpatient Respite Care</b>	<b>\$153.46</b>	<b>\$155.12</b>	<b>10/01/2012</b>
<b>#656 General Inpatient Care</b>	<b>\$618.77</b>	<b>\$624.87</b>	<b>10/01/2012</b>
<b>#658 Room and Board</b>			

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

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

Hospice of Health First

1900 Dairy Road

West Melbourne, FL 32904

Provider Number: 087522800

Date: 09/18/2012

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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$146.40	\$146.13	10/01/2012
#652 Continuous Home Care	35.57	35.50	10/01/2012
#655 Inpatient Respite Care	\$160.30	\$160.63	10/01/2012
#656 General Inpatient Care	\$651.84	\$651.48	10/01/2012
#658 Room and Board			

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

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

Hospice of Volusia

Provider Number: 087523600

Date: 09/25/2012

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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$141.29	\$144.21	10/01/2012
#652 Continuous Home Care	34.33	35.04	10/01/2012
#655 Inpatient Respite Care	\$155.92	\$158.98	10/01/2012
#656 General Inpatient Care	\$630.69	\$643.53	10/01/2012
#658 Room and Board			

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Big Bend Hospice

1723 Mahan Center Blvd.  
 Tallahassee, FL 32308

Provider Number: 087524400

Date: 09/18/2012

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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$142.04	\$141.27	10/01/2012
#652 Continuous Home Care	34.51	34.32	10/01/2012
#655 Inpatient Respite Care	\$156.57	\$156.46	10/01/2012
#656 General Inpatient Care	\$633.82	\$631.34	10/01/2012
#658 Room and Board			

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

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

Hospice of the Florida Keys, Inc.  
 1319 William Street  
 Key West, FL 33040

Provider Number: 087525200  
 Date: 09/18/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$137.77	\$138.74	10/01/2012
#652 Continuous Home Care	33.47	33.71	10/01/2012
#655 Inpatient Respite Care	\$152.91	\$154.30	10/01/2012
#656 General Inpatient Care	\$616.15	\$620.90	10/01/2012
#658 Room and Board			

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

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

Hospice of Lake and Sumter  
  
 12300 Lane Park Road  
 Tavares, FL 32778

Provider Number: 087526100  
 Date: 09/18/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$145.88	\$147.06	10/01/2012
#652 Continuous Home Care	35.44	35.73	10/01/2012
#655 Inpatient Respite Care	\$159.86	\$161.43	10/01/2012
#656 General Inpatient Care	\$649.69	\$655.33	10/01/2012
#658 Room and Board			

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

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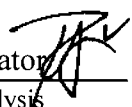
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

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

Provider Number: 087527900  
 Date: 09/18/2012  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$149.30	\$150.40	10/01/2012
#652 Continuous Home Care	36.27	36.54	10/01/2012
#655 Inpatient Respite Care	\$162.78	\$164.28	10/01/2012
#656 General Inpatient Care	\$663.84	\$669.13	10/01/2012
#658 Room and Board			

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

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

Hospice of the Treasure Coast

Provider Number: 087528700

Date: 09/18/2012

1201 SE Indian St

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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$162.66	\$154.18	10/01/2012
#652 Continuous Home Care	39.52	37.46	10/01/2012
#655 Inpatient Respite Care	\$174.23	\$167.52	10/01/2012
#656 General Inpatient Care	\$719.14	\$684.77	10/01/2012
#658 Room and Board			

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

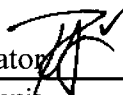
Hospice by the Sea

1531 W. Palmetto Park Road  
 Boca Raton, FL 33486

Provider Number: 087529500  
 Date: 09/18/2012  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$154.17	\$154.60	10/01/2012
#652 Continuous Home Care	37.46	37.56	10/01/2012
#655 Inpatient Respite Care	\$166.96	\$167.88	10/01/2012
#656 General Inpatient Care	\$684.01	\$686.52	10/01/2012
#658 Room and Board			

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

W. Rydell Samuel, Administrator   
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration  
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 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: 09/18/2012  
 Fiscal Year End: N/A  
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<b>Rural Health Clinic</b>			
<b>Swing-Bed Provider</b>			
<b>Federally Qualified Health Centers</b>			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$144.70	\$146.46	10/01/2012
#652 Continuous Home Care	35.16	35.58	10/01/2012
#655 Inpatient Respite Care	\$158.85	\$160.91	10/01/2012
#656 General Inpatient Care	\$644.83	\$652.84	10/01/2012
#658 Room and Board			

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

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

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

Provider Number: 087535000  
 Date: 09/18/2012  
 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	\$146.22	\$149.37	10/01/2012
#652 Continuous Home Care	35.53	36.29	10/01/2012
#655 Inpatient Respite Care	\$160.15	\$163.41	10/01/2012
#656 General Inpatient Care	\$651.11	\$664.89	10/01/2012
#658 Room and Board			

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

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

Hospice of Citrus County

Provider Number: 087536800

Date: 09/18/2012

4005 N. Lacanto Hwy

Fiscal Year End: N/A

Beverly Hills, FL 34465

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$137.77	\$138.74	10/01/2012
#652 Continuous Home Care	33.47	33.71	10/01/2012
#655 Inpatient Respite Care	\$152.91	\$154.30	10/01/2012
#656 General Inpatient Care	\$616.15	\$620.90	10/01/2012
#658 Room and Board			

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Avow Hospice

Provider Number: 087537600

Date: 09/18/2012

1095 Whippoorwill Lane

Fiscal Year End: N/A

Naples, FL 34105

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$151.64	\$153.70	10/01/2012
#652 Continuous Home Care	36.84	37.34	10/01/2012
#655 Inpatient Respite Care	\$164.79	\$167.12	10/01/2012
#656 General Inpatient Care	\$673.52	\$682.81	10/01/2012
#658 Room and Board			

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

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

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

Provider Number: 087538400  
 Date: 09/18/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$137.77	\$138.74	10/01/2012
#652 Continuous Home Care	33.47	33.71	10/01/2012
#655 Inpatient Respite Care	\$152.91	\$154.30	10/01/2012
#656 General Inpatient Care	\$616.15	\$620.90	10/01/2012
#658 Room and Board			

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

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

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

Provider Number: 087569400  
 Date: 09/18/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$156.26	\$157.44	10/01/2012
#652 Continuous Home Care	37.96	38.25	10/01/2012
#655 Inpatient Respite Care	\$168.75	\$170.32	10/01/2012
#656 General Inpatient Care	\$692.65	\$698.28	10/01/2012
#658 Room and Board			

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

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

Gulfside Regional Hospice

Provider Number: 087570800

Date: 09/18/2012

6111 Trouble Creek Rd

Fiscal Year End: N/A

New Port Richey, FL 35653

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$144.70	\$146.46	10/01/2012
#652 Continuous Home Care	35.16	35.58	10/01/2012
#655 Inpatient Respite Care	\$158.85	\$160.91	10/01/2012
#656 General Inpatient Care	\$644.83	\$652.84	10/01/2012
#658 Room and Board			

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

Hospice of Gold Coast

Provider Number: 150000700

Date: 09/18/2012

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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$156.60	\$158.25	10/01/2012
#652 Continuous Home Care	38.05	38.45	10/01/2012
#655 Inpatient Respite Care	\$169.04	\$171.01	10/01/2012
#656 General Inpatient Care	\$694.07	\$701.64	10/01/2012
#658 Room and Board			

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

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

Hospice Care of South Fl.  
 7270 N.W. 12th St., PH#6  
 Miami, FL 33126

Provider Number: 150001500  
 Date: 09/18/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$156.26	\$157.44	10/01/2012
#652 Continuous Home Care	37.96	38.25	10/01/2012
#655 Inpatient Respite Care	\$168.75	\$170.32	10/01/2012
#656 General Inpatient Care	\$692.65	\$698.28	10/01/2012
#658 Room and Board			

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

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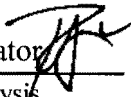
**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Florida Hospital Hospice Care  
 770 W. Granada Blvd Suite 304 Suite 319  
 Ormond Beach, FL 32174

Provider Number: 150003100  
 Date: 09/25/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$141.29	\$144.21	10/01/2012
#652 Continuous Home Care	34.33	35.04	10/01/2012
#655 Inpatient Respite Care	\$155.92	\$158.98	10/01/2012
#656 General Inpatient Care	\$630.69	\$643.53	10/01/2012
#658 Room and Board			

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

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 Tallahassee, Florida 32308

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

Hospice of Emerald Coast

Provider Number: 150009100

Date: 09/18/2012

2925 Martin Luther King Jr Blvd

Fiscal Year End: N/A

Panama City, FL 32405

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$132.88	\$139.04	10/01/2012
#652 Continuous Home Care	32.28	33.78	10/01/2012
#655 Inpatient Respite Care	\$148.72	\$154.55	10/01/2012
#656 General Inpatient Care	\$595.89	\$622.12	10/01/2012
#658 Room and Board			

**Basis:**

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

**Rate Type :**

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

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

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

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

Provider Number: 150013900  
 Date: 09/18/2012  
 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	\$154.17	\$154.60	10/01/2012
#652 Continuous Home Care	37.46	37.56	10/01/2012
#655 Inpatient Respite Care	\$166.96	\$167.88	10/01/2012
#656 General Inpatient Care	\$684.01	\$686.52	10/01/2012
#658 Room and Board			

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

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

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

Provider Number: 150021000  
 Date: 09/18/2012  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$138.18	\$139.51	10/01/2012
#652 Continuous Home Care	33.57	33.90	10/01/2012
#655 Inpatient Respite Care	\$153.26	\$154.96	10/01/2012
#656 General Inpatient Care	\$617.83	\$624.09	10/01/2012
#658 Room and Board			

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

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

Provider Number: 150022800  
 Date: 09/18/2012  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$144.70	\$146.46	10/01/2012
#652 Continuous Home Care	35.16	35.58	10/01/2012
#655 Inpatient Respite Care	\$158.85	\$160.91	10/01/2012
#656 General Inpatient Care	\$644.83	\$652.84	10/01/2012
#658 Room and Board			

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