

HCR Manor Care Services of Florida, Inc. 8130 Baymeadows Way W Suite Jacksonville, FL 32256		Provider I Fiscal Y Audi	Date:	000141800 01/07/2010 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				14.
#652 Continuous Home Care			· · · · · · · · · · · · · · · · · · ·	1
#655 Inpatient Respite Care	-			
#656 General Inpatient Care				
#659 Room and Board		\$187.35	\$186.42	01/01/2010
Basis: 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:		vdell Samuel, Ad nid Cost Reimburser		



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Samaritan Care Hospice of Osceola, LLC	Provider Number:	000532400
1300 North Semoran Blvd., Ste 210	Date:	01/07/2010
Orlando, FL 32807	Fiscal Year End:	N/A
	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$192.46	\$190.33	01/01/2010

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:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Central Florida		Provider 1		000602600
100 S. Biscayne Blvd Suite 1400 Miami, FL 33131		Fiscal Y Audi	Date: ear End: t Status:	01/07/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		Current Rate	new Kate	Effective Date
	TT 1		······································	
Swing-Bed Provider				
Federally Qualified Health Centers	4,			
X Hospice Provider				
#651 Routine Home Care			***************************************	
#652 Continuous Home Care	7.7.11			
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$192.42	\$193.12	01/01/2010
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 N rim at based on costs	ministrator	<u>R</u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		id Cost Reimbursen		



Odyssey Health Care Miami-DadeMiami 5755 Blue Lagoon Dr Suite 170 Miami, FL 33126		Provider I	Date: ear End:	001572800 01/07/2010 N/A
		Audı	t Status:	N/A
Provider Type:	Cui	rent 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		\$195.96	\$194.61	01/01/2010
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospective Total Prospe Prospective Interim Total Interim Settlement base	Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		Samuel, Ad st Reimbursen		



Regency Hospice of NW Florida, Inc. 4900 Bayou Blvd., Ste 101 Pensacola, FL 32503		Provider I Fiscal Y Audi	Date:	001636100 01/05/2010 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		\$189.00	\$190.82	01/01/2010
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective Prospe	Prospective ective Adjusted for N	ew Costs	



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C. 1111 36th Street Vero Beach, FL 32960	Provider I Fiscal Y Audi	Date:	087000500 01/07/2010 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			14
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	\$189.71	\$190.44	01/01/2010
	,		
Basis: Rate Type			
Desk audited costs Prosp Field audited costs Medicare - Prospective Interim Payment System Rate Total Ir	Prospective pective Adjusted for N	lew Costs	
	Rydell Samuel, Accaid Cost Reimburser		R.



Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corporation - Dade County	Provider Number:	087246600
100 S. Biscayne Blvd Suite 1400	Date:	01/07/2010
Miami, FL 33131	Fiscal Year End:	N/A
	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			·
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$203.30	\$201.63	01/01/2010

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:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Number:	087255500
Date:	01/07/2010
Fiscal Year End:	N/A
Audit Status:	N/A
	Date: Fiscal Year End:

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	\$187.84	\$184.39	01/01/2010

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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	Fiscal Y	Date: ear End:	087256300 01/07/2010 N/A N/A
Provider Type:		New Rate	Effective Date
S			
•			

		•	
			01/01/2010
	\$190.60	\$192.82	
Total P Prospect Interim Total Inte	Prospective ctive Adjusted for N erim	lew Costs	
			R
	Total F Prospe Interim Total Inte Settlement W. R	Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Settlement based on costs W. Rydell Samuel, Ac	Fiscal Year End: Audit Status: Current Rate New Rate



	Fiscal Y	Date: ear End:	087407800 01/07/2010 N/A N/A
	Current Rate	New Rate	Effective Date

	·		1
			et e la
	\$186.67	\$186.70	01/01/2010
Total I Prospe Interim Total Int	Prospective active Adjusted for N	Jew Costs	
	·		R
	X Prospecti Total I Prospecti Interim Total Int Settleme W. R	Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ac	Fiscal Year End: Audit Status: Current Rate New Rate \$186.67 \$186.70 Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Hospice Care of S.E. Florida 309 S.E. 18th Street Ft. Lauderdale, FL 33316		Provider I Fiscal Y Audi	Date:	087473600 01/07/2010 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				4.1
#652 Continuous Home Care				
#655 Inpatient Respite Care	-			
#656 General Inpatient Care				
#659 Room and Board	**************************************	\$186.71	\$194.49	01/01/2010
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectivePayment System RateX_Average Nursing Home Rate	Prospe Interim Total Inte	Prospective ctive Adjusted for N	lew Costs	
<u>Distribution:</u> Fiscal Agent		ydell Samuel, Ad aid Cost Reimburser		R



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Martin & St. Lucie	Provider Number:	087514700
1201 SE Indian Street	Date:	01/07/2010
Stuart, FL 34997	Fiscal Year End:	N/A
,	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$201.06	\$197.53	01/01/2010

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

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Fiscal Y Audi	t Status:	01/07/2010 N/A N/A
	Audi	t Status:	
	Current Rate		
	Current Rate	·	1
		New Rate	Effective Date
Swing-Bed Provider			
,			
•			
	\$185.59	\$187.41	01/01/2010
Rate Type :			,
X Prospectiv	<i>J</i> e		
Prospe	ctive Adjusted for N	lew Costs	
Intovino			
Settlement based on costs			
W. R	vdell Samuel. A <i>c</i>	lministrator	K
			
	X Prospective Total For Prospective Interiment Total Interiment Settlement W. Ry	Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ac	Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim

Fiscal Agent Contract Management Permanent File Program Development:



Hospice of Palm Beach County 5300 East Avenue West Palm Beach, FL 33407		Provider Pro	Date:	087516300 01/07/2010 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				
#659 Room and Board		\$201.89	\$203.06	01/01/2010
Basis: BudgetUnaudited costsDesk audited costs Field audited costs		•	lew Costs	
Medicare - Prospective Payment System Rate X Average Nursing Home Rate	InterimTotal IntSettleme	erim nt based on costs		



Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Covenant Hospice, Inc	Provider Number:	087517100
5041 N. 12th	Date:	01/07/2010
Pensacola, FL 32504	Fiscal Year End:	N/A
	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			·
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			•
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$184.17	\$186.42	01/01/2010

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wuesthoff Health Services, Inc.	Provider Number:	087518000
8060 Spyglass Hill Rd	Date:	01/07/2010
Melbourne, FL 32940	Fiscal Year End:	N/A
	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care		-	
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$193.49	\$194.74	01/01/2010

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

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087519800

01/07/2010

N/A

N/A

01/01/2010

\$189.13



Provider Type:

#659 Room and Board

X Hospice Provider

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Central Florida Hospice	Provider Number:
4200 NW 90th Blvd	Date:
Gainesville, FL 32606	Fiscal Year End:
	Audit Status:

vider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			

\$190.04

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Marion County	Provider Number:	087520100
P.O. Box 4860	Date:	01/07/2010
Ocala, FL 34478	Fiscal Year End:	N/A
	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		,	
Swing-Bed Provider			
Federally Qualified Health Centers	·		
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$185.25	\$194.37	01/01/2010

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Health First	Provider Number:	087522800
1900 Dairy Road	Date:	01/07/2010
West Melbourne, FL 32904	Fiscal Year End:	N/A
,	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$197.08	\$196.01	01/01/2010

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Volusia		
3800 Woodb	riar 🛚	Γrail
Port Orange,	FL	32129

Provider Number:

087523600

Date:

01/07/2010

Fiscal Year End:

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi N/A

Audit Status:

N/A

Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				`
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$190.30	\$188.44	01/01/2010
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs	Total I	rospective		
		ctive Adjusted for N	New Costs	
Field audited costs				
Medicare - Prospective	Interim			
Payment System Rate	Total Int	erim		
X Average Nursing Home Rate	Sattlema	nt based on costs		

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Fiscal Agent Contract Management Permanent File Program Development:



	Fiscal Y	Date: ear End:	087524400 01/07/2010 N/A N/A
	Current Rate	New Rate	Effective Date
			,
	\$192.51	\$197.11	01/01/2010
X Prospective Total For Prospective Total For Prospective Total Interiment Interiment Interiment Interiment Interiment Interiment Interiment Interior Interio	Prospective active Adjusted for N	Jew Costs	
•			F.
	Total I Prospe Interim Total Interim Settleme W. R.	Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ac	Fiscal Year End: Audit Status: Current Rate New Rate



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysis

Hospice of the Florida Keys, Inc.		Provider 1	Number:	087525200
1319 William Street			Date:	01/07/2010
Key West, FL 33040		Fiscal Y	ear End:	N/A
		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		\$160.71	\$177.19	01/01/2010
Basis:	Rate Type:		-	
Budget	X Prospectiv	ve		
Unaudited costs	Total F	Prospective		
Desk audited costs Prospe		ctive Adjusted for N	New Costs	
Field audited costs				
Medicare - Prospective	Interim			
Payment System Rate	Total Inte	erim		
X Average Nursing Home Rate	Settlemen	nt based on costs		

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Hospice of Lake and Sumter 12300 Lane Park Road Γavares, FL 32778	• ,	Provider N Fiscal Yo Audi	Date:	087526100 01/07/2010 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		\$192.16	\$192.87	01/01/2010
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:		ydell Samuel, Ac aid Cost Reimburser		



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tidewell Hospice & Palliative Care			
5955 Ran	ıd Bİ	vd	
Saragota	EI	34238	

Provider Number:

087527900

Date:

01/07/2010

Fiscal Year End:

N/A

Audit Status:

N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	-		
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$204.34	\$203.23	01/01/2010
Basis: Rat	te Type :		

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Treasure Coast	Provider Number:	087528700
1201 SE Indian St	Date:	01/07/2010
Stuart, FL 34997	Fiscal Year End:	N/A
	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$193.83	\$195.15	01/01/2010

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Fiscal Agent Contract Management Permanent File Program Development:

For information	Only	(No	Change	in	rate)
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice by the Sea		Provider 1	Number:	087529500
1531 W. Palmetto Park Road			Date:	01/07/2010
Boca Raton, FL 33486		Fiscal Y		N/A
		Audi	t Status:	N/A
Provider Type:	· · · · · · · · · · · · · · · · · · ·	Current Rate	New Rate	Effective Date
Rural Health Clinic				ı
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		\$202.44	\$199.85	01/01/2010
Basis:	Rate Type:			
Budget	X Prospectiv	7e		
Unaudited costs	Total I	rospective		
Desk audited costs	Prospe	ctive 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		
·			أسسر	RV.
·		ydell Samuel, Ao		R

Fiscal Agent Contract Management Permanent File Program Development:

087532500



Hospice of the Florida Suncoast

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Number:

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

5771 Rosevelt Blvd Clearwater, FL 33760		Fiscal Y Audi	Date: ear End: it Status:	01/07/2010 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		\$195.23	\$195.75	01/01/2010
Basis:	Rate Type :			
Budget	X Prospect	ive		
Unaudited costs		Prospective		
Desk audited costs		ective Adjusted for N	lew Costs	
Field audited costs		-		
Medicare - Prospective	Interim			
Payment System Rate	Total In	terim		
X Average Nursing Home Rate	Settlem	ent based on costs		

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number:

087535000

Date:

01/07/2010

Fiscal Year End:

N/A

Audit Status:

N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$196.80	\$197.88	01/01/2010

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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Citrus County						
PO Box 64127	0					
Beverly Hills,	FL	34464				

Provider Number:

087536800

Date:

01/07/2010

Fiscal Year End:

N/A

Audit Status:

N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$182.75	\$181.11	01/01/2010

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

Avow Ho	spi	ce	
1095 Wh	ippo	orwill	Lane
Naples, 1	FL	34105	

Provider Number:

087537600

Date:

01/07/2010

Fiscal Year End:

N/A

Audit Status:

N/A

Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$200.72	\$199.91	01/01/2010
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs	Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	New Costs	
Field audited costs	· 			
Medicare - Prospective	Interim			
Payment System Rate	Total Inte	erim		

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Settlement based on costs

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For information Only (No Change in rate)

Average Nursing Home Rate



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 087538400 Date: 01/07/2010

Date: 01/07/2010 Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	·		
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board County: Okeechobee	\$205.83	\$210.33	01/01/2010

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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Catholic Hospice 14875 NW 77th Ave Miami Lakes, FL 33014	Provider I Fiscal Y Audi	Date:	087569400 01/07/2010 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	\$208.07	\$207.60	01/01/2010
Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Total Interim Total Interim	rospective ctive Adjusted for N	lew Costs	
<u> </u>	vdell Samuel, Ac		R.



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulfside Regional Hospice	Provider Number:	087570800
6111 Trouble Creek Rd	Date:	01/07/2010
New Port Richey, FL 34653	Fiscal Year End:	N/A
	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$182.50	\$186.15	01/01/2010

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

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Gol	ld Co	ast	
2101 W. Comr	nerci	al Blvd S	uite 4500
Ft Landerdale	FL.	33309	

Provider Number:

150000700

Date:

01/07/2010

Fiscal Year End:

N/A

Audit Status:

N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	,		
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$191.74	\$192.56	01/01/2010

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	

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Florida Agency for Health Care Administration

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice	e Ca	re of	So	uth Fl.
7270 N	.W.	12th	St.,	PH#6
Miami	FI.	33	126	

Provider Number:

150001500

Date:

01/07/2010

Fiscal Year End:

N/A

Audit Status:

N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			24-
#659 Room and Board	\$167.26	\$156.86	01/01/2010

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

Hospicecare of M	1emo	rial Hospice
770 W. Granada	Blvd	Suite 319
Ormond Beach,	FL	32174

Provider Number:

150003100

Date:

01/07/2010

Fiscal Year End:

N/A

Audit Status:

N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$203.12	\$200.89	01/01/2010

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

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150009100 01/07/2010 N/A N/A



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Emerald Coast	Provider Number:
PO Box 2127	Date:
Dothan, AL 36302	Fiscal Year End:
,	Audit Status:

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	·		
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$181.36	\$186.33	01/01/2010

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Douglas Gardens Hospice, Inc.			
5200 Northeast 2nd Avenue			
Miami	EΤ	33137	

Provider Number:

150011200

Date:

01/07/2010

Fiscal Year End:

N/A

Audit Status:

N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$212.46	\$214.29	01/01/2010

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

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Florida - Congress Ave	
100 S. Biscayne Blvd Suite 1400	
Miami FI 33131	

Provider Number:

150013900

Date:

01/07/2010

Fiscal Year End:

N/A

Audit Status:

N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$199.80	\$199.51	01/01/2010

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Pa	alm (Coast	
149 South Ridger	wood	l Ave Suite	400
Daytona Beach,	FL	32114	

Provider Number:

150015500

Date:

01/07/2010

Fiscal Year End:

N/A

Audit Status:

N/A

Current Rate	New Rate	Effective Date
·		
		-
\$198.38	\$193.03	01/01/2010

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

Good Shepher	d Hospice, Inc
115 South Mis	souri Ave
Lakeland, FL	33815

Provider Number:

150021000

Date:

01/07/2010

Fiscal Year End:

N/A

Audit Status:

N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care	·		
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$186.67	\$188.54	01/01/2010

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

LifePath	Hos	spic	e, Inc.
3010 W	Aze	eele	Street
Tampa,	FL	330	609

Provider Number:

150022800

Date:

01/07/2010

Fiscal Year End:

N/A

Audit Status:

N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$189.72	\$191.41	01/01/2010

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

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