



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of Florida, Inc.
 8130 Baymeadows Way W Suite
 Jacksonville, FL 32256

Provider Number: 000141800
 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	\$187.35	\$186.42	01/01/2010

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

Distribution:

Fiscal Agent
 Contract Management
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 Program Development:

For information Only (No Change in rate)



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 Tallahassee, Florida 32308

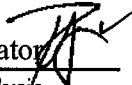
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 000532400
 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	\$192.46	\$190.33	01/01/2010

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

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

Provider Number: 000602600
 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			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$192.42	\$193.12	01/01/2010

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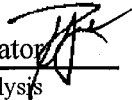
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 001572800
 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	\$195.96	\$194.61	01/01/2010

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

Regency Hospice of NW Florida, Inc.
 4900 Bayou Blvd., Ste 101
 Pensacola, FL 32503

Provider Number: 001636100
 Date: 01/05/2010
 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			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$189.00	\$190.82	01/01/2010

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" 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 I.R.C.
 1111 36th Street
 Vero Beach, FL 32960

Provider Number: 087000500
 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			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$189.71	\$190.44	01/01/2010

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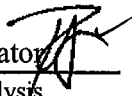
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 087246600
 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	\$203.30	\$201.63	01/01/2010

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

St. Francis Hospice
 1250-B Grumman Place
 Titusville, FL 32780

Provider Number: 087255500
 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	\$187.84	\$184.39	01/01/2010

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

Hospice of the Comforter
 480 West Central Pkwy
 Altamonte Springs, FL 32714

Provider Number: 087256300
 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	\$190.60	\$192.82	01/01/2010

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast
 4266 Sunbeam Road
 Jacksonville, FL 32257

Provider Number: 087407800
 Date: 01/07/2010
 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	\$186.70	01/01/2010

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

Hospice Care of S.E. Florida
 309 S.E. 18th Street
 Ft. Lauderdale, FL 33316

Provider Number: 087473600
 Date: 01/07/2010
 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	\$186.71	\$194.49	01/01/2010

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input type="checkbox"/> Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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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: 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	\$201.06	\$197.53	01/01/2010

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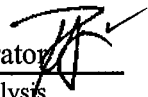
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando-Pasco Hospice, Inc.
 12107 Majestic Blvd.
 Hudson, FL 34667

Provider Number: 087515500
 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	\$185.59	\$187.41	01/01/2010

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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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: 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	\$201.89	\$203.06	01/01/2010

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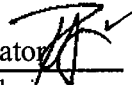
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 087517100
 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	\$184.17	\$186.42	01/01/2010

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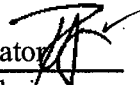
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wuesthoff Health Services, Inc.
 8060 Spyglass Hill Rd
 Melbourne, FL 32940

Provider Number: 087518000
 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	\$193.49	\$194.74	01/01/2010

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

North Central Florida Hospice
 4200 NW 90th Blvd
 Gainesville, FL 32606

Provider Number: 087519800
 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	\$190.04	\$189.13	01/01/2010

<p style="text-align: center; border: 1px solid black; display: inline-block; margin-bottom: 10px;">Basis:</p> <p> <input type="checkbox"/> Budget <input type="checkbox"/> Unaudited costs <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Medicare - Prospective <input type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate </p>	<p style="text-align: center; border: 1px solid black; display: inline-block; margin-bottom: 10px;">Rate Type :</p> <p> <input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Settlement based on costs </p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Marion County
 P.O. Box 4860
 Ocala, FL 34478

Provider Number: 087520100
 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	\$185.25	\$194.37	01/01/2010

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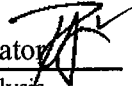
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Health First
 1900 Dairy Road
 West Melbourne, FL 32904

Provider Number: 087522800
 Date: 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	\$197.08	\$196.01	01/01/2010

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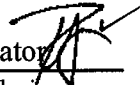
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Volusia
 3800 Woodbriar Trail
 Port Orange, FL 32129

Provider Number: 087523600
 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	\$190.30	\$188.44	01/01/2010

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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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: 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	\$192.51	\$197.11	01/01/2010

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type:</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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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: 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	\$160.71	\$177.19	01/01/2010

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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: 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	\$192.16	\$192.87	01/01/2010

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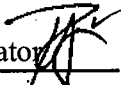
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tidewell Hospice & Palliative Care
 5955 Rand Blvd
 Sarasota, FL 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

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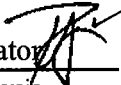
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Treasure Coast
 1201 SE Indian St
 Stuart, FL 34997

Provider Number: 087528700
 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	\$193.83	\$195.15	01/01/2010

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective Payment System Rate</p> <p><input checked="" type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p> <input type="checkbox"/> Total Prospective</p> <p> <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p> <input type="checkbox"/> Total Interim</p> <p> <input type="checkbox"/> Settlement based on costs</p>
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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: 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	\$202.44	\$199.85	01/01/2010

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

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

Provider Number: 087532500
 Date: 01/07/2010
 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	\$195.23	\$195.75	01/01/2010

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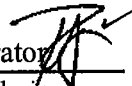
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 087535000
 Date: 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

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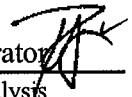
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Citrus County
 PO Box 641270
 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

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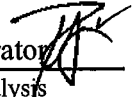
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avow Hospice
 1095 Whippoorwill Lane
 Naples, 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

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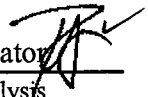
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 087538400
 Date: 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			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board County : Okeechobee	\$205.83	\$210.33	01/01/2010

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p> <input type="checkbox"/> Total Prospective</p> <p> <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p> <input type="checkbox"/> Total Interim</p> <p> <input type="checkbox"/> Settlement based on costs</p>
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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: 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	\$208.07	\$207.60	01/01/2010

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

Gulfside Regional Hospice
 6111 Trouble Creek Rd
 New Port Richey, FL 34653

Provider Number: 087570800
 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	\$182.50	\$186.15	01/01/2010

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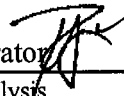
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Gold Coast
 2101 W. Commercial Blvd Suite 4500
 Ft Lauderdale, 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

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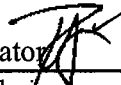
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 150001500
 Date: 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	\$167.26	\$156.86	01/01/2010

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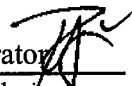
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospicecare of Memorial 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

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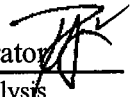
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Emerald Coast
 PO Box 2127
 Dothan , AL 36302

Provider Number: 150009100
 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	\$181.36	\$186.33	01/01/2010

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

Douglas Gardens Hospice, Inc.
 5200 Northeast 2nd Avenue
 Miami, FL 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			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$212.46	\$214.29	01/01/2010

<p style="text-align: center; border: 1px solid black; padding: 2px;">Basis:</p> <p> <input type="checkbox"/> Budget <input type="checkbox"/> Unaudited costs <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Medicare - Prospective <input type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate </p>	<p style="text-align: center; border: 1px solid black; padding: 2px;">Rate Type :</p> <p> <input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <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 Florida - Congress Ave
 100 S. Biscayne Blvd Suite 1400
 Miami, FL 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

<p style="text-align: center; border: 1px solid black; display: inline-block; margin: 0;">Basis:</p>	<p style="text-align: center; border: 1px solid black; display: inline-block; margin: 0;">Rate Type :</p>
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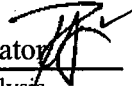
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Palm Coast
 149 South Ridgewood Ave Suite 400
 Daytona Beach , FL 32114

Provider Number: 150015500
 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	\$198.38	\$193.03	01/01/2010

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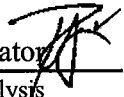
Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 150021000
 Date: 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

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

<p style="text-align: center; border: 1px solid black; padding: 2px;">Basis:</p> <p> <input type="checkbox"/> Budget <input type="checkbox"/> Unaudited costs <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Medicare - Prospective <input type="checkbox"/> Payment System Rate <input checked="" type="checkbox"/> Average Nursing Home Rate </p>	<p style="text-align: center; border: 1px solid black; padding: 2px;">Rate Type :</p> <p> <input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Settlement based on costs </p>
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