

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

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

HCR Manor Care Services of Florida, Inc.	Provider Number:	000141800
Heartland Home Health Care and Hospice	Date:	12/23/2010
8130 Baymeadows Way W Suite	Fiscal Year End:	N/A
Jacksonville, FL 32256	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$187.87	\$189.94	01/01/2011

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



#### Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis

2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

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

Samaritan Care Hospice of Osceola, LLC	Provider Number:	000532400
Samaritan Care Hospice	Date:	12/23/2010
1300 North Semoran Blvd., Ste 210	Fiscal Year End:	N/A
Orlando . FL 32807	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$193.80	\$200.11 <sup>v</sup>	01/01/2011

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

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



#### 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

Audit Status:		N/A N/A	
Date: Fiscal Year End			
			Provider Number:
	Fiscal Ye	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	\$195.61	\$199.26 <sup>°</sup>	01/01/2011

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

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only ( No Change in rate)



Medicaid Reimburseme	ent Per Diem Rate	s for Non-Institut	ional Provide	<u>rs</u>
Odyssey Health Care Miami-Dade		Provider	Date:	001572800 12/23/2010
5755 Blue Lagoon Dr Suite 170			ear End:	N/A
Miami, FL 33126		Aud	it 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		\$199.07	\$199.22 <sup>v</sup>	01/01/2011
Basis:	Rate Type :	]	-	-
Budget	X Prospecti	ve		
Unaudited costs	Total	Prospective		
Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective Payment System Rate	Interim			
X Average Nursing Home Rate	Total Int	ent based on costs		
Distribution: Fiscal Agent Contract Management Permanent File	W. R	ydell Samuel, Ac aid Cost Reimburser		<u>R</u>
Program Development:				
For information Only (No Change in rate)				



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

wicalcard Reimburge	ment I er Diem Rate	s for Non-Institut	·	<del></del>
Regency Hospice of NW Florida, Inc.		Provider 1	001636100	
		Fiscal Y	Date:	01/04/2011 N/A
4900 Bayou Blvd., Ste 101			t Status:	N/A N/A
Pensacola, FL 32503		1 Rudi	t Status.	14/71
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	: Escambia	\$193.94	\$197.18	01/01/2011
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospo Interim Total Int	ve Prospective ective Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen		R



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

Hospice of I.R.C.		Provider ?	Number: Date:	087000500 12/23/2010
1111 36th Street		Fiscal Y		N/A
Vero Beach, FL 32960		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				·
Swing-Bed Provider				
Federally Qualified Health Centers	Ξ.			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	-			
#656 General Inpatient Care				
#659 Room and Board		\$195.63	\$198.24	01/01/2011
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Adid Cost Reimbursen		R



#### 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

Attn: Angela Santana	ovider Number: Date: iscal Year End: Audit Status:	087246600 12/23/2010 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	\$203.80	\$205.86 <sup>\cu</sup>	01/01/2011

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	Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
St. Francis Hospice		Provider l		087255500
		<b></b> .	Date:	12/23/2010
1250-B Grumman Place		Fiscal Y		N/A
Titusville, FL 32780	Audit Status: N/A		N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers	· · - · · · · · · · · · · · · · · · · ·			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				-
#659 Room and Board		\$192.57	\$195.14	01/01/2011
				_
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs	Total P	rospective		
Desk audited costs	Prospec	tive Adjusted for N	lew Costs	
Field audited costs	<b>.</b>			
Medicare - Prospective Payment System Rate	Interim Total Inte	rim.		
X Average Nursing Home Rate		it based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		<u>R</u>
For information Only (No Change in rate)				



#### 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-Institut	ional Provide	<u>rs</u>	
Hospice of the Comforter		Provider 1		087256300	
			Date:	12/23/2010	
480 West Central Pkwy		Fiscal Y		N/A	
Altamonte Springs, FL 32714		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		\$194.84	\$199.57	01/01/2011	
Basis:	Rate Type:				
Budget	X Prospectiv	re			
Unaudited costs		1 Prospective			
Desk audited costs	Prospec	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Payment System Rate	Interim				
X Average Nursing Home Rate	Total Inte	nenm ent based on costs			
	Settlemen	it based on costs			
	W Pa	dell Samuel, Ad	ministrator	<b>R</b> /	
	Medica	id Cost Reimbursen	nent Analysis	_	
The state of the s					
Distribution:					
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					

Report Calculated: 12/23/2010 1:12:11PM Report Printed: 12/23/2010



Community Hospice of Northeast	int I Ci Diem Rates	Provider 1		087407800	
Community Hospice of Normeast		Trovider	Date:	12/23/2010	
4266 Sunbeam Road		Fiscal Y	ear End:	N/A	
Jacksonville, FL 32257		Audi	t Status:	N/A	
Provider Type:		Current Rate	Now Rate	Effective Date	
Rural Health Clinic	<del></del>	Current Nate	· New Rate	Effective Bate	
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		\$190.06	\$193.77\	01/01/2011	
Basis:	Rate Type :				
Budget	X Prospectiv				
Unaudited costs  Desk audited costs		al Prospective spective Adjusted for New Costs			
Field audited costs		ouve Aujusted for iv	en costs		
Medicare - Prospective	Interim				
Payment System Rate	Total Inte	rim			
X Average Nursing Home Rate	Settlemer	nt based on costs			
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Medicaid Reimbursemen	nt Per Diem Rates	for Non-Instituti	onal Provide	<u>rs</u>
Hospice Care of S.E. Florida		Provider 1	Number: Date:	087473600 12/23/2010
309 S.E. 18th Street		Fiscal Y		N/A
Ft. Lauderdale, FL 33316		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$198.21	\$201.19 \	01/01/2011
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
Payment System Rate	Total Inte	rim		
X Average Nursing Home Rate	Settlemen	t based on costs		
Distribution: Fiscal Agent Contract Management Permanent File		dell Samuel, Ad id Cost Reimbursen		RV.
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Hospice of Martin & St. Lucie		Provider Number:		087514700
			Date:	12/23/2010
1201 SE Indian Street		Fiscal Y		N/A
Stuart, FL 34997		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care			, <u></u>	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$202.57	\$200.50	01/01/2011
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ective Adjusted for New Costs		
Field audited costs	Instrucion			
Medicare - Prospective Payment System Rate	Interim Total Inte	rim		
X Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		R'
For information Only ( No Change in rate)				



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Hernando-Pasco Hospice, Inc.	Provider Number: 087515			087515500
			Date:	12/23/2010
12107 Majestic Blvd.			ear End:	N/A
Hudson, FL 34667	Audit Status: N/A		N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				-
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$190.07	\$197.15	01/01/2011
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	tive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte			
A Average Nuising Trome Nate	Settlemer	t based on costs		
		dell Samuel, Ad		R'
Distributions				
<b>Distribution:</b> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursement Per Diem	Rates for Non-Institut	ional Provide	<u>rs</u>	
Hospice of Palm Beach County	Provider	Provider Number: Date:		
5300 East Avenue		ear End:	N/A	
West Palm Beach, FL 33407	Aud	it Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers		;		
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	\$205,95	\$209.11	01/01/2011	
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective Payment System Rate  To X Average Nursing Home Rate  Set	spective Fotal Prospective Prospective Adjusted for N  n tal Interim ttlement based on costs  W. Rydell Samuel, Ac	lministrator	<b>R</b>	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medicaid Cost Reimburser	nent Analysis	<b>,</b> —	



<u>Medicaid Reimbursem</u>	ent Per Diem Rate	<u>s tor Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Covenant Hospice, Inc		Provider 1		087517100
		E) 137	Date:	12/23/2010
5041 N. 12th		Fiscal Y	ear End: t Status:	N/A N/A
Pensacola, FL 32504		Auui	i Status.	IV/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		\$187.96	\$192.55 <sup>L</sup>	01/01/2011
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ective Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
Payment System Rate	Total Int	erim		
X Average Nursing Home Rate	Settleme	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen		
For information Only ( No Change in rate)				



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

Wuesthoff Health Services, Inc.		Provider l	Number: Date:	087518000 12/23/2010	
8060 Spyglass Hill Rd		Fiscal Y		N/A	
Melbourne, FL 32940		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		\$198.94	\$202.13*	01/01/2011	
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs	<del></del>	Prospective			
Desk audited costs Field audited costs	Prospec	ective Adjusted for New Costs			
Medicare - Prospective	Interim				
Payment System Rate  X Average Nursing Home Rate	Total Inte				
X Average Nursing Home Rate	Settlemen	t based on costs			
		dell Samuel, Ad		<u>r/</u>	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



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

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

North Central Florida Hospice		Provider 1	Number:	087519800
Attn: Revenue Accounting Manager			Date:	12/23/2010
4200 NW 90th Blvd		Fiscal Y		N/A
Gainesville, FL 32606		Audi	it Status:	N/A
Provider Type:	•	Current Rate	New Rate	<b>Effective Date</b>
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		\$191.58	\$191.61	01/01/2011
Basis:	ate Type :			
Budget X	Prospective			
Unaudited costs	Total Pros	spective		
Desk audited costs	Prospectiv	ve Adjusted for N	lew Costs	
Field audited costs	Took a milion			
Medicare - Prospective Payment System Rate	- Interim Total Interin	m		
X Average Nursing Home Rate	<del></del>	based on costs		
				<b>-</b>
	W Dod	ell Samuel, Ad	Iministrator	K
				<b></b>
	Medicaid	Cost Reimbursen	nent Analysik 🦎	1

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Hospice of Marion County		Provider 1		087520100
		Figoral V	Date: ear End:	12/23/2010
P.O. Box 4860			t Status:	N/A N/A
Ocala, FL 34478		Audi	it Status.	IN/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		\$198.32	\$199.45 <sup>1</sup>	01/01/2011
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte			
	Settlemen	nt based on costs		
	W D	. d . 11 C 1 . A . d	J	<b>F</b> <
	<del></del>	dell Samuel, Ad		<del> </del>
	TVICUIO	id Cost Rolling diver	iioin i maiyop	
<u>Distribution:</u>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Hospice of Health First		Provider Number:		087522800	
		E: 137	Date:	12/23/2010	
1900 Dairy Road		Fiscal Y		N/A	
West Melbourne, FL 32904		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		\$198.80	\$201.49	01/01/2011	
Basis:	Rate Type:				
Budget	X Prospectiv	re			
Unaudited costs	Total P	Prospective			
Desk audited costs	Prospec	pective Adjusted for New Costs			
Field audited costs	<b>.</b>				
Medicare - Prospective Payment System Rate	Interim Total Inte	rim			
X Average Nursing Home Rate	<del></del>	nt based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad		<u>R</u>	
For information Only ( No Change in rate)					



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers					
Hospice of Volusia		Provider 1		087523600	
2000 W 4b.i Til		Fiscal Y	Date:	12/23/2010 N/A	
3800 Woodbriar Trail Port Orange, FL 32129			t Status:	N/A	
Folt Orange, FL 32129		· · · · · · · · · · · · · · · · · · ·			
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	····	\$190.93	\$195.48 <sup>\(\)</sup>	01/01/2011	
Basis:	Rate Type :				
Budget	X Prospectiv	re			
Unaudited costs		Prospective			
Desk audited costs	Prospec	ctive Adjusted for New Costs			
Field audited costs  Medicare - Prospective	Interim				
Payment System Rate	Total Inte	rim			
X Average Nursing Home Rate	Settlemer	nt based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Adid Cost Reimburser		<u>R</u>	
For information Only ( No Change in rate)					

Report Calculated: 12/23/2010 1:12:11PM Report Printed: 12/23/2010



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

Big Bend Hospice		Provider l	Number: Date:	087524400 12/23/2010
1723 Mahan Center Blvd.		Fiscal Y		N/A
Tallahassee, FL 32308		Audi	t Status:	N/A
Provider Type:	:	Current Rate	New Rate	<b>Effective Date</b>
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		\$198.87	\$199.64	01/01/2011
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
Payment System Rate	Total Inte	rim		
X Average Nursing Home Rate	Settlemen	nt based on costs		
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				
Tot information only (140 change in rate)				



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

Hospice of the Florida Keys, Inc.	it I of Dieni Rates	Provider N		087525200	
Trospice of the Fronta Reys, me.		110,1401	Date:	12/23/2010	
1319 William Street		Fiscal Y		N/A	
Key West, FL 33040		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		\$181.76	\$187.21 <sup>[</sup>	01/01/2011	
Basis:	Rate Type :				
Delia	V Ducamentis				
Budget Unaudited costs	X Prospectiv	rospective			
Desk audited costs		ctive Adjusted for N	ew Costs		
Field audited costs		-			
Medicare - Prospective	Interim				
Payment System Rate	Total Inte				
X Average Nursing Home Rate	Settlemer	nt based on costs			
Distribution: Fiscal Agent Contract Management		dell Samuel, Ad id Cost Reimbursen			
Permanent File Program Development:					
1 logiani Develophieni.					
For information Only ( No Change in rate)					



#### Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis

2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Medicaid Reimbursemen	Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers					
Hospice of Lake and Sumter		Provider 1	087526100			
		1 T T	Date:	12/23/2010		
12300 Lane Park Road		Fiscal Y		N/A		
Tavares, FL 32778		Audi	t Status:	N/A		
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>		
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		\$195.56	\$200.24	01/01/2011		
		/				
Basis:	Rate Type:					
Budget	X Prospectiv	re				
Unaudited costs	Total P	Prospective				
Desk audited costs	Prospec	pective Adjusted for New Costs				
Field audited costs						
Medicare - Prospective Payment System Rate	Interim					
X Average Nursing Home Rate	Total Inte	rim it based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen	74.	<u>R</u>		
For information Only ( No Change in rate)						



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

Tidewell Hospice & Palliative Care	Provider Number: 087527900					
		Fiscal Y	Date:	12/23/2010 N/A		
5955 Rand Blvd			t Status:	N/A N/A		
Sarasota, FL 34238		7 Kuul	t Status.	14/21		
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
Federally Qualified Health Centers	3					
X Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care				/		
#659 Room and Board		\$205.11	\$207.06	01/01/2011		
Basis:	Rate Type :					
Dodast	X Prospectiv					
Budget Unaudited costs		Prospective				
Desk audited costs		pective Adjusted for New Costs				
Field audited costs						
Medicare - Prospective	Interim					
Payment System Rate  X Average Nursing Home Rate	Total Inte					
	Settlemer	t based on costs				
				<b>R</b> (		
		dell Samuel, Ad id Cost Reimburser		<del>                                     </del>		
	iviedica	id Cost Reinibulsei	nent Anarysp			
Distribution:						
Fiscal Agent						
Contract Management Permanent File						
Program Development:						
For information Only ( No Change in rate	)					
	/					



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

Hospice of the Treasure Coast		Provider 1	087528700			
1201 SE Indian St		Fiscal Y	Date: ear End:	12/23/2010 N/A		
Stuart, FL 34997		Audit Status: N/A				
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider						
Federally Qualified Health Centers						
X Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#659 Room and Board		\$198.08	\$199.05 <sup>t</sup>	01/01/2011		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	X Prospectiv Total P Prospec	Total Prospective Prospective Adjusted for New Costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen				
For information Only ( No Change in rate)						



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

Hospice by the Sea		Provider 1	087529500 12/23/2010	
1531 W. Palmetto Park Road		Fiscal Year End: N/A		
Boca Raton, FL 33486		Audı	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			. <u></u>	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$204.93	\$207.98*	01/01/2011
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	tive Adjusted for N	ew Costs	
Medicare - Prospective	_ Interim			
Payment System Rate  X Average Nursing Home Rate	Total Inte			
A Average rousing from crace	Settlemer	t based on costs		
W. Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



#### Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis

2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	<u>ional Provide</u> i	<u>'s</u>	
Hospice of the Florida Suncoast		Provider 1	087532500 12/23/2010		
5771 Rosevelt Blvd		Fiscal Y		N/A	
Clearwater, FL 33760		Audit Status: N/A		N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		\$198.53	\$203.03 <sup>1</sup>	01/01/2011	
Basis:	Rate Type :				
Budget	X Prospectiv	e			
Unaudited costs	<del></del>	Prospective			
Desk audited costs	Prospec	ective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Payment System Rate	Interim Total Inte				
X Average Nursing Home Rate		nn it based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		<u>R</u>	
For information Only (No Change in rate)					



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	ional Provide	r <u>s</u>	
Hope Hospice & Palliative Care		Provider 1	Number:	087535000	
			Date:	12/23/2010	
9470 Health Park Circle			ear End:	N/A	
Ft. Myers, FL 33908		Audi	it Status:	N/A	
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers			<del>-</del>		
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	\$203.62	01/01/2011	
Basis:	Rate Type:				
Budget	X Prospectiv	re			
Unaudited costs	Total P	rospective			
Desk audited costs	Prospec	ctive Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Payment System Rate	Interim				
X Average Nursing Home Rate	Total Inte	rim it based on costs			
	W. Ry	dell Samuel, Ad			
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



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

<del></del>	ement Per Diem Kates			<del></del>
Hospice of Citrus County		Provider 1	Number: Date:	087536800 12/23/2010
PO Box 641270		Fiscal Y		N/A
Beverly Hills, FL 34464			t Status:	N/A
		C	N. D.4.	E.CC - 42 D - 4-
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers	S			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				,
#659 Room and Board		\$185.72	\$188.30	01/01/2011
Basis:	Rate Type :			
Budget	X Prospectiv	'e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	T-4i			
Medicare - Prospective Payment System Rate	Interim Total Inte	rim.		
X Average Nursing Home Rate		nt based on costs		
<b>Distribution:</b> Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		
Program Development:  For information Only ( No Change in rate)	)			



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Avow Hospice		Provider 1		087537600
1005 Whinnogwill Land		Fiscal Y	Date: ear End:	01/05/2011 N/A
1095 Whippoorwill Lane Naples, FL 34105			t Status:	N/A
• · ·				· · · · · · · · · · · · · · · · · · ·
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			<u> </u>	
Swing-Bed Provider				- 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			<u></u>	
#656 General Inpatient Care				
#659 Room and Board		\$203.77	\$206.01	01/01/2011
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew 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:		dell Samuel, Ad		
For information Only ( No Change in rate)				



Hospice of Okeechobee		Provider 1	Number: Date:	087538400 01/04/2011
411 SE 4th Street		Fiscal Y		N/A
Okeechobee, FL 34974		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>
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: 0	Okeechobee	\$213.47	\$215.87	01/01/2011
Basis:	Rate Type :	]		
Budget	X Prospecti	ive		
Unaudited costs		Prospective		
Desk audited costs Field audited costs	Prospe	ective Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total In			
	Settleme	ent based on costs		
	W D	ydell Samuel, Ad	ministrator	₹⁄
		aid Cost Reimbursen		<del> </del>
Distribution: Fiscal Agent				
Contract Management Permanent File				
Permanent File Program Development:				
For information Only ( No Change in rate)				



Tallahassee, Florida 32308

Catholic Hospice		Provider 1		087569400
14875 NW 77th Ave		Fiscal Y	Date: ear End:	12/23/2010 N/A
Miami Lakes, FL 33014			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		\$212.79	\$212,45	01/01/2011
		-1"		
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Interim Total Inte	rospective itive Adjusted for N		R/
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		id Cost Reimbursen		



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Gulfside Regional Hospice		Provider 1	Number:	087570800
			Date:	12/23/2010
6111 Trouble Creek Rd		Fiscal Y		N/A
New Port Richey, FL 34653		Audi	t Status:	N/A
Provider Type:	. <u>-</u>	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care		j		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		\$189.74	\$196.42	01/01/2011
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs	Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective Payment System Rate	Interim	•		
X Average Nursing Home Rate	Total Inte	erim it based on costs		
		<u>i.</u> p. 41.1		Z/
		dell Samuel, Ad		
Distributions				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				
rot intoffiation Only ( No Change in fate)				



Medicaid Reimbursemen	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Hospice of Gold Coast		Provider 1	Number: Date:	150000700 12/23/2010
2101 W. Commercial Blvd Suite 4500		Fiscal Y		N/A
Ft Lauderdale, FL 33309		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	<b>Effective Date</b>
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		\$197.83	\$200.95 <sup>1</sup>	01/01/2011
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
Payment System Rate	Total Inte	rim		
X Average Nursing Home Rate	Settlemer	nt based on costs		
		dell Samuel, Ad		R'
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



V4.04

# 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 Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Hospice Care of South Fl.		Provider 1		150001500
		_,	Date:	12/23/2010
7270 N.W. 12th St., PH#6		Fiscal Y		N/A
Miami, FL 33126		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				_
#659 Room and Board		\$159.26	\$187.49	01/01/2011
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	•			
Medicare - Prospective Payment System Rate	Interim Total Inte	urion.		
X Average Nursing Home Rate		nt based on costs		
<b>Distribution:</b> Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad		R
For information Only ( No Change in rate)				

Report Calculated: 12/23/2010 1:12:11PM Report Printed: 12/23/2010



Tallahassee, Florida 32308

Medicaid Reimbursement Per	Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Florida Hospital Hospice Care		Provider 1	Number: Date:	150003100 12/23/2010
770 W. Granada Blvd Suite 319		Fiscal Y		N/A
Ormond Beach, FL 32174		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		\$203.92	\$210.94	01/01/2011
Basis:	ate Type :			
Budget X	Prospectiv	'e		
Unaudited costs	Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective Payment System Rate	- <sup>Interim</sup> Total Inte			
X Average Nursing Home Rate		nt based on costs		
		dell Samuel, Ad		
Distribution: Fiscal Agent Contract Management				
Permanent File Program Development:				
Togram Development.				
For information Only ( No Change in rate)				



Medicaid Reimbursement I	Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Hospice of Emerald Coast		Provider 1		150009100
PO Box 2127 Dothan, AL 36302		Fiscal Y Audi	Date: ear End: t Status:	12/23/2010 N/A N/A
Dottian, AL 30302		<u> </u>		
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		\$189.43	\$193.80	01/01/2011
	- · •			
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
Payment System Rate	Total Inte			
X Average Nursing Home Rate	Settlemen	nt based on costs		
		dell Samuel, Ad		
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Topian Development				
For information Only ( No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Douglas Gardens Hospice, Inc.		Provider 1		150011200
5000 N. d. (2.14		Fiscal Y	Date:	12/23/2010 N/A
5200 Northeast 2nd Avenue			t Status:	N/A N/A
Miami, FL 33137				1 1/ 1 2
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		\$214.56	\$216.52	01/01/2011
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs	Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	<b>T</b> 4			
Medicare - Prospective Payment System Rate	Interim Total Inte	rim		
X Average Nursing Home Rate		ann at based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad		
For information Only ( No Change in rate)				



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

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

Vitas Healthcare Corp of Florida - Congress Ave	Provider Number:	150013900
Attn: Angela Santana	Date:	12/23/2010
100 S. Biscayne Blvd Suite 1400	Fiscal Year End:	N/A
Miami, FL 33131	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	<b>Effective Date</b>
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	\$205.35	\$207.94 <sup>[</sup>	01/01/2011

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

#### **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Medicaid Reimburseme	nt Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Good Shepherd Hospice, Inc		Provider Number:		150021000	
		Date:		12/23/2010	
115 South Missouri Ave		Fiscal Year End:		N/A	
Lakeland, FL 33815		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		\$191.00	\$192.15 <sup>t</sup>	01/01/2011	
Basis:	Rate Type :				
Budget	X Prospective				
Unaudited costs		rospective			
Desk audited costs	Prospec	ctive Adjusted for New Costs			
Field audited costs	Landon				
Medicare - Prospective Interim Payment System Rate Total		nterim			
X Average Nursing Home Rate	Settlement based on costs				
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad			
For information Only ( No Change in rate)					



Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers								
LifePath Hospice, Inc.		Provider 1	150022800					
		Date:		12/23/2010				
3010 W. Azeele Street		Fiscal Year End:		N/A				
Tampa, FL 33609		Audit Status:		N/A				
Provider Type:		Current Rate	New Rate	Effective Date				
Rural Health Clinic								
Swing-Bed Provider								
Federally Qualified Health Centers								
X Hospice Provider								
#651 Routine Home Care								
#652 Continuous Home Care								
#655 Inpatient Respite Care								
#656 General Inpatient Care								
#659 Room and Board		\$194.36	\$194.51	01/01/2011				
Basis:	Rate Type:			į				
Budget	X Prospective							
Unaudited costs	Total Prospective							
Desk audited costs	Prospec	ctive Adjusted for New Costs						
Field audited costs  Medicare - Prospective	Interim							
Payment System Rate	Total Interim							
X Average Nursing Home Rate	Settlement based on costs							
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	<u></u> -	dell Samuel, Ad id Cost Reimbursen						
For information Only ( No Change in rate)								