

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:	01/18/2013
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			
#658 Room and Board	186.28	189.18	01/01/2013

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 Reimbursement Per Diem Rates for Non-Institutional Providers

		N/A
Current Rate	New Rate	Effective Date
197.09	194.55	01/01/2013
	777	
ve		
Prospective		
ective Adjusted for N	ew Costs	
arim		
		R
111	197.09 ive Prospective Pective Adjusted for Noterim ent based on costs Rydell Samuel, Ad	197.09 194.55* iive Prospective Pective Adjusted for New Costs

V4.06

Program Development:

For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Central Florida	sement Fer Diem Rates	Provider 1		000602600
Attn: Angela Santana		11071001	Date:	01/18/2013
100 S. Biscayne Blvd Suite 1400		Fiscal Y		N/A
Miami, FL 33131		Audi	t Status:	N/A
Part of Manager 11111 Manager 1111 Manager 1111				Der et D
Provider Type:	- Heren and the second	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	THE			
Federally Qualified Health Center	<u>'S</u>			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				-
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		196.74	197.96	01/01/2013
Basis:	Rate Type :		71	
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
Payment System Rate	Total Inte	erim		
X Average Nursing Home Rate		nt based on costs		

	W. R	dell Samuel, Ad	lministrator/	F.
		nid Cost Reimburser		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Hogram Development:				

For information Only (No Change in rate)



Odyssey Health Care Miami-Dade	ement Fer Diem Rates	Provider 1		001572800
			Date:	01/18/2013
5755 Blue Lagoon Dr Suite 170		Fiscal Y		N/A
Miami, FL 33126		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Center	<u> </u>			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	•	202.35	196.37	01/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	ProspeInterimTotal Inte	rospective ctive Adjusted for N	iew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser	XL	



Regency Hospice of NW Florida, Inc.		Provider 1	Number: Date:	001636100 01/18/2013
900 Bayou Blvd., Ste 101		Fiscal Y		N/A
Pensacola, FL 32503		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Center	rs			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	-	192.35	197.70	01/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospective Interim Total Interim	rospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		



uthern FL		Date:	002782200 01/18/2013 N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
8			
	214.17	216.75	01/01/2013
Total P Prospec	rospective ctive Adjusted for N crim	lew Costs	
			R.
	Rate Type: X Prospective Total Prospection Interime Total Interime Settlement W. Ry	Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ac	Date: Fiscal Year End: Audit Status: Current Rate New Rate S



are		Date: ear End:	003694700 01/18/2013 N/A N/A
	Current Rate	New Rate	Effective Date
S			
	196.79	194.25 ^{\(\nu\)}	01/01/2013
X Prospective Total For Prospective Total For Prospective Total Interime	Prospective ctive Adjusted for N erim	ew Costs	

	Rate Type: X Prospective Total For Prospe Interime Total Interime Settlement W. Ry	Rate Type: X Prospective Total Prospective Adjusted for N	Rate Type: X Prospective Total Prospective Adjusted for New Costs Interim Total Interim



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care of Florida III, Inc.	Provider Number:	003815300
Heartland Hospice Services - Plantation	Date:	01/18/2013
150 S. Pine Island Road, Suite 200	Fiscal Year End:	N/A
Plantation, FL 33324	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			
#658 Room and Board	203.70	205.84 ¹	01/01/2013

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 Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of FL II, Inc.	Provider Number:	004244800
Heartland Hospice Services (Homestead)	Date:	01/18/2013
381 N. Krome Ave, Suite 207	Fiscal Year End:	N/A
Homestead, FL 33030	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			
#658 Room and Board	205.74	196.92	01/01/2013

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 Reimbursement Per L	Diem Rates	for Non-Institut	i <u>onal Provider</u>	<u>s</u>
Compassionate Care Hospice of Miami Dade, Inc.		Provider 1	Number:	004579400
Compassionate Care Hospice		Date:		01/18/2013
600 Highland Drive STE 624		Fiscal Y		N/A
Westampton, NJ 08060		Augi	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				
#658 Room and Board County: Polk		189.76	189.96	01/01/2013
Basis: Ra	te Type :			
Budget X	Prospectiv	'e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	rim It based on costs		
		a dusta on obsid		
	W. Ry	dell Samuel, Ad	ministrator	
	Medica	id Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Hospice of I.R.C.		Provider Number: Date:		087000500 01/18/2013
1111 36th Street Vero Beach, FL 32960		Fiscal You	ear End: t 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				
#658 Room and Board		183.75	183.63v	01/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Interim Total Inte	rospective ctive Adjusted for N		F X
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		id Cost Reimburser		



Vitas Healthcare Corporation - Dade County Attn: Angela Santana 100 S. Biscayne Blvd Suite 1400 Miami, FL 33131		Provider I Fiscal Y Audi	Date:	087246600 01/18/2013 N/A N/A
Provider Type:	AND AND A STATE OF THE STATE OF	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				
#658 Room and Board		205.88	210.30	01/01/2013
Budget X Unaudited costs Desk audited costs Field audited costs	Prospec Interim Total Inter	ospective tive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad d Cost Reimburser		
For information Only (No Change in rate)				



St. Francis Hospice		Provider 1	Number: Date:	087255500 01/18/2013
1250-B Grumman Place		Fiscal Yo		N/A
Titusville, FL 32780		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		196.09	195.77 \$	01/01/2013
Basis:	Rate Type:			
Budget Unaudited costs	X Prospectiv	e rospective		
Desk audited costs	-	ctive Adjusted for N	ew Costs	
Field audited costs	Tutania.			
Medicare - Prospective Payment System Rate	Interim Total Inte	rim		
X Average Nursing Home Rate	Settlemen	t based on costs		
	***************************************	dell Samuel, Ad	7-1	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Hospice of the Comforter		Provider 1	Number: Date:	087256300 01/18/2013	
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				,	
#658 Room and Board		202.43	196.64	01/01/2013	
Basis:	Rate Type:				
Budget	X Prospectiv	e			
Unaudited costs		l Prospective			
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	ew Costs		
Medicare - Prospective	Interim				
Payment System Rate X Average Nursing Home Rate	Total Inte				
A Average Poursing Home Rate	Settlemen	t based on costs			
		dell Samuel, Ad		Pr	
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only (No Change in rate)					



Community Hospice of Northeast 4266 Sunbeam Road		Provider l Fiscal Y	Date:	
Jacksonville, FL 32257			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		Current Nate	11cW Itale	Enecuve Date
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		192.07	191.83	01/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	vdell Samuel, Ac		Rr I
For information Only (No Change in rate))			



Medicaid Reimburs	sement Per Diem Rates	for Non-Institut	<u>ional Provider</u>	· <u>s</u>
Hospice of Martin & St. Lucie		Provider 1	087514700 01/18/2013	
1201 SE Indian Street		Fiscal Y		N/A
Stuart, FL 34997		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Center	'S			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		205.54	207.28	01/01/2013
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs	Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
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, Ac		
For information Only (No Change in rat	e)			



Hernando-Pasco Hospice, Inc.		Provider Number: Date:		087515500 01/18/2013	
12107 Majestic Blvd.		Fiscal Y	ear End:	N/A	
Hudson, FL 34667		Audi	it Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care	-				
#656 General Inpatient Care					
#658 Room and Board		192.23	193.06 ^V	01/01/2013	
Basis:	Rate Type:				
Budget	X Prospectiv	re			
Unaudited costs		Prospective			
Desk audited costs	Prospec	ective Adjusted for New Costs			
Field audited costs Medicare - Prospective	Interim				
Payment System Rate	Total Inte	rim			
X Average Nursing Home Rate	Settlemen	t based on costs			
		dell Samuel, Ac		Pr	
Distribution:					
Fiscal Agent Contract Management Permanent File					
Program Development:					
For information Only (No Change in rate)					



		Date:	087516300 01/18/2013
	Fiscal Y		N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
	206.57	207.30	01/01/2013
Total F Prospe Interim Total Inte	Prospective ctive Adjusted for N erim	ew Costs	

	Interim Total Interim Settlemen	Rate Type: X Prospective Total Prospective Adjusted for N	Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Covenant Hospice, Inc	Provider 1	Provider Number: 087517100 Date: 01/18/2013		
5041 N. 12th	Fiscal Y		N/A	
Pensacola, FL 32504	Audi	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				
#658 Room and Board	196.40	195.63 ^{\(\nu\)}	01/01/2013	
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Total	pective otal Prospective rospective Adjusted for N	lew Costs		
	V. Rydell Samuel, Ac fedicaid Cost Reimburser			
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Medicald Reimbursem	ent Per Diem Rates	TOT NOH-INSTITUT	ionai Providei	<u>'S</u>
North Central Florida Hospice		Provider Number: 0875198		
Attn: Revenue Accounting Manager			Date:	01/18/2013
4200 NW 90th Blvd			ear End:	N/A
Gainesville, FL 32606		Audi	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				<i>,</i>
#658 Room and Board		190.32	191.12	01/01/2013
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
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		
	W. R	ydell Samuel, Ac	dministrator	KV
		aid Cost Reimburser		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				

For information Only (No Change in rate)



Hospice of Marion County		Provider Number: 087520100 Date: 01/18/2013			
P.O. Box 4860		Fiscal Year End: N/A			
Ocala, FL 34478		Audit Status: N/A			
Provider Type:	-	Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Centers	s				
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		201.94	202.57	01/01/2013	
Basis:	Rate Type :				
Budget	X Prospectiv	re			
Unaudited costs		rospective			
Desk audited costs	Prospe	spective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Payment System Rate	Interim Total Inte				
X Average Nursing Home Rate		at based on costs			
		/dell Samuel, Ac		R	
Distribution: Fiscal Agent					
Contract Management					
Permanent File Program Development:					
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For information Only (No Change in rate	.)				
ror information only (two change in rate	•)				



Hospice of Health First		Provider 1	Number: Date:	087522800 01/18/2013
1900 Dairy Road		Fiscal Year End: 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				
#658 Room and Board		197.18	203.17 ¹	01/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospective Prospe	rospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		/dell Samuel, Ad aid Cost Reimburser		



Hospice of Volusia 3800 Woodbriar Trail		Provider Number: Date: Fiscal Year End:		087523600 01/18/2013 N/A	
Port Orange, FL 32129		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider			Y		
Federally Qualified Health Centers					
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		190.02	189.33 ^{\(\)}	01/01/2013	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Total P Prospe Interim Total Inte Settlemen W. Ry	Prospective Total Prospective Prospective Adjusted for New Costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	Medica	id Cost Reimburser	nent Analysis		



Big Bend Hospice		Provider Number: 08752440 Date: 01/18/201		
723 Mahan Center Blvd.				N/A
fallahassee, FL 32308		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Center	s			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		194.94	197.10	01/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	ProspeInterimTotal Inte	Prospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		



Hospice of the FI	lorida Keys, Inc.	ner er Diem Kates	Provider 1		087525200
•	•			Date:	01/18/2013
1319 William Str	reet		Fiscal Y		N/A
Key West, FL	Key West, FL 33040		Audi	it Status:	N/A
Provider Type:			Current Rate	New Rate	Effective Date
Rural Hea	Ith Clinic	4			
Swing-Bed	Provider	- AU-			
Federally (Qualified Health Centers				
X Hospice Pr	ovider				
#651 Ro	utine Home Care				
#652 Co	ntinuous Home Care				
#655 Inp	oatient Respite Care				
#656 Ge	neral Inpatient Care				
#658 Roo	om and Board		247.25	258.06	01/01/2013
Basis:		Rate Type :			
Budget		X Prospectiv	ie.		
	ted costs		rospective		
	idited costs	Prospec	ctive Adjusted for N	lew Costs	
1	idited costs	I 4			
	re - Prospective at System Rate	Interim Total Inte	rim		
	Nursing Home Rate	**	nt based on costs		
			/dell Samuel, Ac		P.
Distribution:					
Fiscal Agent					
Contract Manage Permanent File	ement				
Program Develop	pment:				
For inform	ation Only (No Change in rate)				



Hospice of Lake and Sumter 12300 Lane Park Road		Provider 1	Number: Date:	087526100 01/18/2013
		Fiscal Year End:		01/18/2013 N/A
Γavares, FL 32778		Audi	t Status:	N/A
Provider Type:	* 1 Martin and American	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Cente	rs			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		198.98	196.92	01/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospo Interim Total Int	ve Prospective ective Adjusted for N		F
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		raid Cost Reimburser		



Tidewell Hospice & Palliative Care		Provider 1	Number: Date:	087527900 01/18/2013
5955 Rand Blvd		Fiscal Year End: N/A		
Sarasota, FL 34238		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				,
#658 Room and Board		206.09	207.43	01/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Interim Total Inte	rospective ctive Adjusted for N	lministrator	Rr.
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Hospice of the Treasure Coast		ates for Non-Institutional Providers Provider Number: 08752		
Trospice of the Treasure Coust		Date: 01/18/2		
1201 SE Indian St		Fiscal Y		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				
#658 Room and Board		200.84	202.04	01/01/2013
Basis:	Rate Type :			
Dudget				
Budget Unaudited costs	X Prospective Total I	Prospective		
Desk audited costs	***************************************	ctive Adjusted for N	lew Costs	
Field audited costs	* 4. *			
Medicare - Prospective Payment System Rate	Interim Total Inte	erim		
X Average Nursing Home Rate	Settleme	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		R/
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				



Medicaid Reimburse	ment Per Diem Rates	for Non-Institut	<u>ional Provide</u> i	<u>rs</u>
Hospice by the Sea		Provider Number: Date:		087529500 01/18/2013
1531 W. Palmetto Park Road		Fiscal Y		N/A
Boca Raton, FL 33486		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				
#658 Room and Board		207.40	206.79	01/01/2013
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs	Total F	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
Payment System Rate	Total Inte	erim		
X Average Nursing Home Rate	Settlemen	nt based on costs		
Diotributions		ydell Samuel, Ac aid Cost Reimburser		P
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)	ı			



Medicaid Reimburse	ement Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Hospice of the Florida Suncoast		Provider 1		087532500
4771 0 1 10 1		Fiscal Y	Date:	01/18/2013
5771 Rosevelt Blvd			t Status:	N/A N/A
Clearwater, FL 33760				1WA
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				
#658 Room and Board		198.98	201.01 ¹	01/01/2013
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs	····	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs	Intonina			
Medicare - Prospective Payment System Rate	Interim Total Inte	rim		
X Average Nursing Home Rate		nt based on costs		
<u>Distribution:</u> Fiscal Agent Contract Management Permanent File		dell Samuel, Ad		P.
Program Development:				
For information Only (No Change in rate)		•	



Medicaid Reimbursem	ent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Hope Hospice & Palliative Care		Provider Number:		087535000	
arease to be took to		Date: Fiscal Year End:		01/18/2013	
9470 Health Park Circle			ear Eng: it Status:	N/A N/A	
Ft. Myers, FL 33908		Adult 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				,	
#658 Room and Board		200.87	202.62	01/01/2013	
Basis:	Rate Type:				
Budget	X Prospecti	ve			
Unaudited costs	Total I	Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Payment System Rate	Interim Total Int	arim			
X Average Nursing Home Rate		nt based on costs			
Distribution: Fiscal Agent		ydell Samuel, Ac aid Cost Reimburser		Pr	
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimbursemen	Per Diem Rates	for Non-Institut	<u>ional Provide</u> i	<u>*s</u>	
Hospice of Citrus County		Provider 1	Date:	087536800 01/18/2013	
PO Box 641270			ear End:	N/A	
Beverly Hills, FL 34464		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				<i>Z</i>	
#658 Room and Board		190.12	190.11	01/01/2013	
Basis:	Rate Type :				
Budget	X Prospecti	ve			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs	I				
Medicare - Prospective Payment System Rate	Interim Total Int	erim			
X Average Nursing Home Rate		nt based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser			
For information Only (No Change in rate)					



Medicaid Reimbursen	nent Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>	
Avow Hospice		Provider Number: Date:		087537600	
1005 M/I ' 'II I		Fiscal Y	01/18/2013 N/A		
1095 Whippoorwill Lane Naples, FL 34105			it Status:	N/A N/A	
Napies, FL 34103					
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					
#658 Room and Board		204.09	204.05 ^v	01/01/2013	
Basis:	Rate Type :				
Budget	X Prospectiv	_' e			
Unaudited costs	Total P	al Prospective			
Desk audited costs	Prospe	pective Adjusted for New Costs			
Field audited costs Medicare - Prospective	Interim				
Payment System Rate	Total Inte	nterim			
X Average Nursing Home Rate	Settlemen	nt based on costs			
		/dell Samuel, Ac			
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only (No Change in rate)					



	CONTRACT OF BIOMS AND CO.	<u>s for Non-Institut</u>	IUHAI I TUVIUC	<u> </u>	
Jospice of Okeechobee		Provider l	087538400		
			Date:	01/18/2013	
11 SE 4th Street		Fiscal Y		N/A	
Okeechobee, FL 34974		Aug	it Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Center	rs				
X Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board Count	y : Okeechobee	220.34	223.43	01/01/2013	
Basis:	Rate Type :	1			
Dusis.	itate 1 ype .	J			
Budget	Y Prospecti				
Unaudited costs Desk audited costs		Prospective ective Adjusted for N	law Casts		
Field audited costs	F10spc	ective Adjusted for N	iew Cosis		
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Int				
Average Nuising Home Rate	Settleme	ent based on costs			
		ydell Samuel, Ac		R	
Distribution:					
Fiscal Agent Contract Management					
Permanent File					
remanent rue					



Catholic Hospice		Provider 1	Number: Date:	087569400 01/18/2013 N/A
4875 NW 77th Ave		Fiscal Year End: Audit Status:		
Miami Lakes, FL 33014				N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				жж
Swing-Bed Provider				
Federally Qualified Health Center	rs			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		217.13	220.29	01/01/2013
Budget Unaudited costs Desk audited costs Field audited costs	Prospe	ve Prospective ctive Adjusted for N	ew Costs	
Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Interim Total Interim Settleme	erim nt based on costs		



Gulfside Regional Hospice	Provider 1	087570800		
6111 Trouble Creek Rd		Fiscal Y	Date: ear End:	01/18/2013 N/A
			t Status:	N/A N/A
New Port Richey, FL 34653			ç =	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic	001000			
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				2
#658 Room and Board		192.27	195.81	01/01/2013
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectivePayment System Rate	-	Prospective ctive Adjusted for N	lew Costs	
X Average Nursing Home Rate		nt based on costs ydell Samuel, Ad	Iministrator	R
		aid Cost Reimburser		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				



Medicaid Reimbursement Per Diem Rat	es for Non-Institut	ional Provide	<u>rs</u>	
Hospice of Gold Coast	Provider Number: Date:		150000700 01/18/2013	
2101 W. Commercial Blvd Suite 4500		ear End:	N/A	
Ft Lauderdale, FL 33309	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			,	
#658 Room and Board	196.22	200.48	01/01/2013	
Basis: Rate Type	:			
Budget X Prospec	tive			
Unaudited costs Total	Prospective			
	pective Adjusted for New Costs			
Field audited costs				
Medicare - Prospective Interim Payment System Rate Total In	ntarim			
W Assessed Manager Data	ent based on costs			
	Rydell Samuel, Accaid Cost Reimburse		R.	
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Hospice Care of South Fl.	Iospice Care of South Fl.		Number: Date:	150001500 01/18/2013 N/A
270 N.W. 12th St., PH#6		Fiscal Year End: Audit Status:		
Miami, FL 33126				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 #658 Room and Board				
		215.58	227.05	01/01/2013
	i Otal Illu	J 1111		
X Average Nursing Home Rate	Settlemen	nt based on costs		



Medicaid Reimbursement Per Diem	n Rates for	Non-Instituti	onal Provide	<u>rs</u>	
Florida Hospital Hospice Care		Provider 1	Number: Date:	150003100 01/18/2013	
770 W. Granada Blvd Suite 319		Fiscal Y	ear End:	N/A	
Ormond Beach, FL 32174		Audi	t Status:	N/A	
Provider Type:	Cu	rrent 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					
#658 Room and Board		207.30	207.36	01/01/2013	
Basis: Rate T	Гуре :				
Budget X Pr	rospective				
Unaudited costs	Total Prosp	ective			
Desk audited costs	Prospective	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Inter Payment System Rate	otal Interim				
Accessed Name of Harman Data	Settlement bas	sed on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		l Samuel, Ad ost Reimbursen			
гтодгаш Бечегоринени:					
For information Only (No Change in rate)					



Hospice of Emerald Coast		Provider Number: 150009100 Date: 01/18/2013			
PO Box 2127		Fiscal Year End: N/A			
Dothan, AL 36302		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					
#658 Room and Board		194.24	194.76	01/01/2013	
Basis:	Rate Type :			,	
Budget	X Prospectiv	e			
Unaudited costs		rospective			
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				
A Average Hursing Home Rule	Settlemer	t based on costs			
		vdell Samuel, Ac		R	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Florida - Congress	Ave	Provider 1	Number:	150013900
Attn: Angela Santana			Date:	01/18/2013
100 S. Biscayne Blvd Suite 1400		Fiscal Y		N/A
Miami, FL 33131		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				
#658 Room and Board		206.28	207.88 [∨]	01/01/2013
Basis: Budget	Rate Type:			
Unaudited costs		rospective	0	
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate	Total Inte	erim		
X Average Nursing Home Rate	Settlemer	nt based on costs		
		/dell Samuel, Ad aid Cost Reimbursen		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				

For information Only (No Change in rate)



Good Shepherd Hospice, Inc 115 South Missouri Ave		Provider Number: Date: Fiscal Year End:		150021000 01/18/2013 N/A	
Lakeland, FL 33815		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	#656 General Inpatient Care				
#658 Room and Board		192.01	191.83	01/01/2013	
					
Basis:	Rate Type :				
Budget	X Prospectiv	e			
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	Settlemer	t based on costs			
		dell Samuel, Ad		Pr	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					



LifePath Hospice, Inc.	<u>s for Non-Institutional Provide</u> Provider Number:		150022800						
Ener and Hospice, Inc.		Date:		01/18/2013					
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									
#658 Room and Board		193.63	194.36	01/01/2013					
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs								
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser							
For information Only (No Change in rate))								