

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:	07/09/2012
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	184.21	186.28	07/01/2012

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)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Samaritan Care Hospice of Osceola, LLC	Provider Number:	000532400
Samaritan Care Hospice	Date:	07/09/2012
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			
#658 Room and Board	192.24	197.09	07/01/2012

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:

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Vitas Healthcare Corp of Central Florida		Provider 1		000602600
Attn: Angela Santana			Date:	07/09/2012
00 S. Biscayne Blvd Suite 1400		Fiscal Y		N/A
Miami, FL 33131		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		192.65	196.74	07/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospe Interim Total Inte	Prospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management		ydell Samuel, Ac aid Cost Reimburser		



Odyssey Health Care Miami-Dade	Provide	er Number: Date:	001572800 07/09/2012
755 Blue Lagoon Dr Suite 170	Fiscal	Year End:	N/A
Miami, FL 33126	A	Audit Status:	
Provider Type:	Current Ra	te 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	195.4	5 202.35	07/01/2012
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	Total Prospective		
Desk audited costs	Prospective Adjusted for	or New Costs	
Field audited costs Medicare - Prospective	Interim		
Payment System Rate	Total Interim		
X Average Nursing Home Rate	Settlement based on costs		
			R.
	W. Rydell Samuel,		1
	Medicaid Cost Reimbur	sement Analysis	
Distribution:			
Fiscal Agent Contract Management			
Permanent File			
Program Development:			



egency Hospice of NW Florida, Inc.		Provider 1	Number: Date:	001636100 07/09/2012
900 Bayou Blvd., Ste 101		Fiscal Y		N/A
ensacola, FL 32503		Audi	t Status:	N/A
Provider Type:	- 14 74	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		183.12	192.35	07/01/2012
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	ew Costs	
		ydell Samuel, Ad	ministrator	



Seasons Hospice and Palliative Care of Se	outhern FL	Provider 1	Number: Date:	002782200 07/09/2012
5200 Northeast 2nd Avenue		Fiscal Y		N/A
Miami, FL 32405		Audi	t 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		207.59	214.17	07/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospe Interim Total Int	ve Prospective ective Adjusted for N	lew Costs	
Distribution:		ydell Samuel, Ac aid Cost Reimburser		



Brevard HMA, LLC		<u>s tor Non-Institut</u> Provider 1		003694700
Wuesthoff Brevard Hospice & Palliative	Care		Date:	07/09/2012
8060 Spyglass Rd.			ear End:	N/A
Viera, FL 32940		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		191.00	196.79	07/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospi	ive Prospective ective Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File	***************************************	Rydell Samuel, Accaid Cost Reimburser	XL	F



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care of Florida III, Inc.	Provider Number:	003815300
Heartland Hospice Services - Plantation	Date:	07/09/2012
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	193.58	203.70	07/01/2012

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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For information Only (No Change in rate)



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Number:	004244800
Date:	07/09/2012
Fiscal Year End:	N/A
Audit Status:	N/A
	Date: Fiscal Year End:

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
X Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board County: Miami-Dade	198.84	205.74	07/01/2012

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



ient Per Diem Rates			<u>rs</u>
Compassionate Care Hospice of Miami Dade, Inc. Compassionate Care Hospice 600 Highland Drive STE 624		Provider Number:	
			07/09/2012
			N/A N/A
	Audi	t Status.	IN/A
	Current Rate	New Rate	Effective Date
Polk	185.75	189.76	07/01/2012
Total F Prospe Interim Total Inte	rospective ctive Adjusted for N erim	ew Costs	
			
	Polk Rate Type: X Prospective Total For Prospe Interime Total Interime Settlement W. Ry	Provider No. Fiscal Yaudi Current Rate Current Rate Polk 185.75 Rate Type: X Prospective Total Prospective Prospective Adjusted for No. Interim Total Interim Settlement based on costs W. Rydell Samuel, Additional Additional Processing Settlement, Additional Processing S	Polk Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim Total Interim



Hospice of I.R.C.		Provider 1	Date:	087000500 07/09/2012
1111 36th Street		Fiscal Y	ear End: t Status:	N/A N/A
Vero Beach, FL 32960		7 tudi		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				
#658 Room and Board		181.44	183.75	07/01/2012
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)		ydell Samuel, Ac		



<u>Medicaid Reimbursement Per Diem Rates</u> Vitas Healthcare Corporation - Dade County		Provider 1	087246600	
Attn: Angela Santana		Date:		07/09/2012
100 S. Biscayne Blvd Suite 1400		Fiscal Year End:		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	S			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		200.75	205.88	07/01/2012
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectivePayment System RateXAverage Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N		R/
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		id Cost Reimburser		



		Number:	087255500
	E'aaal W	Date:	07/09/2012
			N/A N/A
	Audi	i Status.	N/A
	Current Rate	New Rate	Effective Date
		_	
	191.42	196.09	07/01/2012
Rate Type :			
X Prospectiv	ve		
Prospe	ctive Adjusted for N	ew Costs	
Intonino			
	erim .		
Settlemen	nt based on costs		
			R'
	X Prospective Total Prospective Prospectiv	Rate Type: X Prospective Total Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad	Fiscal Year End: Audit Status: Current Rate New Rate 191.42 196.09 Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim Total Interim



Hospice of the Comforter 480 West Central Pkwy Altamonte Springs, FL 32714		Provider 1		087256300	
		Date: Fiscal Year End:		07/09/2012 N/A	
			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		198.23	202.43	07/01/2012	
	5				
Basis:	Rate Type:				
Budget	X Prospectiv	ve .			
Unaudited costs		Total Prospective			
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs		
Medicare - Prospective	Interim				
Payment System Rate	Total Inte	erim			
X Average Nursing Home Rate	Settleme	nt based on costs			
				Z/	
		ydell Samuel, Ac			
	Medic	aid Cost Reimburser	nent Analysis	•	
Distribution:					
Fiscal Agent					
Contract Management					
Contract Management Permanent File Program Development:					



Medicaid Reimbursem	<u>ient Per Diem Rates</u>	for Non-Institut	ional Provide	<u>rs</u>
Community Hospice of Northeast		Provider 1	Number: Date:	087407800 07/09/2012
4266 Sunbeam Road		Fiscal Y		N/A
Jacksonville, FL 32257		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		187.52	192.07	07/01/2012
Basis:	Rate Type:			
Budget	X Prospectiv	e		
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	t based on costs		
Distribution		dell Samuel, Ad		
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Hospice of Martin & St. Lucie		Provider 1	Number:	087514700
·			Date:	07/09/2012
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				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		194.98	205.54	07/01/2012
Basis:	Rate Type :			
Dudad	V D			
Budget Unaudited costs	X Prospective Total P	rospective		
Desk audited costs		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		 R/
	<u></u>	ydell Samuel, Ac aid Cost Reimburser		
	Wiedica	Cost Reimbursei		
Distribution:				
Fiscal Agent Contract Management				
Permanent File				



Hernando-Pasco Hospice, Inc.		Provider 1	087515500 07/09/2012	
12107 Majestic Blvd. Hudson, FL 34667		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				
#658 Room and Board		187.64	192.23	07/01/2012
	-			
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs		e rospective ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
Payment System Rate X Average Nursing Home Rate	Total Inte			
	Settlemen	nt based on costs	-	
		dell Samuel, Ad		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Medicaid Reimburs	ement Fer Diem Rates	5 101 Mun-111Stitut	ionai i iovide	<u>rs</u>
Hospice of Palm Beach County		Provider Number:		087516300
5300 East Avenue		Fiscal Y	Date: ear End:	07/09/2012 N/A
West Palm Beach, FL 33407			it Status:	N/A
	AND VINE TO THE RESIDENCE OF THE PERSON OF T		***************************************	
Provider Type:		Current Rate	New Rate	Effective Dat
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers	<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		201.08	206.57	07/01/2012
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew 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		ydell Samuel, Ac aid Cost Reimburser		R
Contract Management				
Permanent File				
Program Development:				



Covenant Hospice, Inc		Provider Number: 087517100 Date: 07/09/2012		
5041 N. 12th		Fiscal Y		N/A
Pensacola, FL 32504		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		190.07	196.40	07/01/2012
Basis:	Rate Type:			,
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	Settlemen	nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	***************************************	/dell Samuel, Ad aid Cost Reimbursen		
For information Only (No Change in rate)				



T 4 0 . 171 11 TT .		for Non-Institut		
North Central Florida Hospice Attn: Revenue Accounting Manager		Provider Number: Date:		087519800 07/09/2012
1200 NW 90th Blvd		Fiscal Y		N/A
Gainesville, FL 32606		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Dat
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		185.40	190.32	07/01/2012
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		F



Hospice of Marion County		Provider 1	087520100	
P.O. Box 4860		Fiscal Y	Date: ear End:	07/09/2012 N/A
Ocala, FL 34478		Audit Status: No		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		196.52	201.94	07/01/2012
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectivePayment System RateXAverage Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Medica	aid Cost Reimburser	nent Analysis	



Hospice of Health First		Provider Number: 087522800 Date: 07/09/2012		
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				
#658 Room and Board		192.61	197.18	07/01/2012
Basis:	Rate Type :			
Budget	X Prospectiv	/a		
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	Settlemen	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)				



Hospice of Volusia		Provider Number: 08752360 Date: 07/09/202		
3800 Woodbriar Trail		Fiscal Year End:		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				
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		185.82	190.02	07/01/2012
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
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		
		ydell Samuel, Ac aid Cost Reimburser		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Big Bend Hospice		Provider Number: 087524400		
1723 Mahan Center Blvd.		Fiscal Y	Date: ear End:	07/09/2012 N/A N/A
Tallahassee, FL 32308			it Status:	
Provider Type:	The state of the s	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		189.86	194.94	07/01/2012
Basis:	Rate Type :			
Budget	X Prospectiv			
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective Payment System Rate	Interim			
X Average Nursing Home Rate	Total Inte	erim of based on costs		
,	····	/dell Samuel, Ac		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Hospice of the Florida Keys, Inc.		Provider Number: 087525200 Date: 07/09/2012			
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 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		175.88	247.25	07/01/2012	
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 crim at based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		/dell Samuel, Ad iid Cost Reimburser		 	
For information Only (No Change in rate	e)				



lospice of Lake and Sumter		Provider 1	Number: Date:	087526100 07/09/2012
2300 Lane Park Road		Fiscal Year End: Audit Status:		N/A
Tavares, FL 32778				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	A			
#656 General Inpatient Care				
#658 Room and Board		193.67	198.98	07/01/2012
Budget Unaudited costs Desk audited costs Field audited costs		ve Prospective ctive Adjusted for N	lew Costs	
Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Interim Total Interim Settleme	erim nt based on costs		



Tidewell Hospice & Palliative Care		Provider 1	Number: Date:	087527900 07/09/2012
5955 Rand Blvd		Fiscal Y		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		199.60	206.09	07/01/2012
Basis:	Rate Type :			
Budget	X Prospectiv	/e.		
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		
		ydell Samuel, Ad	7.	R
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Hospice of the Treasure Coast	ment I to Dem Nates	Provider 1		087528700
Trospice of the Trousare Coust			Date:	07/09/2012
1201 SE Indian St		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 Centers	· · · · · · · · · · · · · · · · · · ·			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		193.34	200.84	07/01/2012
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs	-	Prospective		
Desk audited costs	*******************************	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Payment System Rate X Average Nursing Home Rate	Total Into	erim nt based on costs		
	Settlemen	iit based oil costs		
		ydell Samuel, Ac		
	Medica	aid Cost Reimburser	nent Analysis	1
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Plogram Development,				
For information Only (No Change in rate)				



Hospice by the Sea		Provider 1	Number: Date:	087529500 07/09/2012
1531 W. Palmetto Park Road		Fiscal Year End:		N/A
Boca Raton, FL 33486		Audi	t Status:	N/A
Provider Type: Current Rate New I		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		201.30	207.40	07/01/2012
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	ew Costs	
Distribution: Fiscal Agent Contract Management		ydell Samuel, Ad aid Cost Reimburser		R.



Hospice of the Florida Suncoast		Provider 1		087532500
5771 D		Piggal V	Date:	07/09/2012
5771 Rosevelt Blvd			ear End: it Status:	N/A N/A
Clearwater, FL 33760				14/71
Provider Type:		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		193.98	198.98	07/01/2012
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	Jew Costs	
Distribution: Fiscal Agent Contract Management		ydell Samuel, Ac aid Cost Reimburser		RV



Hope Hospice & Palliative Care		Provider 1	Number: Date:	087535000 07/09/2012
9470 Health Park Circle		Fiscal Y		N/A
Ft. Myers, FL 33908		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		195.40	200.87	07/01/2012
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, Ad		RV.



Hospice of Citrus County		Provider 1		087536800 07/09/2012
PO Box 641270		Fiscal Y		N/A
Beverly Hills, FL 34464		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		184.13	190.12	07/01/2012
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)				



<u>Medicaid Reimburse</u>	ement Per Diem Rates	ior Non-Instituti	ionai Provide	<u>rs</u>
Avow Hospice		Provider 1		087537600
		Fiscal Y	Date:	07/09/2012
1095 Whippoorwill Lane			t Status:	N/A N/A
Naples, FL 34105	·····			11/11
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		198.35	204.09	07/01/2012
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectivePayment System RateXAverage Nursing Home Rate	Interim Total Inte	rospective ctive Adjusted for N	ministrator	R/
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate				



Hospice of Okeechobee	Kennbursement i et Diem Kate	Provider 1	Number:	087538400
	op 41 o		Date:	07/09/2012
411 SE 4th Street			ear End:	N/A N/A
Okeechobee, FL 34974		Audit Status:		N/A
Provider Type:	40	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health	h Centers			
X Hospice Provider				
#651 Routine Home Car	re			
#652 Continuous Home	Care			
#655 Inpatient Respite	Care			
#656 General Inpatient	Care			
#658 Room and Board	County: Okeechobee	217.07	220.34	07/01/2012
Basis:	Rate Type :			
Budget	X Prospect	ive		
Unaudited costs		Prospective		
Desk audited costs		ective Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	. •		
Average Nursing Home Rat	e Total In	terim ent based on costs		
	Dettioni	one ousea on costs		
	W. R	Lydell Samuel, Ad	ministrator	RV
		Lydell Samuel, Accaid Cost Reimburser		R
Distribution				R
<u>Distribution:</u> Fiscal Agent				R
Fiscal Agent Contract Management				Pr
Fiscal Agent Contract Management Permanent File				R
Fiscal Agent Contract Management				P
Fiscal Agent Contract Management Permanent File	Medic			P



Catholic Hospice	Provider 1	Number: Date:	087569400 07/09/2012
14875 NW 77th Ave	Fiscal Y		N/A
Miami Lakes, FL 33014	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	208.69	217.13	07/01/2012
	•	Iew Costs	
Medicare - Prospective Interim Payment System Rate Total Interim	•		
N A SHARE NAME OF THE POST OF	ent based on costs		
	ydell Samuel, Ac aid Cost Reimburser		
Permanent File			
Program Development:			
For information Only (No Change in rate)			



Medicaid Reimbursement Per Diem Rate				
Gulfside Regional Hospice		Provider Number: Date:		087570800 07/09/2012
6111 Trouble Creek Rd		Fiscal Y		N/A
New Port Richey, FL 34653		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Dat
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		191.00	192.27	07/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospe Interim Total Integral Settleme	Prospective ctive Adjusted for N		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Medica	aid Cost Reimburser	nent Analysis	



ospice of Gold Coast		Provider l	Number: Date:	150000700 07/09/2012
101 W. Commercial Blvd Suite 4500		Fiscal Y		N/A
Lauderdale, FL 33309		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		190.47	196.22	07/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management		ydell Samuel, Ad aid Cost Reimburser		



schient i et Diem Rates	ioi ivon-institut	ionai i ioviue	<u>rs</u>	
Hospice Care of South Fl. 7270 N.W. 12th St., PH#6		Provider Number:		
			07/09/2012 N/A	
			N/A	
	1			
	Current Rate	New Rate	Effective Date	
' S				
	185.70	215.58	07/01/2012	
X Prospective Total Frospective Prospective Prospective Total Interim	Prospective ctive Adjusted for N erim	lew Costs		
	· · · · · · · · · · · · · · · · · · ·			
	Rate Type: X Prospective Total Ferospe Interim Total Interim Settlement	Provider I Fiscal Y Audi Current Rate 185.70 Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Act	Date: Fiscal Year End: Audit Status:	



Florida Hospital Hospice Care		Provider 1	Number: Date:	150003100 07/09/2012
770 W. Granada Blvd Suite 319		Fiscal Year End:		N/A
Ormond Beach, FL 32174			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		202.05	207.30	07/01/2012
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive 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		
		ydell Samuel, Ad aid Cost Reimbursen		R
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				



Hospice of Emerald Coast		Provider	Number: Date:	150009100 07/09/2012	
PO Box 2127		Fiscal Year End: Audit Status:		N/A	
Dothan, AL 36302				N/A	
Provider Type:		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		186.51	194.24	07/01/2012	
Basis:	Rate Type:				
Budget	X Prospectiv	⁄e			
Unaudited costs		Prospective			
Desk audited costs	Prosper	pective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective Payment System Rate	Interim Total Inte	·			
X Average Nursing Home Rate		nt based on costs			
	W	ydell Samuel, Ac		K	
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only (No Change in ra	ite)				
	,				



<u>Medicaid Reimbur</u>	sement fer Diem Kates			13		
Vitas Healthcare Corp of Florida - Congress Ave Attn: Angela Santana 100 S. Biscayne Blvd Suite 1400 Miami, FL 33131		Provider Number: Date: Fiscal Year End: Audit Status:		150013900 07/09/2012 N/A 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		201.56	206.28	07/01/2012		
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	Total Prospective Prospective Adjusted for New Costs				
		ydell Samuel, Ac		R.		



Good Shepherd Hospice, Inc		Provider 1			
115 South Missouri Ave		Date: Fiscal Year End:		0//09/2012 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					
#658 Room and Board		188.07	192.01	07/01/2012	
Basis:	Rate Type :		_		
Dudget	X Prospectiv				
Budget Unaudited costs		Prospective			
Desk audited costs Prospe		ective Adjusted for New Costs			
Field audited costs Medicare - Prospective	Interim				
Payment System Rate Total Int		terim			
X Average Nursing Home Rate	Settlement based on costs				
		ydell Samuel, Ad aid Cost Reimburser		R	
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only (No Change in rate)					



LifePath Hospice, Inc. 3010 W. Azeele Street Tampa, FL 33609 Provider Type:		Provider 1	150022800 07/09/2012 N/A N/A	
		Date: Fiscal Year End: Audit Status:		
				Current Rate
		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				
#658 Room and Board	,	188.70	193.63	07/01/2012
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	X Prospecti Total I Prospe			
Distribution:		ydell Samuel, Ac aid Cost Reimburser		R.