

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:	07/02/2013
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			-1.7 for the second
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	189.18	188.88	07/01/2013

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

Samaritan Care Hospice of Osceola, LLC Samaritan Care Hospice 1300 North Semoran Blvd., Ste 210 Orlando, FL 32807			Number: Date: ear End: it Status:	000532400 07/02/2013 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		194.55	194.52	07/01/2013
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 Interim				
X Average Nursing Home Rate	Settlemer	nt based on costs		
Distribution: Fiscal Agent		/dell Samuel, Ad aid Cost Reimburser		

____ For information Only (No Change in rate)

Contract Management Permanent File Program Development:



Vitas Healthcare Corp of Central Florida		Provider 1		000602600
Attn: Angela Santana			Date:	07/02/2013
100 S. Biscayne Blvd Suite 1400		Fiscal Y		N/A
Miami, FL 33131		Audi	t Status:	N/A
Provider Type:	C	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		197.96	200.75	07/01/2013
Basis:	Rate Type :			
Budget	Prospective			
Unaudited costs	Total Pros	spective		
Desk audited costs	Prospectiv	ve Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Payment System Rate X Average Nursing Home Rate	Total Interin			
	Settlement t	pased on costs	<u>1</u>	P
		ell Samuel, Ad		
	Medicaid	Cost Reimbursen	nent Analysis	-
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Program Development				



Odyssey Health Care Miami-Dade		Provider 1	Number: Date:	001572800 07/02/2013
5755 Blue Lagoon Dr Suite 170		Fiscal Year End:		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	3			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	A CONTRACTOR OF THE CONTRACTOR	196.37	198.95	07/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Interim Total Int	Prospective ctive Adjusted for N erim nt based on costs		 R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	***************************************	ydell Samuel, Ad aid Cost Reimburser		



	Provider 1	Number: Date:	001636100 07/02/2013
	Fiscal Y	ear End:	N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
3			
			,
	197.70	200.67	07/01/2013
X Prospective Total Prospective Prospectiv	ve Prospective ctive Adjusted for N erim	lew Costs	
			<u>F</u>
	Rate Type: X Prospective Total Frospe Interime Total Interime Settlement	Current Rate Current Rate	Fiscal Year End: Audit Status: Current Rate New Rate 197.70 200.67 Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Seasons Hospice and Palliative Care of Southern FL 5200 Northeast 2nd Avenue		Provider Number: Date:		002782200
		Fiscal Y		07/02/2013 N/A
Miami, FL 32405		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		216.75	221.27	07/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Pros Interim Total I	ctive Il Prospective pective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File		Rydell Samuel, Ac		F



Brevard HMA, LLC Wuesthoff Brevard Hospice & Palliative Car 8060 Spyglass Rd. Viera, FL 32940	e	Provider I Fiscal Y Audi	Date:	003694700 07/02/2013 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	THE RESERVE TO THE RE			
#658 Room and Board		194.25	198.01	07/01/2013
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	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		ydell Samuel, Ac aid Cost Reimburser	71	<u>F</u>



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care of Florida III, Inc.	Provider Number:	003815300
Heartland Hospice Services - Plantation	Date:	07/02/2013
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	205.84	209.79	07/01/2013

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 Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of FL II, Inc.	Provider Number:	004244800
Heartland Hospice Services (Homestead)	Date:	07/02/2013
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	196.92	201.75	07/01/2013

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

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Medicaid Reimbursement P	Diem Rate	s for Non-Institut	ional Provide	ers .
Compassionate Care Hospice of Miami Dade, Inc.		Provider 1	Number:	004579400
Compassionate Care Hospice			Date:	07/02/2013
600 Highland Drive STE 624			ear End:	N/A
Westampton, NJ 08060		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	=	189.96	190.03	07/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	ProspeInterimTotal Int	Prospective octive Adjusted for N	Jew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	***************************************	ydell Samuel, Ad aid Cost Reimburser		



ement Per Diem Rates			13
	Provider 1		087000500
	Pinnel W		07/02/2013
			N/A N/A
	Audi	u Status.	N/A
	Current Rate	New Rate	Effective Date
S			
	183.63	183.00	07/01/2013
X Prospective Total For Prospective Total For Prospective Total Interiment Interiment Total Interiment Interior I	Prospective active Adjusted for N	lew Costs	
			R
	Rate Type: X Prospective Total Interime Total Interime Settlement W. R.	Rate Type: X Prospective Total Prospective Adjusted for N	Provider Number: Date: Fiscal Year End: Audit Status: Current Rate New Rate 183.63 183.00 Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Vitas Healthcare Corporation - Dade County		Provider 1		087246600
Attn: Angela Santana		p. 137	Date:	07/02/2013
100 S. Biscayne Blvd Suite 1400		Fiscal Ye	ear End: t Status:	N/A
Miami, FL 33131		Audi	i 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		210.30	213.75	07/01/2013
Basis:	Rate Type :			
Budget	X Prospective	r		
Unaudited costs		ospective		
Desk audited costs		ive Adjusted for N	ew Costs	
Field audited costs				
	Interim	_		
Medicare - Prospective Payment System Rate	Total Inter	im based on costs		
		dell Samuel, Ad		
	Medicai	d Cost Reimbursen	nent Analysis	4
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				



St. Francis Hospice		Provider 1	Date:	087255500 07/02/2013
1250-B Grumman Place		Fiscal Ye	ear End: t Status:	N/A N/A
Titusville, FL 32780		7 tuui	i Diarus.	19/74
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		195.77	198.88	07/01/2013

Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		- Le de la semi
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		
		ydell Samuel, Ad aid Cost Reimburser		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Iospice of the Comforter		Provider 1	Number: Date:	087256300 07/02/2013
30 West Central Pkwy		Fiscal Y		N/A
ltamonte 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 Center	'S			
X Hospice Provider				
#651 Routine Home Care				198 18
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		196.64	198.73	07/01/2013
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	lew Costs	
		ydell Samuel, Ad aid Cost Reimburser		R



Community Hospice of Northeast		Provider ?	Number: Date:	087407800 07/02/2013
4266 Sunbeam Road		Fiscal Y	ear End:	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				et in the second of
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		191.83	194.38	07/01/2013
Basis: Budget	Rate Type:			
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospect Pro	rospective stive Adjusted for N rim t based on costs	ew Costs	
		dell Samuel, Adid Cost Reimburser		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Hospice of Martin & St. Lucie	Hospice of Martin & St. Lucie			087514700 07/02/2013
1201 SE Indian Street Stuart, FL 34997		Date: Fiscal Year End: 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				
#658 Room and Board		207.28	214.82	07/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Interim Total Inte Settlemen W. Ry	rospective ctive Adjusted for N	lministrator	<u>F</u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Hernando-Pasco Hospice, Inc.		Provider 1	Number: Date:	087515500 07/02/2013
12107 Majestic Blvd.		Fiscal Y	ear End:	N/A
Hudson, FL 34667		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		193.06	195.86	07/01/2013
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 Settlemen W. Ry	rospective ctive Adjusted for N	lministrator	R
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Hospice of Palm Beach County		Provider 1	Date:	087516300 07/02/2013
5300 East Avenue		Fiscal Y		N/A
West Palm Beach, FL 33407		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		207.30	211.01	07/01/2013
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	iew Costs	
		ydell Samuel, Ac		R



Covenant Hospice, Inc		Provider 1	Number: Date:	087517100 07/02/2013
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		195.63	198.35	07/01/2013
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		A. A
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	Control
Field audited costs				
Medicare - Prospective Payment System Rate	Interim Total Inte	im		
X Average Nursing Home Rate		it based on costs		
	***************************************	dell Samuel, Adid Cost Reimburser		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



***		tor Non-Instituti		
North Central Florida Hospice		Provider 1		087519800
Attn: Revenue Accounting Manager 4200 NW 90th Blvd		Fiscal Y	Date: ear End:	07/02/2013 N/A
Gainesville, FL 32606			t Status:	N/A
-	-		NY D	TICS AT TO
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				
#658 Room and Board		191.12	192.94	07/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	ProspeInterimTotal Int	Prospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser		



Hospice of Marion County		Provider 1	Number: Date:	087520100 07/02/2013
P.O. Box 4860		Fiscal Y		N/A
Ocala, FL 34478		Audi	t Status:	N/A
Provider Type:	The state of the s	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	V IIII		***************************************	
#658 Room and Board		202.57	204.63	07/01/2013
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	
		ydell Samuel, Ac aid Cost Reimburser		R



Hospice of Health First		Provider 1	Number: Date:	087522800
1000 Daine Bood		Fiscal Year End:		07/02/2013 N/A
1900 Dairy Road West Melbourne, FL 32904			t Status:	N/A N/A
	and the state of t	· [and the second s	
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		203.17	207.51	07/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	X Prospective Total For Prospective Total For Prospective Total Interiment Total Interiment Settlement Settlement Total Interiment Settlement Total Interiment Total Interiment Settlement Settlement Settlement Settlement Total Interiment Settlement Settleme			
Distribution: Fiscal Agent Contract Management		ydell Samuel, Ad aid Cost Reimburser		<u>F</u>



Hospice of Volusia		Provider 1	Number: Date:	087523600
800 Woodbriar Trail		Fiscal Year End:		07/02/2013 N/A
Port Orange, FL 32129		- · · ·		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			11011 11410	Directive Butt
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		189.33	193.41	07/01/2013
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	
<u>Distribution:</u> Fiscal Agent Contract Management		ydell Samuel, Ad aid Cost Reimburser		



1723 Mahan Center Blvd. Tallahassee, FL 32308 Provider Type: Current Rate Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider #651 Routine Home Care #655 Inpatient Respite Care #656 General Inpatient Care	Big Bend Hospice		Provider 1	Number: Date:	087524400 07/02/2013
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 197.10 201.46 07/01/2013 Basis: Rate Type:			Fiscal Year End: N/A		
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 197.10 201.46 07/01/2013 Basis: Rate Type:	Provider Type:		Current Rate	New Rate	Effective Date
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 197.10 201.46 07/01/2013 Basis: Rate Type: Budget Unaudited costs Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Payment System Rate X Average Nursing Home Rate W. Rydell Samuel, Administrator	Rural Health Clinic				
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis: Rate Type :	Swing-Bed Provider				
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Possion	Federally Qualified Health Centers	3			
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 197.10 201.46 07/01/2013 Basis: Rate Type :	X Hospice Provider				
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board 197.10 201.46 07/01/2013 Basis:	#651 Routine Home Care				
#656 General Inpatient Care #658 Room and Board 197.10 201.46 07/01/2013 Basis: Rate Type :	#652 Continuous Home Care				
#658 Room and Board Basis:	#655 Inpatient Respite Care				
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 W. Rydell Samuel, Administrator	#656 General Inpatient Care				
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 W. Rydell Samuel, Administrator W. Rydell Samuel, Administrator	#658 Room and Board		197.10	201.46	07/01/2013
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 W. Rydell Samuel, Administrator W. Rydell Samuel, Administrator					
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate Total Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs W. Rydell Samuel, Administrator	Basis:	Rate Type :			
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate Total Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs W. Rydell Samuel, Administrator	Budget	X Prospectiv	7 e .		
Desk audited costs Field audited costs Medicare - Prospective Payment System Rate Total Interim X Average Nursing Home Rate W. Rydell Samuel, Administrator					
Medicare - Prospective Payment System Rate Total Interim Average Nursing Home Rate W. Rydell Samuel, Administrator	Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Payment System Rate X Average Nursing Home Rate Total Interim Settlement based on costs W. Rydell Samuel, Administrator					
X Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrator					
W. Rydell Samuel, Administrator					
Medicaid Cost Reinfoursement Analysis		Settlemen W. R	nt based on costs /dell Samuel, Ac		<u>r</u>
	Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
Contract Management Permanent File	For information Only (No Change in rate)			



Hospice of the Florida Keys, Inc.		Provider 1	Number: Date:	087525200	
1319 William Street		Fiscal Y		07/02/2013 N/A	
Key West, FL 33040		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		258.06	224.58	07/01/2013	
Basis:	Rate Type :				
Budget	X Prospectiv	1 A			
Unaudited costs		rospective			
Desk audited costs		spective Adjusted for New Costs			
Field audited costs					
Medicare - Prospective	Interim				
Payment System Rate X Average Nursing Home Rate	Total Inte				
	Settlemen	t based on costs			
	W. R:	dell Samuel, Ac	lministrator	K	
	Medic	id Cost Reimburser	nent Analysis	4	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
Program Development:					
For information Only (No Change in rate	`				
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Wicalcald Itellibuis	ement Per Diem Rates	101 1\011-1113titut	ional i lovide	<u>rs</u>
Hospice of Lake and Sumter		Provider]		087526100
100001 P. I. P. I.		Eicaal V	Date: ear End:	07/02/2013
12300 Lane Park Road			it Status:	N/A N/A
Tavares, FL 32778		-		1 1/1 1
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Center	<u>'S</u>			
X Hospice Provider				
#651 Routine Home Care				1 .7.
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		196.92	~ 200.10	07/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	ProspelnterimTotal Inte	Prospective ctive Adjusted for N	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		



Tidewell Hospice & Palliative Care		Provider 1	Number: Date:	087527900 07/02/2013
5955 Rand Blvd		Fiscal Y		N/A
Sarasota, FL 34238		Audi	t Status:	N/A
Provider Type:	710 LL.	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care				6.2 8 14 2 7.2
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		207.43	211.94	07/01/2013
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	erim		
X Average Nursing Home Rate	Settlemer	nt based on costs		
		/dell Samuel, Ad		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Hospice of the Treasure Coast		Provider 1		087528700
1201 GE I . I' . G		Fiscal Y	Date:	07/02/2013
1201 SE Indian St			ear Enu: t Status:	N/A N/A
Stuart, FL 34997		1100	t Glatas.	IVA
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		202.04	205.59	07/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective		ve Prospective ctive Adjusted for N	ew Costs	
Payment System Rate X Average Nursing Home Rate	Total Inte	erim nt based on costs		



Hospice by the Sea		Provider 1	Number: Date:	087529500 07/02/2013
1531 W. Palmetto Park Road		Fiscal Y		07/02/2013 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 Center	'S			
X Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	HIIII IOO			
#658 Room and Board		206.79	211.71	07/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prosp Interim Total In	ive Prospective Dective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	***************************************	Rydell Samuel, Adcaid Cost Reimburser		



Iospice of the Florida Suncoast		Provider 1		087532500
771 Daggyalt Dlyd		Fiscal V	Date:	07/02/2013 N/A
771 Rosevelt Blvd Clearwater, FL 33760		Fiscal Year End: Audit Status:		N/A
*	P-1 10 Miles Land			
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Cent	ters			
X Hospice Provider				
#651 Routine Home Care				-
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		201.01	202.48	07/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate		Prospective ective Adjusted for N	Jew Costs	
A Average Nuising Home Rate	Settleme	nt based on costs		7
		ydell Samuel, Ad aid Cost Reimburser		
Distribution:				
Fiscal Agent Contract Management				



Hope Hospice & Palliative Care		Provider 1	Number: Date:	087535000 07/02/2013
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		202.62	~204.10	07/01/2013
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospe Interim Total Inte	Prospective ective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File		ydell Samuel, Ac aid Cost Reimburser		



ospice of Citrus County		Provider 1		087536800
O Per 641270		Fiscal Y	Date: ear End:	07/02/2013 N/A
O Box 641270			t Status:	N/A N/A
everly Hills, FL 34464				14/11
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				X 1
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		190.11	191.21	07/01/2013
Budget	X Prospectiv			
Unaudited costs		Prospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective Payment System Rate	Interim			
X Average Nursing Home Rate	Total Into	erim nt based on costs		
	W D.	ydell Samuel, Ac	Iminiatenta	 R
		aid Cost Reimburser		1—
T. (T			•	
Distribution: Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				



vow Hospice	***************************************	Provider 1		087537600
		T75 1 37	Date:	07/02/2013
095 Whippoorwill Lane		Fiscal Y	ear End: it Status:	N/A
Vaples, FL 34105		Auu	n 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		204.05	203.97	07/01/2013
Budget Unaudited costs	Rate Type : X Prospective Total F			
Desk audited costs Field audited costs		ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
Payment System Rate	Total Inte	erim		
X Average Nursing Home Rate	Settlemen	nt based on costs	**************************************	
		ydell Samuel, Ac aid Cost Reimburser		圣
Distribution:				
Fiscal Agent				
Contract Management Permanent File				



Hospice of Okeechobee		Provider 1	Number: Date:	087538400 07/02/2013
411 SE 4th Street		Fiscal Y		N/A
Okeechobee, FL 34974		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		1		
Federally Qualified Health Centers				1
X Hospice Provider				· ·
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		223.43	231.51	07/01/2013
Basis: R	ate Type :			
Budget X	Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				!
Medicare - Prospective Payment System Rate	Interim			ı
X Average Nursing Home Rate	Total Inte	rim it based on costs		
	W. Ry	dell Samuel, Ad		R
	Medica	id Cost Reimbursen	nent Analysis	-
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



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Catholic Hospice		Number: Date:	087569400 07/02/2013
			N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
S			
	220.29	224.05	07/01/2013
X Prospective Total Frospective Prospective Prospectiv	rospective ctive Adjusted for N erim	lew Costs	
	Rate Type: X Prospective Total Prospective Total Prospective Total Interime Total Interime Settlement W. Ry	Provider I Fiscal Y Audi Current Rate 220.29 Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Act	Fiscal Year End: Audit Status: Current Rate New Rate 220.29 224.05 Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Gulfside Regional Hospice		Provider 1		087570800
		Fiscal Y	Date:	07/02/2013
6111 Trouble Creek Rd			t Status:	N/A N/A
New Port Richey, FL 34653		Audi	i 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				* 1
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		195.81	197.84	07/01/2013
Basis:	Rate Type :			
D. I. (W D			
Budget Unaudited costs	X Prospectiv	rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs	1105pc	onvo majastoa toi m		
Medicare - Prospective	Interim			
Payment System Rate	Total Inte	erim		
X Average Nursing Home Rate	Settlemen	nt based on costs		
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		ydell Samuel, Ad	/* \	
	Medica	aid Cost Reimburser	nent Analysis	•
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				



Hospice of Gold Coast		Provider 1	Number: Date:	150000700 07/02/2013	
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	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
Federally Qualified Health Center	S				
X Hospice Provider					
#651 Routine Home Care				The state of the state of	
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board		200.48	202.66	07/01/2013	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	Prospection Interim Total Interim	rospective ctive Adjusted for N	lew Costs		
Distribution: Fiscal Agent Contract Management Permanent File		ydell Samuel, Ad aid Cost Reimburser			



Hospice Care of South Fl.	Provider	Date:	150001500 07/02/2013
7270 N.W. 12th St., PH#6		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			
#658 Room and Board	227.05	~ 229.83	07/01/2013
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Payment System Rate T	ospective Total Prospective Prospective Adjusted for N	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburse		



ricottata Reimburs	ement Per Diem Rates	101 110H-1HStitut	IOHAI I TOVIGE	<u>rs</u>
Florida Hospital Hospice Care		Provider 1		150003100
770 W. Granada Blvd Suite 319		Fiscal Y	Date:	07/02/2013 N/A
Ormond Beach, FL 32174			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	ADMANDA AND AND AND AND AND AND AND AND AND			
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		207.36	211.43	07/01/2013
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	Jew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	<u></u>	ydell Samuel, Ac aid Cost Reimburser		



Fiscal Ye Audit	ear End: Status: New Rate	N/A N/A Effective Date
	F 1 To 2012 MANAGEMENT AND ASSESSMENT OF THE PARTY OF THE	
rrent Rate	New Rate	Effective Date
		1 - 4 - 4 - 1
194.76	~ 198.95	07/01/2013
ective Adjusted for Ne	ew Costs	
l Samuel, Adı	ministrator lent Analysis	R
o		



Wide Harlibara Cam of Flacila Camara		Provider 1		
Vitas Healthcare Corp of Florida - Congress Ave		Date:		150013900 07/02/2013
Attn: Angela Santana		Fiscal Y		N/A
100 S. Biscayne Blvd Suite 1400			t Status:	N/A
Miami, FL 33131				1771
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				11 11 11
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		207.88	~211.03	07/01/2013
Basis:	Rate Type :			
Policy	V D			
Budget Unaudited costs	X Prospectiv	Prospective		
Desk audited costs		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		
				マ
	W. R	ydell Samuel, Ad	lministrator	
	Medica	aid Cost Reimburser	nent Analysis	
Distributions				
<u>Distribution:</u> Fiscal Agent				
Fiscal Agent				



ement Per Diem Rates	ior Non-Institut	ional Provide	<u>rs</u>
	Provider 1		150021000
115 South Missouri Ave			07/02/2013
			N/A N/A
Lakeland, FL 33815			17/1
	Current Rate	New Rate	Effective Date
3			
			-,
	191.83	192.63	07/01/2013
X Prospective Total For Prospective Total For Prospective Total Interiment Total Interiment Settlement Total Interiment Settlement Total Interiment Total Interiment Total Interiment Total Interiment Settlement Settlement Total Interiment Settlement Settl	Prospective ctive Adjusted for N erim nt based on costs		 R
			 -
	Rate Type: X Prospective Total Ferospe Interime Total Interime Settlement W. Ry	Provider ? Fiscal Y Audi Current Rate 191.83 Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Act	Rate Type: X Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim Total Interim



LifePath Hospice, Inc.		Provider Number: Date: Fiscal Year End:		150022800 07/02/2013 N/A
Campa, FL 33609	V-0-1-1-1 AF			
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			V-1990	
#656 General Inpatient Care				
#658 Room and Board		194.36	196.8 1	07/01/2013
Budget Unaudited costs Desk audited costs	Total Prospective Prospective Adjusted for New Costs			
Field audited costs Medicare - Prospective Payment System Rate X Average Nursing Home Rate	InterimTotal Inte	erim nt based on costs		
	W. R	ydell Samuel, Ac		R
Distribution: Fiscal Agent Contract Management Permanent File				