

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

HCR Manor Care Services of Florida, Inc. Heartland Home Health Care and Hospice 8130 Baymeadows Way West, Suite 201 Suite 201	Provider l Fiscal Y Audi	Date:	000141800 09/22/2010 N/A N/A
Jacksonville, FL 32256			
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	\$138.17	\$141.97	10/01/2010
#652 Continuous Home Care	33.57	34.49	10/01/2010
#655 Inpatient Respite Care	\$151.39	\$155.49	10/01/2010
#656 General Inpatient Care	\$615.35	\$632.19	10/01/2010
#659 Room and Board			:
Basis: Rate T	ype:		
Budget Y Pro	ospective		
	Total Prospective		
Desk audited costs	Desk audited costs Prospective Adjusted for New Costs		

Interim

Total Interim

Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

Field audited costs

Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

For	information	Only ((No	Change	in rate)
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Florida Agency for Health Care Administration

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Samaritan Care Hospice of Osceola, LLC	Provider	Number:	000532400
Samaritan Care Hospice		Date:	09/22/2010
1300 North Semoran Blvd, Suite 210	Fiscal Y	ear End:	N/A
Orlando, FL 32807	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			i
#651 Routine Home Care	\$139.34	\$140.34	10/01/2010
#652 Continuous Home Care	33.86	34.10	10/01/2010
#655 Inpatient Respite Care	\$152.39	\$154.10	10/01/2010
#656 General Inpatient Care	\$620.19	\$625.47	10/01/2010
#659 Room and Board			: : <u></u>
Basis:	Rate Type:		
Budget	X Prospective		
Unaudited costs	Total Prospective		
Desk audited costs	Prospective Adjusted for ?	New Costs	
Field audited costs	_		
Medicare - Prospective	Interim		
Average Nursing Home Rate	Total Interim Settlement based on costs		
	W. Rydell Samuel, Ac	Iministrator	K
	Medicaid Cost Reimburse		1 -

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Central Florida Attn: Angela Santana 100 S. Biscayne Blvd Suite 1400 Miami, FL 33131		Provider I Fiscal Y Audi	Date:	000602600 09/22/2010 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				ı
Federally Qualified Health Centers		:		
X Hospice Provider		!		
#651 Routine Home Care		\$141.63	\$141.49	10/01/2010
#652 Continuous Home Care		34.41	34.38	10/01/2010
#655 Inpatient Respite Care		\$154.35	\$155.09	10/01/2010
#656 General Inpatient Care		\$629.68	\$630.22	10/01/2010
#659 Room and Board				
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			
Average Nursing Home Rate	Total Inte	erim it based on costs		
	Schleine.	it dascu oii costs		
	W. R	ydell Samuel, Ad	Iministrator	K

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Odyssey Health Care Miami-Dade	Provider Number: 00157280 Date: 09/22/201			
5775 Blue Lagoon Dr Suite 170	Fiscal Year End: N/A			
Miami, FL 33126	Aud	it Status:	N/A	
Provider Type:	Current Rate	Current Rate New Rate Effective		
Rural Health Clinic				
Swing-Bed Provider			:	
Federally Qualified Health Centers		·		
X Hospice Provider				
#651 Routine Home Care	NA	\$150.92	10/01/2010	
#652 Continuous Home Care	NA	10/01/2010		
#655 Inpatient Respite Care	NA \$163.16			
#656 General Inpatient Care	NA	10/01/2010		
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs	New Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ac Medicaid Cost Reimburser			



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Number: 00163610					
Fiscal V		09/22/2010 N/A			
		N/A			
		14/11			
Current Rate	New Rate	Effective Date			
	<u></u>	: :			
\$130.32	\$133.60	10/01/2010			
31.66	10/01/2010				
\$144.66	\$148.33	10/01/2010			
\$582.84	\$597.57	10/01/2010			
Rate Type :					
Y Prospective					
Total Prospective					
Prospective Adjusted for N	New Costs				
Interim					
Settlement based on costs		-			
	1	R/			
W. Rydell Samuel, Ac	lministrator				
Medicaid Cost Reimburser	ment Analysis				
	Fiscal Y Aud Current Rate \$130.32 31.66 \$144.66 \$582.84 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:			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of I.R.C.	Provider 1		087000500
1110 25d. S4	Fiscal V	Date: ear End:	09/22/2010 N/A
1110 35th St Vero Beach, FL 32960		it Status:	N/A
Velo Beach, TE 32700	· ·· · · · · · · · · · · · · · · · ·		
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider		<u>.</u>	
Federally Qualified Health Centers		27.	
X Hospice Provider			
#651 Routine Home Care	\$140.44	\$144.67	10/01/2010
#652 Continuous Home Care	34.12	35.15	10/01/2010
#655 Inpatient Respite Care	\$153.33	\$157.81	10/01/2010
#656 General Inpatient Care	\$624.71	\$643.38	10/01/2010
#659 Room and Board		·	
	· · · · · · · · · · · · · · · · · · ·		
Basis: R	ate Type :		
Budget X	Prospective		
Budget X Unaudited costs	Total Prospective		
Desk audited costs	Prospective Adjusted for N	New Costs	
Field audited costs	•		
Medicare - Prospective X Payment System Rate	Interim Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ac Medicaid Cost Reimburse		R
Di-4-th-4ion.			
<u>Distribution:</u> Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corporation - Dade County Attn: Angela Santana 100 S. Biscayne Blvd Suite 1400 Miami, FL 33131	Provider N Fiscal Ye Audit		Date:	087246600 09/22/2010 N/A N/A
Provider Type:	· · · · · · · · · · · · · · · · · · ·	Current Rate	New Rate	Effective Date
Rural Health Clinic				:
Swing-Bed Provider				:
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care		\$146.81	\$150.92	10/01/2010
#652 Continuous Home Care		35.67	36.67	10/01/2010
#655 Inpatient Respite Care		\$158.79	\$163.16	10/01/2010
#656 General Inpatient Care		\$651.08	\$669.22	10/01/2010
#659 Room and Board	:			
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs		e ospective tive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inter	rim based on costs		
		dell Samuel, Ad d Cost Reimburser		

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Francis Hospice		Provider 1	Number: Date:	087255500 09/22/2010
1250-B Grumman Place		Fiscal Y		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		\$141.63	\$141.49	10/01/2010
#652 Continuous Home Care		34.41	34.38	10/01/2010
#655 Inpatient Respite Care		\$154.35	\$155.09	10/01/2010
#656 General Inpatient Care		\$629.68	\$630.22	10/01/2010
#659 Room and Board				· ·
Basis:	Rate Type :		<u></u>	
Budget	X Prospectiv	e		
Unaudited costs	Total P	rospective		
Desk audited costs	Prospec	tive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim	•		
Payment System Rate Average Nursing Home Rate	Total Inte	rım t based on costs		
		dell Samuel, Ad		R.
	Medica	id Cost Reimburser	nent Analysis	Y

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Comforter		Provider 1	Number: Date:	087256300 09/22/2010
480 West Central Pkwy		Fiscal Year End: N/A		
Altamonte Springs, FL 32714		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		\$139.34	\$140.34	10/01/2010
#652 Continuous Home Care		33.86	34.10	10/01/2010
#655 Inpatient Respite Care		\$152.39	\$154.10	10/01/2010
#656 General Inpatient Care		\$620.19	\$625.47	10/01/2010
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	New Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	rım ıt based on costs		
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	W. Ry	dell Samuel, Ac	lministrator	
	Medica	id Cost Reimburser	ment Analysis	4

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Hospice of Northeast				087407800	
		Date:		09/22/2010	
4266 Sunbeam Road		•	ear End:	N/A	
Jacksonville, FL 32257		Aud	it Status:	N/A	
Provider Type:		Current Rate New Rate			
Rural Health Clinic		:	n and the r		
Swing-Bed Provider			···		
Federally Qualified Health Centers		!			
X Hospice Provider				!	
#651 Routine Home Care		\$138.17	\$141.97	10/01/2010	
#652 Continuous Home Care		33.57	34.49	10/01/2010	
#655 Inpatient Respite Care		\$151.39	\$155.49	10/01/2010	
#656 General Inpatient Care		\$615.35	\$632.19	10/01/2010	
#659 Room and Board			: : :		
Basis:	Rate Type :				
Budget	X Prospectiv	e			
Unaudited costs	Total P	rospective			
Desk audited costs	Prospec	ctive Adjusted for N	New Costs		
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte				
Average Nursing Home Rate	Settlemen	it based on costs			

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice Care of S.E. Florida	Provider Number: 087 Date: 09/			
	Fiscal Y	09/22/2010		
309 S.E. 18th Street	Audi	N/A N/A		
Ft. Lauderdale, FL 33316	7 Kuul		IN/AL	
Provider Type:	Current Rate	Current Rate New Rate		
Rural Health Clinic		Q _W		
Swing-Bed Provider	<u>-</u>		· 	
Federally Qualified Health Centers		. <u>.</u>		
X Hospice Provider	·			
#651 Routine Home Care	\$148.01	\$155.45	10/01/2010	
#652 Continuous Home Care	35.96	37.77	10/01/2010	
#655 Inpatient Respite Care	\$159.81	\$167.04	10/01/2010	
#656 General Inpatient Care	\$656.05	\$687.97	10/01/2010	
#659 Room and Board				
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs		 R	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburser			



		<u>ional Provide</u>		
	Provider 1	Number: Date:	087514700 09/22/2010	
1201 SE Indian Street		ear End:	N/A	
	Audi	it Status:	N/A	
	urrent Rate	New Rate	Effective Date	
!	\$147.22	\$150.30	10/01/2010	
:	35.77	36.52	10/01/2010	
	\$159.14	\$162.63	10/01/2010	
	\$652.79	\$666.67	10/01/2010	
Rate Type :				
X Prospective				
Total Pro	spective			
Prospecti	ve Adjusted for N	New Costs		
			F	
	Rate Type: X Prospective Total Prospective Prospective Interim Settlement by W. Rydo	Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ac	Siscal Year End: Audit Status: Current Rate New Rate	

Distribution:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando-Pasco Hospice, Inc.	Provider 1	Number: Date:	087515500 09/22/2010	
12107 Majestic Blvd.	Fiscal Y	09/22/2010 N/A		
Hudson, FL 34667	Audi	Audit Status:		
Provider Type:	Current Rate	Current Rate New Rate		
Rural Health Clinic	Current Rute	11017 Itale	Effective Date	
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care	\$136.65	\$140.67	10/01/2010	
#652 Continuous Home Care	33.20	34.18	10/01/2010	
#655 Inpatient Respite Care	\$150.08	\$154.38	10/01/2010	
#656 General Inpatient Care	\$609.04	\$626.80	10/01/2010	
#659 Room and Board			:	
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs	lew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburser	lministrator		
For information Only (No Change in rate)				



<u>Medicaid Reimburseme</u>	ent Per Diem Ka	ites for Non-Institut	<u>ionai Provide</u>	<u>rs</u>		
Hospice of Palm Beach County	Provider Number: Date:			087516300 09/22/2010		
5300 East Avenue	Fiscal Ye		ear End:	N/A		
West Palm Beach, FL 33407		Aud	t Status:	N/A		
west Paim Beach, FL 53407						
Provider Type:		Current Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider			. <u>.</u>	!		
Federally Qualified Health Centers	2000 <u> </u>	:				
X Hospice Provider		i				
#651 Routine Home Care		\$146.04	\$150.13	10/01/2010		
#652 Continuous Home Care		35.48	36.48	10/01/2010		
#655 Inpatient Respite Care			Care \$158.		\$162.48	10/01/2010
#656 General Inpatient Care			\$665.96	10/01/2010		
#659 Room and Board	W-1.					
Basis:	Rate Typ	e :				
Budget	X Prospe	ective				
Unaudited costs	Tot	al Prospective				
Desk audited costs	Pro	spective Adjusted for I	New Costs			
Field audited costs	_					
Medicare - Prospective	Interim					
X Payment System Rate Average Nursing Home Rate	Total Interim					
	Settle	ment based on costs				
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	W.	. Rydell Samuel, Ad	lministrator			
		dicaid Cost Reimburse		√		

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Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

		Number: Date:	087517100 09/22/2010	
			N/A	
	Audi	it Status:	N/A	
	Current Rate	New Rate	Effective Date	
			· · · · · · · · · · · · · · · · · · ·	
	:			
	\$130.32	\$133.60	10/01/2010	
	31.66	32.46	10/01/2010	
	\$144.66	\$148.33	10/01/2010	
	\$582.84	\$597.57	10/01/2010	
Rate Type :				
X Prospectiv	⁄e			
	-			
Prospe	ctive Adjusted for N	New Costs		
T . 4				
	wim			
W/ D	idell Samuel Ac	Iministrator	A CONTRACTOR OF THE PARTY OF TH	
	**			
	X Prospectiv Total P Prospectiv Interim Total Inte	Rate Type: X Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ac	Siscal Year End: Audit Status: Current Rate New Rate	

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<u>Medicald Reimbursement Per Di</u> Wuesthoff Health Services, Inc.	Provider 1		 087518000	
w destilon readin services, inc.	Date:		09/22/2010	
3060 Spyglass Hill Rd	Fiscal Y	ear End:	N/A	
Melbourne, FL 32940	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers	:			
X Hospice Provider	-			
#651 Routine Home Care	\$141.63	\$141.49	10/01/2010	
#652 Continuous Home Care	34.41	34.38	10/01/2010	
#655 Inpatient Respite Care	\$154.35	\$155.09	10/01/2010	
#656 General Inpatient Care	\$629.68	\$630.22	10/01/2010	
#659 Room and Board				
			<u> </u>	
D _c .	• T			
Basis: Rat	e Type :			
Budget X	Prospective			
Unaudited costs	Total Prospective			
Desk audited costs	Prospective Adjusted for N	lew Costs		
Field audited costs				
	nterim			
X Payment System Rate Average Nursing Home Rate	_ Total Interim			
Average Nurshing Home Rate	Settlement based on costs			
			R/	
	W. Rydell Samuel, Ad	ministrator		
	Medicaid Cost Reimburser	nent Analysis	V	
Distribution:				

Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Central Florida Hospice	Provider l	087519800			
Attn: Revenue Accounting Manager			09/22/2010		
4200 N.W. 90th Blvd.	Fiscal Y		N/A		
Gainesville, FL 32606		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		\$141.43	\$140.63	10/01/2010	
#652 Continuous Home Care		34.36	34.17	10/01/2010	
#655 Inpatient Respite Care		\$154.18	\$154.34	10/01/2010	
#656 General Inpatient Care		\$628.82	\$626.63	10/01/2010	
#659 Room and Board					
Basis:	Rate Type :]			
Budget	X Prospecti	ve			
Unaudited costs		Prospective			
Desk audited costs	Prosp	ective Adjusted for N	New Costs		
Field audited costs Medicare - Prospective	Interim				
X Payment System Rate	Total In	erim			
Average Nursing Home Rate	Settleme	nt based on costs		:	
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	<u>W</u> . R	ydell Samuel, Ac	lministrator		
	Medic	aid Cost Reimburser	ment Analysis	V	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					



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Provider 1		087520100	
T) 177		09/22/2010	
		N/A	
Audi	t Status:	N/A	
Current Rate	New Rate	Effective Date	
	· _ ·		
\$133.12	\$136.18	10/01/2010	
32.34	33.09	10/01/2010	
\$147.06	\$150.53	10/01/2010	
\$594.44	\$608.22	10/01/2010	
Prospective Total Prospective Prospective Adjusted for N	lew Costs		
	Fiscal Y Audi Current Rate \$133.12 32.34 \$147.06 \$594.44 Prospective Total Prospective Prospective Adjusted for Nonterim Total Interim Settlement based on costs W. Rydell Samuel, Act	\$133.12 \$136.18 32.34 33.09 \$147.06 \$150.53 \$594.44 \$608.22 Prospective Total Prospective Prospective Adjusted for New Costs nterim Total Interim	



Medicaid Reimbursement Pe	er Diem Rates fo	<u>r Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>	
Hospice of Health First		Provider 1	Date:	087522800 09/22/2010	
1900 Dairy Road		Fiscal Y		N/A	
West Melbourne, FL 32904		Audi	t Status:	N/A	
Provider Type:	C	urrent Rate	New Rate	Effective Date	
Rural Health Clinic	!				
Swing-Bed Provider			<u> </u>	·	
Federally Qualified Health Centers					
X Hospice Provider			· · · · · · · · · · · · · · · · · · ·		
#651 Routine Home Care		\$141.63	\$141.49	10/01/2010	
#652 Continuous Home Care		34.41	34.38	10/01/2010	
#655 Inpatient Respite Care		\$154.35	\$155.09	10/01/2010	
#656 General Inpatient Care		\$629.68	\$630.22	10/01/2010	
#659 Room and Board	!				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Total Pros Prospectiv Interim Total Interin Settlement b	e Adjusted for N		R V	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		Cost Reimburser			



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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Hospice of Volusia		Provider 1	Number: Date:	087523600 09/22/2010	
3800 Woodbriar Trail		Fiscal Y	ear End:	N/A	
Port Orange, FL 32129		Audi	it Status:	N/A	
Provider Type:		ent Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider			··		
Federally Qualified Health Centers	: 				
X Hospice Provider					
#651 Routine Home Care	: ;	\$137.04	\$139.44	10/01/2010	
#652 Continuous Home Care #655 Inpatient Respite Care		33.30	33.88	10/01/2010	
		\$150.42	\$153.32	10/01/2010	
#656 General Inpatient Care		\$610.67	\$621.71	10/01/2010	
#659 Room and Board				:	
Basis:	Rate Type :				
Budget	X Prospective				
Unaudited costs	Total Prospecti	ve			
Desk audited costs	Prospective Ad	justed for N	New Costs		
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate	Total Interim				
Average Nursing Home Rate	Settlement based	on costs			

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Big Bend Hospice		Provider l Fiscal Y	087524400 09/22/2010 N/A	
1723 Mahan Center Blvd.			t Status:	N/A
Γallahassee, FL 32308				
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		\$137.81	\$134.59	10/01/2010
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care		33.48 \$151.08 \$613.85	32.70	10/01/2010
			\$149.18 \$601.67	10/01/2010
				10/01/2010
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	7 e		
Unaudited costs	Total P	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Y Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs		
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	W. Ry	ydell Samuel, Ad	lministrator	4
		aid Cost Reimburser		4

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Florida Keys, Inc.		Provider 1	Number: Date:	087525200 09/22/2010	
1319 William Street		Fiscal Year End:		N/A	
Key West, FL 33040		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		\$133.04	\$136.28	10/01/2010	
#652 Continuous Home Care #655 Inpatient Respite Care		32.32 \$146.99	33.11 \$150.62	10/01/2010	
				10/01/2010	
#656 General Inpatient Care	-	\$594.11	\$608.64	10/01/2010	
#659 Room and Board					
Basis:	Rate Type :				
Budget	X Prospecti	ve			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs Medicare - Prospective	Interim				
X Payment System Rate	Total Int	erim			
Average Nursing Home Rate	Settleme	nt based on costs		_ : :	
				マノ	
	W. R	ydell Samuel, Ad	lministrator		
	Medic	aid Cost Reimburser	nent Analysis	4 —	

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Lake and Sumter	Provider	Number:	087526100 09/22/2010
12300 Lane Park Road		Year End: dit Status:	N/A N/A
Tavares, FL 32778	110	an status.	IV/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			:
Swing-Bed Provider			
Federally Qualified Health Centers			:
X Hospice Provider			: !
#651 Routine Home Care	\$139.34	\$140.34	10/01/2010
#652 Continuous Home Care	33.86	34.10	10/01/2010
#655 Inpatient Respite Care	\$152.39	\$154.10	10/01/2010
#656 General Inpatient Care	\$620.19	\$625.47	10/01/2010
#659 Room and Board			
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	Total Prospective		
Desk audited costs Field audited costs	Prospective Adjusted for	New Costs	
Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		

<u>Distribution:</u>



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tidewell Hospice & Palliative Care		Provider 1		087527900
			Date:	09/22/2010
5955 Rand Ave		Fiscal Year End:		N/A
Sarasota, FL 34238 Provider Type:		Aud	it Status:	N/A
		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				: i
Federally Qualified Health Centers	<u> </u>		··	· · · · · · · · · · · · · · · · · · ·
X Hospice Provider	· · · · · · · · · · · · · · · · · · ·		<u>.</u>	1
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care		\$147.52 35.84 \$159.40	\$148.61 36.11 \$161.18	10/01/2010
				10/01/2010
				10/01/2010
#656 General Inpatient Care		\$654.05	\$659.66	10/01/2010
#659 Room and Board		<u> </u>		
Basis:	Rate Type:			
	X Prospectiv	ve		
Budget				
Budget Unaudited costs		Prospective		
	Total I		New Costs	
Unaudited costs	Total I	Prospective	New Costs	
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective	Total I	Prospective	New Costs	
Unaudited costs Desk audited costs Field audited costs	Total F Prospe	Prospective ctive Adjusted for N	New Costs	

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of the Treasure Coast 1201 SE Indian St		Provider Number: Date:		087528700 09/22/2010	
		Fiscal Year End:			09/22/2010 N/A
	art, FL 34997		Audi	t Status:	N/A
			· · · · · · · · · · · · · · · · · · ·		
Pro	ovider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic		i		
	Swing-Bed Provider		:		· · · · · · · · · · · · · · · · · · ·
	Federally Qualified Health Centers				
X	Hospice Provider		:		:
	#651 Routine Home Care		\$147.22	\$150.30	10/01/2010
,	#652 Continuous Home Care		35.77	36.52	10/01/2010
	#655 Inpatient Respite Care		\$159.14	\$162.63	10/01/2010
	#656 General Inpatient Care		\$652.79	\$666.67	10/01/2010
	#659 Room and Board		!		
	Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Into	Prospective ctive Adjusted for N	New Costs	
F C P	vistribution: Escal Agent Contract Management Permanent File Program Development:	W. Ry Medica	ydell Samuel, Ad aid Cost Reimburser	lministrator	
F C P	Ciscal Agent Contract Management Permanent File				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

ler Number: 087529500	Provider N	ospice by the Sea	
Date: 09/22/2010	F!1 V		
al Year End: N/A Audit Status: N/A		531 W. Palmetto Park Road	
Audit Status: N/A	Boca Raton, FL 33486		
nte New Rate Effective Date	Current Rate	Provider Type:	
:		Rural Health Clinic	
: '	:	Swing-Bed Provider	
	:	Federally Qualified Health Centers	
:		X Hospice Provider	
94 \$150.13 10/01/2010	\$146.04	#651 Routine Home Care	
36.48 10/01/2010	35.48	#652 Continuous Home Care	
13 \$162.48 10/01/2010	\$158.13	#655 Inpatient Respite Care	
91 \$665.96 10/01/2010	\$647.91	#656 General Inpatient Care	
	:	#659 Room and Board	
	Type:	Basis:	
	Prospective	Budget	
	Total Prospective	Unaudited costs	
or New Costs	Prospective Adjusted for N	Desk audited costs	
9			
	terim Total Interim Settlement based on costs	Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Prov	087532500 09/22/2010	
Fis	09/22/2010 N/A	
	Audit Status:	N/A
Current l	Rate New Rate	Effective Date
:		:
÷		:
:		
\$136	5.65 \$140.67	10/01/2010
33	34.18	10/01/2010
\$150	0.08 \$154.38	10/01/2010
\$609	0.04 \$626.80	10/01/2010
ate Type :	<u> </u>	<u> </u>
Prospective		
Total Prospective		
Prospective Adjuste	d for New Costs	
•		
•		
	osts	
		/
W. Rydell Samue	el, Administrator	y v
		4
R	Current I \$136 \$33 \$150 \$609 Rate Type: Prospective Total Prospective Prospective Adjuste Interim Total Interim Settlement based on co	S136.65

<u> Distribution:</u>

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimburseme	ent Per Diem Rate	<u>s tor Non-Institui</u>	nonai Provide	e <u>rs</u>
Hope Hospice & Palliative Care		Provider ?	087535000 09/22/2010	
9470 Health Park Circle		Fiscal Y	ear End:	N/A
Ft. Myers, FL 33908		Aud	it Status:	N/A
		Current Rate	Now Date	Effective Date
Provider Type:		Current Rate	New Nate	Effective Date
Rural Health Clinic				•
Swing-Bed Provider				:
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care		\$142.29	\$141.65	10/01/2010
#652 Continuous Home Care		34.57	34.42	10/01/2010
#655 Inpatient Respite Care		\$154.92	\$155.23	10/01/2010
#656 General Inpatient Care		\$632.40	\$630.89	10/01/2010
#659 Room and Board				·
Basis:	Rate Type:			
Dasis:	Rate Type.]		
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ective Adjusted for N	New Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
Average nursing frome Rate	Settleme	nt based on costs		
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		ydell Samuel, Ac	- 	1
	Medic	aid Cost Reimburser	ment Analysis	u

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice	of Citrus County			Provider 1	087536800 09/22/2010	
1005 N. Laganta Huay				Fiscal Y	Date: ear End:	N/A
	1005 N. Lacanto Hwy Beverly Hills, FL 34465				t Status:	N/A
Provider Type:				Current Rate	New Rate	Effective Date
	ıral Health Clinic					
Sw	ring-Bed Provider					
Fe	derally Qualified Health Centers		-			:
X Ho	spice Provider					
#	#651 Routine Home Care			\$133.04	\$136.28	10/01/2010
#	#652 Continuous Home Care			32.32	33.11	10/01/2010
;	#655 Inpatient Respite Care			\$146.99	\$150.62	10/01/2010
7	#656 General Inpatient Care			\$594.11	\$608.64	10/01/2010
#	#659 Room and Board					
Ba	Budget Unaudited costs Desk audited costs	X		e rospective ctive Adjusted for N	lew Costs	
	Field audited costs Medicare - Prospective		Interim			
<u>X</u>	Payment System Rate Average Nursing Home Rate		Total Inte	rim t based on costs		
				dell Samuel, Ad id Cost Reimburser		F
Fiscal Contra Perma	Abution: Agent act Management nent File am Development:					



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Avow Hospice 1095 Whippoorwill Lane		Provider ?	087537600 09/24/2010		
		Fiscal Y	Date: ear End:	09/24/2010 N/A	
			it Status:	N/A	
Naples, FL 34105					
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		\$145.16	\$147.84	10/01/2010	
#652 Continuous Home Care		35.27	35.92	10/01/2010	
#655 Inpatient Respite Care		\$157.38	\$160.52	10/01/2010	
#656 General Inpatient Care		\$644.29	\$656.49	10/01/2010	
#659 Room and Board				:	
Basis:	Rate Type				
Budget	X Prospect	tive			
Unaudited costs	Total Prospective				
Desk audited costs	Prosp	ective Adjusted for N	New Costs		
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate	Total Ir	iterim			
Average Nursing Home Rate	Settlement based on costs				

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursen	ment Per Diem Rates	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>	
Hospice of Okeechobee		Provider Number: Date:		087538400 09/22/2010	
411 SE 4th Street		Fiscal Y	ear End:	N/A	
Okeechobee, FL 34974		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		\$133.04	\$136.28	10/01/2010	
#652 Continuous Home Care		32.32	33.11	10/01/2010	
#655 Inpatient Respite Care		\$146.99	\$150.62	10/01/2010	
#656 General Inpatient Care		\$594.11	\$608.64	10/01/2010	
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe InterimTotal Interior	Prospective ctive Adjusted for N	New Costs		
<u>Distribution:</u> Fiscal Agent Contract Management		ydell Samuel, Ac aid Cost Reimburser			
Permanent File Program Development:					



<u>Medicaid Reimbursem</u>	entrer	Diçili Rute.				
Catholic Hospice			Provider 1		087569400	
			r: 137	Date:	09/22/2010	
14875 NW 77th Ave	14875 NW 77th Ave			ear End: it Status:	N/A	
Miami Lakes, FL 33014		Audi	ii Status:	N/A		
Provider Type:			Current Rate	New Rate	Effective Date	
Rural Health Clinic					: :	
Swing-Bed Provider					:	
Federally Qualified Health Centers					1	
X Hospice Provider			:		:	
#651 Routine Home Care			\$146.81	\$150.92	10/01/2010	
#652 Continuous Home Care			35.67	36.67	10/01/2010	
#655 Inpatient Respite Care			\$158.79	\$163.16	10/01/2010	
#656 General Inpatient Care			\$651.08	\$669.22	10/01/2010	
Basis:	Ra	ate Type :				
Basis:Budget	Ra	rte Type:	ve			
Budget Unaudited costs		Prospecti Total I	Prospective		<u>.</u> .	
Budget Unaudited costs Desk audited costs		Prospecti Total I		New Costs		
Budget Unaudited costs Desk audited costs Field audited costs		Prospecti Total I	Prospective	New Costs		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate		Prospecti Total I Prospe	Prospective sctive Adjusted for N	New Costs		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective		Prospecti Total I Prospe Interim Total Int	Prospective sctive Adjusted for N	lew Costs		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate		Prospecti Total I Prospe Interim Total Int Settleme	Prospective Sective Adjusted for Network Properties of the Propert		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate		Prospecti Total I Prospe Interim Total Int Settleme W. R	Prospective ective Adjusted for N	lministrator		

Program Development:



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

	Wieulcald Reimburseme	ent I et Diem Rates for Non-Institut	HOHAI I IOVIGE	13	
Gulfside	Regional Hospice	Provider 1	Number:	087570800	
	-		Date:	09/22/2010	
6111 Tro	ouble Creek Rd	Fiscal Y	ear End:	N/A	
New Por	t Richey, FL 35653	Audi	it Status:	N/A	
Provide	er Type:	Current Rate	New Rate	Effective Date	
Ru	ral Health Clinic				
Sw	ing-Bed Provider		\$4Ti.00		
Fee	derally Qualified Health Centers				
X Ho	spice Provider				
#	#651 Routine Home Care	\$136.65	\$140.67	10/01/2010	
#	#652 Continuous Home Care	33.20	34.18	10/01/2010	
#	#655 Inpatient Respite Care	\$150.08	\$154.38	10/01/2010	
#	#656 General Inpatient Care	\$609.04	\$626.80	10/01/2010	
#	#659 Room and Board				
		[D / D			
Ba	asis:	Rate Type :			
	Budget	X Prospective			
	Unaudited costs	Total Prospective			
	_ Desk audited costs	Prospective Adjusted for N	New Costs		
	Field audited costs				
	Medicare - Prospective	Interim			
<u>X</u>	Payment System Rate	Total Interim			
	Average Nursing Home Rate	Settlement based on costs			

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hospice of Gold Coast		Provider I	Number:	150000700
•			Date:	09/22/2010
2101 W. Commercial Blvd Suite 4500		Fiscal Y		N/A
Ft Lauderdale, FL 33309		Audi	t Status:	N/A
Provider Type:	-	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
Federally Qualified Health Centers				
X Hospice Provider				
#651 Routine Home Care		\$148.01	\$155.45	10/01/2010
#652 Continuous Home Care		35.96	37.77	10/01/2010
#655 Inpatient Respite Care		\$159.81	\$167.04	10/01/2010
#656 General Inpatient Care		\$656.05	\$687.97	10/01/2010
#659 Room and Board				
Basis:	R	ate Type :		
Budget	X	Prospective		
Unaudited costs		Total Prospective		
Desk audited costs		Prospective Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective		Interim		
X Payment System Rate		Total Interim		
Average Nursing Home Rate		Settlement based on costs		
			آسر	アレ
		W. Rydell Samuel, Ad	ministrator	
		Medicaid Cost Reimburser	nent Analysis	· ·
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Contract Management				
Permanent File				
Program Development:				



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

<u>Medicaid Reimburseme</u>	nt rer Diem Kates i	or Non-Institut	Johai Frovide	
Hospice Care of South Fl.		Provider 1	Number: Date:	150001500 09/22/2010
7270 N.W. 12th St., PH#6		Fiscal Y	ear End:	N/A
•		Audi	it Status:	N/A
Miami, FL 33126				
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		\$146.81	\$150.92	10/01/2010
#652 Continuous Home Care		35.67	36.67	10/01/2010
#655 Inpatient Respite Care		\$158.79	\$163.16	10/01/2010
#656 General Inpatient Care		\$651.08	\$669.22	10/01/2010
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospective			
Unaudited costs	Total Pro	ospective		
Desk audited costs	Prospect	ive Adjusted for N	New Costs	
Field audited costs				
Medicare - Prospective	Interim			
	Interim Total Inter	im		

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

<u>Medicaid Reimbursement Pe</u>			
Florida Hospital Hospice Care	Provide	r Number:	150003100
	T' 1	Date:	09/22/2010
770 W. Granada Blvd Suite 304 Suite 319		Year End:	N/A
Ormond Beach, FL 32174	Au	dit Status:	N/A
Provider Type:	Current Rat	e New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	:		:
Federally Qualified Health Centers			
X Hospice Provider			·
#651 Routine Home Care	\$137.04	\$139.44	10/01/2010
#652 Continuous Home Care	33.30	33.88	10/01/2010
#655 Inpatient Respite Care	\$150.42	\$153.32	10/01/2010
#656 General Inpatient Care	\$610.67	\$621.71	10/01/2010
#659 Room and Board			;
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, A Medicaid Cost Reimburs		



Medicald Reimbursen	nent Per Diem Rates	101 140H-1112Htut	IUIIAI I IUVIUE	<u>:18</u>
Hospice of Emerald Coast		Provider 1	Number: Date:	150009100 09/22/2010
2925 Martin Luther King Jr Blvd		Fiscal Y	ear End:	N/A
Panama City, FL 32405		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		\$131.55	\$133.73	10/01/2010
#652 Continuous Home Care		31.96	32.49	10/01/2010
#655 Inpatient Respite Care	()	\$145.71	\$148.43	10/01/2010
#656 General Inpatient Care		\$587.92	\$598.08	10/01/2010
#659 Room and Board				
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			
X Payment System Rate	Total Inte			
Average Nursing Home Rate Settlement based on costs				

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Douglas Gardens Hospice, Inc. Provider Number: Date: 09/22/2010 Date: 09/22010 Date: 09/22010 Date: 09/22010 Date: 09/22010 Date: 09		Medicald Reiniburse	ment i er Diem Rates for i von Histo	utional I Tovias	<u> </u>		
Fiscal Year End: N/A N/A Audit Status: N/A N/A N/A	Douglas G	ardens Hospice, Inc.	Provide				
Miami, FL 33137 Audit Status: N/A							
Provider Type: Current Rate New Rate Effective Date	5200 Nortl	neast 2nd Avenue					
Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider #651 Routine Home Care \$146.81 \$150.92 10/01/2010 #652 Continuous Home Care 35.67 36.67 10/01/2010 #655 Inpatient Respite Care \$158.79 \$163.16 10/01/2010 #656 General Inpatient Care \$651.08 \$669.22 10/01/2010 #659 Room and Board Rate Type :	Miami, FI	J 33137	Audit Status: N/A				
Swing-Bed Provider Federally Qualified Health Centers X Hospice Provider	Provider	Type:	Current Rat	e New Rate	Effective Date		
Federally Qualified Health Centers X Hospice Provider	Rura	l Health Clinic					
X Hospice Provider	Swin	g-Bed Provider	· i		: :		
#651 Routine Home Care \$146.81 \$150.92 10/01/2010 #652 Continuous Home Care 35.67 36.67 10/01/2010 #655 Inpatient Respite Care \$158.79 \$163.16 10/01/2010 #656 General Inpatient Care \$651.08 \$669.22 10/01/2010 #659 Room and Board Basis: Rate Type :	Fede	rally Qualified Health Centers					
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #659 Room and Board Basis: Rate Type :	X Hosp	oice Provider			!		
#655 Inpatient Respite Care \$158.79 \$163.16 10/01/2010 #656 General Inpatient Care \$651.08 \$669.22 10/01/2010 #659 Room and Board Basis: Rate Type :	#6	51 Routine Home Care	\$146.8	\$150.92	10/01/2010		
#656 General Inpatient Care \$651.08 \$669.22 10/01/2010 #659 Room and Board Basis: Rate Type:	#6	52 Continuous Home Care					
#659 Room and Board Basis: Rate Type :	#6	55 Inpatient Respite Care	\$158.79	\$163.16	10/01/2010		
Basis: Rate Type: Budget Vinaudited costs Rate Type: Total Prospective	#6	56 General Inpatient Care	\$651.08	\$669.22	10/01/2010		
Budget X Prospective Unaudited costs Total Prospective	#6	59 Room and Board					
Budget X Prospective Unaudited costs Total Prospective							
Unaudited costs Total Prospective	Basi	s:	Rate Type:				
·		Budget	X Prospective				
Desk audited costs Prospective Adjusted for New Costs							
Don't didn't door							
Field audited costs		Field audited costs					
Medicare - Prospective Interim			***************************************				
X Payment System Rate Total Interim							
Average Nursing Home Rate Settlement based on costs		Average Nursing nome Kate	Settlement based on costs				

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Vitas Healthcare Corp of Florida - Congress Ave	Provider	Number:	150013900		
Attn: Angela Santana		Date:	09/22/2010		
100 S. Biscayne Blvd Suite 1400	Fiscal Y	ear End:	N/A		
Miami, FL 33131	Audit Status:				
Provider Type:	Current Rate	New Rate	Effective Date		
Rural Health Clinic					
Swing-Bed Provider			· · · · · · · · · · · · · · · · · · ·		
Federally Qualified Health Centers			!		
X Hospice Provider	4.7		. :		
#651 Routine Home Care	\$146.04	\$150.13	10/01/2010		
#652 Continuous Home Care	35.48	36.48	10/01/2010		
#655 Inpatient Respite Care	\$158.13	\$162.48	10/01/2010		
#656 General Inpatient Care	\$647.91	\$665.96	10/01/2010		
#659 Room and Board			:		
Basis:	Rate Type :		-		
Budget	X Prospective				
Unaudited costs	Total Prospective				
Desk audited costs	Prospective Adjusted for	New Costs			
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate	Total Interim				
Average Nursing Home Rate	Settlement based on costs				

Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Good Shepherd Hospice, Inc		Provider 1		150021000	
		T' 13/	Date:	09/22/2010	
115 South Missouri Ave			ear End: it Status:	N/A	
Lakeland, FL 33815		Aud	ii 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		\$133.31	\$134.42	10/01/2010	
#652 Continuous Home Care		32.39	32.66	10/01/2010	
#655 Inpatient Respite Care		\$147.22	\$149.03	10/01/2010	
#656 General Inpatient Care		\$595.21	\$600.96	10/01/2010	
#659 Room and Board	·				
	D-4- T	. <u></u> .			
Basis:	Rate Type:				
Budget	X Prospecti				
Unaudited costs		Prospective			
Desk audited costs Field audited costs	Prospe	ective Adjusted for N	New Costs		
Medicare - Prospective	Interim				
X Payment System Rate	Total Interim				
Average Nursing Home Rate	Settleme	nt based on costs			
			,	R/	
	<u>W. R</u>	ydell Samuel, Ad	lministrator		
	Medic	aid Cost Reimburser	nent Analysis	1	
Distribution					
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

LifePath Hospice, Inc.	,	Provider 1	Number: Date:	150022800
2010 W. AI- Cannot		Fiscal Y	ear End:	09/22/2010 N/A
3010 W. Azeele Street			it Status:	N/A
Tampa, FL 33609		1144		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		\$136.65	\$140.67	10/01/2010
#652 Continuous Home Care	• 10	33.20	34.18	10/01/2010
#655 Inpatient Respite Care		\$150.08	\$154.38	10/01/2010
#656 General Inpatient Care		\$609.04	\$626.80	10/01/2010
#659 Room and Board		-		
		•		
Basis:	Rate Type :	<u></u>		
Budget	X Prospectiv	V.O.		
Unaudited costs		Prospective		
Desk audited costs		ective Adjusted for N	New Costs	
Field audited costs	-	-		
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate				

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