



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**

HCR Manor Care Services of Florida, Inc.  
 Heartland Home Health Care and Hospice  
 8130 Baymeadows Way West, Suite 201 Suite 201  
 Jacksonville, FL 32256

Provider Number: 000141800  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

Fiscal Agent  
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 Program Development:

For information Only ( No Change in rate)



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

Samaritan Care Hospice of Osceola, LLC  
 Samaritan Care Hospice  
 1300 North Semoran Blvd, Suite 210  
 Orlando, FL 32807

Provider Number: 000532400  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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**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 Number: 000602600  
 Date: 09/22/2010  
 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			
<input checked="" type="checkbox"/> 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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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

Odyssey Health Care Miami-Dade  
 5775 Blue Lagoon Dr Suite 170  
 Miami, FL 33126

Provider Number: 001572800  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#651 Routine Home Care	NA	\$150.92	10/01/2010
#652 Continuous Home Care	NA	36.67	10/01/2010
#655 Inpatient Respite Care	NA	\$163.16	10/01/2010
#656 General Inpatient Care	NA	\$669.22	10/01/2010
#659 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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

Regency Hospice of NW Florida, Inc.

Provider Number: 001636100

Date: 09/22/2010

4900 Bayou Blvd., Ste 101

Fiscal Year End: N/A

Pensacola, FL 32503

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care	\$130.32	\$133.60	10/01/2010
#652 Continuous Home Care	31.66	32.46	10/01/2010
#655 Inpatient Respite Care	\$144.66	\$148.33	10/01/2010
#656 General Inpatient Care	\$582.84	\$597.57	10/01/2010
#659 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
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 Total Interim  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of I.R.C.  
 1110 35th St  
 Vero Beach, FL 32960

Provider Number: 087000500  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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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 Number: 087246600  
 Date: 09/22/2010  
 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			
<input checked="" type="checkbox"/> 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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

St. Francis Hospice  
  
 1250-B Grumman Place  
 Titusville, FL 32780

Provider Number: 087255500  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
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 Total Interim  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of the Comforter

Provider Number: 087256300

Date: 09/22/2010

480 West Central Pkwy

Fiscal Year End: N/A

Altamonte Springs, FL 32714

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

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

Community Hospice of Northeast

Provider Number: 087407800

Date: 09/22/2010

4266 Sunbeam Road

Fiscal Year End: N/A

Jacksonville, FL 32257

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<input checked="" type="checkbox"/> 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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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

Hospice Care of S.E. Florida  
 309 S.E. 18th Street  
 Ft. Lauderdale, FL 33316

Provider Number: 087473600  
 Date: 09/22/2010  
 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			
<input checked="" type="checkbox"/> 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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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

Hospice of Martin & St. Lucie

Provider Number: 087514700

Date: 09/22/2010

1201 SE Indian Street

Fiscal Year End: N/A

Stuart, FL 34997

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

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

Hernando-Pasco Hospice, Inc.

Provider Number: 087515500

Date: 09/22/2010

12107 Majestic Blvd.

Fiscal Year End: N/A

Hudson, FL 34667

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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

Hospice of Palm Beach County  
 5300 East Avenue  
 West Palm Beach, FL 33407

Provider Number: 087516300  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

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

Covenant Hospice, Inc  
 5041 N 12th Ave  
 Pensacola, FL 32504

Provider Number: 087517100  
 Date: 09/22/2010  
 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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$130.32	\$133.60	10/01/2010
#652 Continuous Home Care	31.66	32.46	10/01/2010
#655 Inpatient Respite Care	\$144.66	\$148.33	10/01/2010
#656 General Inpatient Care	\$582.84	\$597.57	10/01/2010
#659 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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

Wuesthoff Health Services, Inc.

Provider Number: 087518000

Date: 09/22/2010

8060 Spyglass Hill Rd  
 Melbourne, FL 32940

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			
<b>X Hospice Provider</b>			
#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:**

- Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

- Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

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

North Central Florida Hospice  
 Attn: Revenue Accounting Manager  
 4200 N.W. 90th Blvd.  
 Gainesville, FL 32606

Provider Number: 087519800  
 Date: 09/22/2010  
 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			
<b>X</b> 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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

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**Distribution:**

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

Hospice of Marion County

PO Box 4860

Ocala, FL 34478

Provider Number: 087520100

Date: 09/22/2010

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			
<b>X</b> Hospice Provider			
#651 Routine Home Care	\$133.12	\$136.18	10/01/2010
#652 Continuous Home Care	32.34	33.09	10/01/2010
#655 Inpatient Respite Care	\$147.06	\$150.53	10/01/2010
#656 General Inpatient Care	\$594.44	\$608.22	10/01/2010
#659 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

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 Program Development:

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

Hospice of Health First

1900 Dairy Road

West Melbourne, FL 32904

Provider Number: 087522800

Date: 09/22/2010

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			
<b>X</b> 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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 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**

Hospice of Volusia  
 3800 Woodbriar Trail  
 Port Orange, FL 32129

Provider Number: 087523600  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 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**

Big Bend Hospice

Provider Number: 087524400

Date: 09/22/2010

1723 Mahan Center Blvd.

Fiscal Year End: N/A

Tallahassee, FL 32308

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#651 Routine Home Care	\$137.81	\$134.59	10/01/2010
#652 Continuous Home Care	33.48	32.70	10/01/2010
#655 Inpatient Respite Care	\$151.08	\$149.18	10/01/2010
#656 General Inpatient Care	\$613.85	\$601.67	10/01/2010
#659 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of the Florida Keys, Inc.

1319 William Street  
 Key West, FL 33040

Provider Number: 087525200  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Lake and Sumter  
 12300 Lane Park Road  
 Tavares, FL 32778

Provider Number: 087526100  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Tidewell Hospice & Palliative Care

5955 Rand Ave  
 Sarasota, FL 34238

Provider Number: 087527900

Date: 09/22/2010

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			
<input checked="" type="checkbox"/> Hospice Provider			
#651 Routine Home Care	\$147.52	\$148.61	10/01/2010
#652 Continuous Home Care	35.84	36.11	10/01/2010
#655 Inpatient Respite Care	\$159.40	\$161.18	10/01/2010
#656 General Inpatient Care	\$654.05	\$659.66	10/01/2010
#659 Room and Board			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of the Treasure Coast

Provider Number: 087528700

Date: 09/22/2010

1201 SE Indian St  
 Stuart, FL 34997

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			
<b>X Hospice Provider</b>			
#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			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

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

Hospice by the Sea

Provider Number: 087529500

Date: 09/22/2010

1531 W. Palmetto Park Road

Fiscal Year End: N/A

Boca Raton, FL 33486

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#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:**

- Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

- Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 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**

Hospice of the Florida Suncoast

5771 Roosevelt Blvd  
 Clearwater, FL 33760

Provider Number: 087532500

Date: 09/22/2010

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			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hope Hospice & Palliative Care

Provider Number: 087535000

9470 Health Park Circle

Date: 09/22/2010

Ft. Myers, FL 33908

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			
<b>X</b> 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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Citrus County

Provider Number: 087536800

Date: 09/22/2010

4005 N. Lacanto Hwy

Fiscal Year End: N/A

Beverly Hills, FL 34465

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#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			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

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

Avow Hospice

1095 Whippoorwill Lane  
 Naples, FL 34105

Provider Number: 087537600  
 Date: 09/24/2010  
 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			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Okeechobee  
 411 SE 4th Street  
 Okeechobee, FL 34974

Provider Number: 087538400  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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			

**Basis:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 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**

Catholic Hospice  
 14875 NW 77th Ave  
 Miami Lakes, FL 33014

Provider Number: 087569400  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Gulfside Regional Hospice

Provider Number: 087570800

Date: 09/22/2010

6111 Trouble Creek Rd

Fiscal Year End: N/A

New Port Richey, FL 35653

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X</b> 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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice of Gold Coast  
 2101 W. Commercial Blvd Suite 4500  
 Ft Lauderdale, FL 33309

Provider Number: 150000700  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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:**

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

**Rate Type :**

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Hospice Care of South Fl.

Provider Number: 150001500

Date: 09/22/2010

7270 N.W. 12th St., PH#6

Fiscal Year End: N/A

Miami, FL 33126

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#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:**

- Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

- Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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**Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers**

Florida Hospital Hospice Care

Provider Number: 150003100

770 W. Granada Blvd Suite 304 Suite 319

Date: 09/22/2010

Ormond Beach, FL 32174

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			
<b>X Hospice Provider</b>			
#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			

**Basis:**

- Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

- Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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 Tallahassee, Florida 32308

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

Hospice of Emerald Coast

2925 Martin Luther King Jr Blvd  
 Panama City, FL 32405

Provider Number: 150009100

Date: 09/22/2010

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			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
  
 Interim  
 Total Interim  
 Settlement based on costs

W. Rydell Samuel, Administrator  
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**Distribution:**

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

Douglas Gardens Hospice, Inc.

Provider Number: 150011200

Date: 09/22/2010

5200 Northeast 2nd Avenue

Fiscal Year End: N/A

Miami, FL 33137

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
Federally Qualified Health Centers			
<b>X Hospice Provider</b>			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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

Vitas Healthcare Corp of Florida - Congress Ave  
 Attn: Angela Santana  
 100 S. Biscayne Blvd Suite 1400  
 Miami, FL 33131

Provider Number: 150013900  
 Date: 09/22/2010  
 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			
<input checked="" type="checkbox"/> Hospice Provider			
#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:**

Budget  
 Unaudited costs  
 Desk audited costs  
 Field audited costs  
 Medicare - Prospective  
 Payment System Rate  
 Average Nursing Home Rate

**Rate Type :**

Prospective  
 Total Prospective  
 Prospective Adjusted for New Costs  
 Interim  
 Total Interim  
 Settlement based on costs

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

Good Shepherd Hospice, Inc  
 115 South Missouri Ave  
 Lakeland, FL 33815

Provider Number: 150021000  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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			

**Basis:**

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

**Rate Type :**

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

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

LifePath Hospice, Inc.  
  
 3010 W. Azelee Street  
 Tampa, FL 33609

Provider Number: 150022800  
 Date: 09/22/2010  
 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			
<b>X Hospice Provider</b>			
#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			

<p><b>Basis:</b></p> <p> <input type="checkbox"/> Budget  <input type="checkbox"/> Unaudited costs  <input type="checkbox"/> Desk audited costs  <input type="checkbox"/> Field audited costs  <input type="checkbox"/> Medicare - Prospective  <input checked="" type="checkbox"/> Payment System Rate  <input type="checkbox"/> Average Nursing Home Rate         </p>	<p><b>Rate Type :</b></p> <p> <input checked="" type="checkbox"/> Prospective  <input type="checkbox"/> Total Prospective  <input type="checkbox"/> Prospective Adjusted for New Costs   <input type="checkbox"/> Interim  <input type="checkbox"/> Total Interim  <input type="checkbox"/> Settlement based on costs         </p>
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